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

Concept Stage | Date Prepared/Updated: 10-Oct-2017 | Report No: PIDISDSC21754

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Parent Project ID (if any)	Project Name
Western Africa	P161163		Regional Disease Surveillance Systems Enhancement (REDISSE) Phase III (P161163)
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA	Dec 04, 2017	Apr 19, 2018	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Benin,Republic of Mali,Republic of Mauritania,Republic of Niger	Mauritania - Ministry of Health,Benin - Ministry of Health,Mali - Ministry of Health,Niger - Ministry of Health	

Proposed Development Objective(s)

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

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	130.00
IDA Grant	0.00
Total Project Cost	**130.00**

Environmental Assessment Category	Concept Review Decision
B-Partial Assessment	Track II-The review did authorize the preparation to continue

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

Other Decision (as needed)

The review did authorize the preparation to continue

B. Introduction and Context

Country Context

1. The Regional Disease Surveillance Systems Enhancement Project III (REDISSE III) is the third project under the REDISSE Program, which is being prepared as an interdependent series of projects (iSOP). The projects in the series support a program involving multiple borrowers - the Economic Community of West Africa States (ECOWAS) member countries and Mauritania. ECOWAS, which comprises 15 countries and is home to more than 335 million people, is a regional organization that serves to promote economic integration across the West Africa region. The region is very heterogeneous in terms of cultural, economic, and human development. Overall, member states rank low on the United Nations Development Program's (UNDP) human development index; as of 2015, life expectancy at birth and gross national income per capita of countries in the region ranged from 50.9 to 73.3 years and $805 to $6,094 respectively. The program promotes a "One Health" (OH) approach that provides a platform for high-level policy and regulatory harmonization, cooperation, and coordination between the animal health and human health sectors within and across countries for the earlier detection of infectious and epidemic prone diseases, and a more effective response to infectious disease outbreaks. The expected benefits from the participation in the program will go beyond each country's boundaries do to the regional public goods nature of the program; both regional and country specific activities under the Program generate positive externalities, and/or mitigate negative ones.

2. Seven of the 15 ECOWAS Member States are presently engaged in the REDISSE Program: Guinea, Guinea Bissau, Liberia, Nigeria, Senegal, Sierra Leone and Togo. REDISSE III will engage an additional 6 countries in the West African disease surveillance and response network: Benin, Burkina Faso, Cote d'Ivoire, Mali, Mauritania and Niger. As a result, 80% of countries (12/15) in the ECOWAS region and Mauritania, which borders three ECOWAS member states, will have access to IDA financing to meet obligations under the International Health Regulations and the Terrestrial Animal Health Code and participate fully in the West Africa REDISSE Network by the end of CY2017. Although 3 ECOWAS member states, Cape Verde, The Gambia and Ghana, will not have access to IDA financing this year, they will benefit from participation in, and access to, all of the regional activities managed by West Africa health Organization (WAHO), the Regional Animal Health Center (RAHC) and regional partners.

Major infectious diseases affecting human population in West Africa

3. **In West Africa, communicable diseases (CDs) and neo-natal conditions remain the predominant disease groups affecting the region, and have devastating impacts that result in severe human and economic losses. Countries in this region are at high-risk for infectious disease outbreaks in humans including those of animal origin (zoonotic diseases).** In the past year (March 2016 to March 2017) there have been outbreaks of Dengue, Lassa Fever, Yellow Fever, Rift Valley Fever (RVF), Cholera and Meningitis in West Africa. Polio has re-emerged in Nigeria after more than three years after being declared eliminated; and in April 2017 a cluster of fatal health events, ultimately attributed to Meningitis, was detected and triggered emergency response procedures in Liberia. The sub-region also bears a disproportionate burden of malaria,

tuberculosis (TB), human immunodeficiency virus (HIV) infections, and neglected tropical diseases, many of which are at risk of resurgence, in particular due to increased drug and insecticide resistance.

4. **The impacts of infectious disease outbreaks can be devastating to the fragile social and economic situation of countries.** In the West Africa region, the 2014 Ebola Virus Disease (EVD) outbreak eroded hard-won gains in the fight against poverty, including gains in human development and economic growth in Guinea, Liberia and Sierra Leone and the region as a whole. Overall, the estimated loss in Gross Domestic Product (GDP) for the 15 countries in the ECOWAS region was approximately US$1.8 billion in 2014, and was projected to increase to US$4.7 billion in 2016. [1] These economic losses were over and above the day to day burden that endemic human and animal diseases, including zoonoses, inflict on the people of West Africa. As per recent estimates, a moderate influenza pandemic can lead to annual pandemic losses of approximately 2% of Gross National Incomes for the ECOWAS countries and Mauritania[2]. This would mean annual losses ranging between US$108 million for Mauritania to US$630 million for Cote d'Ivoire for the REDISSE III countries.

5. **The major drivers of the emergence of novel infectious diseases are population growth and rapid urbanization; land use changes including deforestation; human behavior and cultural practices; international travel and trade; civil unrest; microbial adaptation and weak public health infrastructure.** As of 2015 the population of sub-Saharan Africa was estimated at 1 billion[3], and the African Population and Health Research Centre projects an increase up to 1.9 billion by 2050. Urban population densities have dramatically increased due largely to migration from rural to urban areas. The link between deforestation and infectious disease outbreaks is well documented and deforestation and encroachment into natural habitats is also claimed to be responsible for the EVD outbreak in West Africa. According to the Food and Agriculture Organization of the United Nations (FAO) data, Western Africa is suffering deforestation at approximately twice the world rate. Civil war and social turmoil have also been common in West Africa. Social instability and its consequent population relocation and breakdown of government services provide fertile ground for the rampant spread of infectious diseases.

6. **Changes in the epidemiology of infectious diseases associated with climate variability in West Africa over the last 40 years has been reviewed and documented, and there is well-established evidence indicating that climate change is having an impact infectious disease transmission patterns, reproduction and geographic range.** Vector-borne diseases are susceptible to changes in temperature, humidity and precipitation; water-borne diseases are correlated with precipitation and flooding; animal migration patterns vary according to climatic conditions affecting water and feed resources; and, human displacement can result in novel disease emergence due to geography or population density. All REDISSE III countries are characterized as "hotspots" for climate-sensitive health impacts, meaning they occur in climate-vulnerable geographic regions, have vulnerable populations, and have pre-existing burdens of infectious diseases that are likely to increase with climate change (see World Bank recent publications on geographic differences for climate change and health and action plans).[4,5]

[1] UNDG (2015) Socio-Economic impacts of EVD in West African Countries: A call for national and regional containment, recovery and prevention.
[2] World Bank. 2017. *From panic and neglect to investing in health security: financing pandemic preparedness at a national level*. Washington, D.C.: World Bank Group. http://documents.worldbank.org/curated/en/979591495652724770/From-panic-and-neglect-to-investing-in-health-security-financing-pandemic-preparedness-at-a-national-level
[3] World Development Indicators, 2016
[4] Geographic Hotspots for World Bank Action on Climate Change and Health (2017); Climate-Smart Healthcare - Low-

7. **The World Bank Group is uniquely positioned to promote regional and global propositions that address the fundamental weaknesses of health systems and their interoperability.** While, the Development Partner landscape is complex, the World Bank's convening power is highly instrumental to forging a coalition of national, regional, and global technical and financial institutions to support this neglected agenda in West Africa including the U.S. Centers for Disease Control (CDC), The China CDC, the World Health Organization (WHO), the World Organization for Animal Health (OIE), FAO, the African Development Bank, bilateral development partners and private foundations. To date, the Bank team has been successful in mobilizing project preparation financing from the Bill and Melinda Gates Foundation, co-financing from the Government of Canada, Department of Foreign Assistance, Trade and Development and Trust Funds from the Government of the People's Republic of China. Co-financing from the Japan International Cooperation Agency (JICA) for the preparation of pandemic preparedness plans for several REDISSE countries has also been mobilized.

8. The REDISSE Program has systematically engaged the technical expertise of institutions and individual experts from across multilateral, governmental, non-governmental academic and private institutions and is supporting the establishment of coordinating mechanisms, such as a regional and national OH platforms and a Monitoring and Evaluation Reference Group for disease surveillance and response systems.

9. The Program is a being developed jointly by the Bank's Health, Nutrition and Population (GHNDR) and Agriculture (GFADR) Global Practices to ensure that the human-animal-environment interface is addressed and the OH approach is operationalized. The project will contribute to the region's progress in meeting obligations under the International Health Regulations (IHR 2005), the Integrated Disease Surveillance and Response strategy (IDSR) promoted by the WHO regional office for Africa, and the OIE international standards. The Program is also in line with the Global Health Security Agenda (GHSA) objectives and is structured to contribute to four of the key action packages defined in the GHSA strategy: surveillance and reporting; laboratory capacity; health workforce; and, epidemic preparedness and response. As with REDISSE I and II, this project will support the countries to establish a coordinated approach to detecting and swiftly responding to regional public health threats.

Sectoral and Institutional Context

Human Health

10. **Joint External Evaluation (JEE) of several countries in the ECOWAS region (Cote d'Ivoire, Ghana, Liberia and Sierra Leone) as well as country-led self-assessments on disease surveillance, preparedness and response capacity revealed some typical, key weaknesses of health systems in terms of infectious disease surveillance, epidemic preparedness and response**. These include: (i) a fit for purpose health workforce for disease surveillance, preparedness and response is lacking at each level of the health pyramid; (ii) community level surveillance and response structures either do not exist or need significant improvement; (iii) there is limited availability of laboratory infrastructure in place for timely and quality diagnosis of epidemic-prone diseases; (iv) lack of interoperability of different information systems hampers

Carbon and Resilience Strategies for the Health Sector (2017); Climate Change and Health - Approach and Action Plan (2017)

[5] WHO (2015) Climate Change and Human Health - Risk and Responses

analysis and utilization of information for decision making and disease mitigation measures; (v) infection prevention and control standards, infrastructure and practices are generally inadequate; (vi) management of the supply chain system is weak and inefficient; and (vii) there are significant gaps in regional level surge capacity for outbreak response, stockpiling of essential goods, information sharing and collaboration.

11. **Although the countries included in REDISSE III vary in their health indicators and population sizes, all six of the countries have poor public health outcomes and are at risk for epidemics.** Some REDISSE III countries are experiencing improvement in certain health indicators such as Diphtheria Tetanus Toxoid Pertussis (DTP3) immunization coverage (for example, Burkina Faso has an immunization coverage of 91% as indicated by DTP3 coverage among 1 year olds)[6]. However, improvements of other health indicators remain a challenge. All six countries have high infant mortality rates (ranging between 51 per 1000 live births in Niger to 74.5 per 1000 live births in Mali), high under-five mortality rates (ranging between 84.7 deaths per 1000 live births in Mauritania to 114.7 deaths per 1000 live births in Mali). Across all six countries, children suffer from both chronic and acute malnutrition with high prevalence of stunting (between 27% in Burkina Faso and 43% in Niger) and wasting children under five.

12. **The burden of infectious diseases is high in the REDISSE III countries**. Mortality and morbidity in all six REDISSE III countries is dominated by many endemic and epidemic communicable diseases (including malaria, Acute Respiratory Illness (ARI), diarrheal diseases, malnutrition, cholera, meningitis, HIV/AIDS, tuberculosis). All six countries fall in the African Meningitis Belt and all six countries have reported outbreaks/epidemics of major infectious diseases, including meningitis and WHO priority diseases, such as- Yellow Fever, Rift Valley Fever, Crimean-Congo Hemorrhagic Fever (CCHF), Lassa Fever, and Ebola. More details are shared in Annex 1. The adverse effects of diseases in all six countries are further exacerbated by lack of education, gender disparities, ineffective communication and poor availability of quality health services. Moreover, all six countries have porous borders, high population mobility, and rapid urbanization which present major challenges in terms of epidemiological surveillance and health security. Typically, these systems also suffer from insufficient appropriations, insufficient human resource capacity and low community involvement.

Animal Health

13. **Improvement of animal health requires increased and sustained investments in national Veterinary Services (VS) to meet international standards of quality defined by the OIE.** Any country failing to prevent, detect, inform, react and control sanitary issues, such as infectious diseases or antimicrobial resistance places other countries at risk, hence the importance of regional approaches. All countries in the region have engaged in the OIE Performance of Veterinary Services (PVS) Pathway, a program which provides independent qualitative (PVS evaluation) and quantitative (PVS Gap Analysis) evaluations of Veterinary Services, identifying their strengths and weaknesses, prioritizing interventions and costing activities needed to address deficiencies[7]. These evaluations help to select areas for investments to strengthen national animal health

[6] WHO Global Health Observatory Data http://apps.who.int/gho/data/?theme=main

[7] State of play of PVS pathway evaluations in the six countries: Benin (PVS evaluation in Apr. 2007 and Jan. 2013 ; Gap Analysis in Sept. 2008 and Oct. 2014 ; legislation mission in Jul. 2008); Burkina Faso (PVS evaluation in Jan. 2008 ; Gap Analysis in Sep. 2009 ; legislation mission in Aug./Oct. 2010) ; Cote d'Ivoire (PVS evaluation in Dec. 2006 and Nov. 2011 ; Gap Analysis in Mar. 2012 ; legislation mission in Oct. 2013); Mali (PVS evaluation in Nov. 2007 ; Gap Analysis in Mar. 2009 ; legislation in Jun. 2011) ; Mauritania (PVS evaluation in Jan. 2008 and Gap Analysis in Feb. 2010 ; legislation mission in Jan. 2011) ; Niger (PVS evaluation in 2008 ; Gap Analysis in Jan. 2012 ; legislation mission in Feb. 2014).

systems, including disease surveillance, prevention and response. The REDISSE program, as well as other World Bank financed projects supporting animal health improvement, such as the PRAPS[8] involving four of the REDISSE III countries, ensure that investments are made in accordance with these recommendations, as well as internationally recognized approaches to address specific disease surveillance and control programs (e.g. on Peste des Petits Ruminants and Contagious Bovine Pleuropneumonia with the PRAPS).

14. REDISSE III countries are host to some of the largest livestock populations in the region. Niger, Mali, and Burkina Faso account for almost half of the total cattle populations and a third of the small ruminant population in ECOWAS, and are net exporters of livestock to their southern neighboring countries[9]. Cote d'Ivoire, Mali and Burkina also account for a quarter of the poultry population. The majority of the labor force in all six REDISSE III countries depend on agriculture for livelihood, ranging from 50% in Mauritania to 90% in Burkina Faso and Niger[10]. Interactions between wildlife, domesticated animals, labor force, and human settlements are increasing as a result of population growth, agricultural expansion, and the development of new activities such as mining. The importance of animal movements, porous borders, and trade in the region further increases the risk of disease occurrence and disease spread. In a context of weak Veterinary Services and lack of regional harmonization of animal health surveillance and control, the countries are regularly affected by a number of infectious diseases, including zoonotic diseases (e.g. Highly Pathogenic Avian Influenza (HPAI), rabies, Rift Valley Fever, bovine TB, brucellosis, and rabies to name a few), easily spreading from one to another. These not only pose threats to human health but also generate loss of livelihood and increase poverty. In the last few years, multiple countries in REDISSE III have experienced large outbreaks of Highly Pathogenic Avian Influenza (HPAI), including Niger, Burkina Faso, and Cote d'Ivoire. Niger and Mali also experienced outbreaks of Rift Valley Fever in 2016 and 2017. Please see Annex 2 for further details.

One Health

15. **Tackling multi-sectoral issues efficiently requires working across sectors and disciplines. Yet, except for those already engaged in REDISSE I and II, very few countries have adopted coordinated approaches, along the lines of the OH concept**. The response to the HPAI crisis since 2005 contributed to enhancing cooperation between the human and veterinary health sectors in many countries in the region, but in the absence of a dedicated program incentivizing such a joint approach, a silo approach still prevails. However, animal and human health disease surveillance systems across the ECOWAS and Mauritania region has experienced major setbacks due to general funding shortfalls that have had a severe impact on both animal health and human health care delivery systems. Nonetheless, important lessons have been learned and experience gained, and successful regional programs for the control of selected priority diseases, both within and outside the region, have demonstrated the efficiency of a regionally coordinated approach to disease surveillance and response.

16. **The project is aligned with pillar III of the Regional Integration Assistance Strategy (RIAS) for the region (2008/rev 2011), building coordinated interventions to provide regional public goods**. The RIAS specifically identifies regional and sub-regional programs to address the cross-border dimensions of disease prevention and treatment as an area of focus. The project meets the four regional criteria for utilizing IDA

[8] Regional Sahel Pastoralism Support project
[9] FaoStat 2014 http://www.fao.org/faostat/en/#data/QA
[10] CIA Factbook, 2013 https://www.cia.gov/library/publications/the-world-factbook/fields/2095.html#uv

regional funds: (i) involves three or more countries: the project involves six countries; (ii) has benefits, either economic or social, that spill over country boundaries; (iii) reflects strong interest from regional bodies and the region's countries in the project; and (iv) provides a platform for a high level of policy harmonization between countries. With these minimum criteria addressed it is important to note that collaboration and collective action across borders to address disease threats is one of the clearest examples of a global public good. The increasing frequency of disease outbreaks and the rapidity of spread demand regionally aligned information and surveillance systems, harmonized policies and standard operational procedures. As part of the REDISSE program, the countries under REDISSE III will benefit from regional activities financed through a US$20 million IDA grant and US$12 million Multi-Donor Trust Fund (MDTF) under REDISSE I. This includes the strengthening of regional institutions, platforms and networks.

17. **The project is in line with the Bank's mission to end extreme poverty and boost shared prosperity. Communicable and non-communicable diseases are a major constraint on the health, education and potential earnings of people living in the ECOWAS region and have the greatest impact on the most vulnerable population. Compounding the threats in this reality is climate change, which will stress already weak systems, displace populations, and create environmental conditions more favorable for disease**. The economic rationale for investing in REDISSE interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The Country Partnership Frameworks (CPF) documents for the six countries emphasize the need to strengthen the capacity of health systems of which disease surveillance is a key pillar, in order to improve health outcomes and reduce vulnerability. Further, as part of the IDA 18 commitments, the World Bank will assist at least 25 countries in their pandemic preparedness efforts including countries in West Africa.

18. **The project is in line with the recommendations from the World Bank Systematic Country Diagnostic (SCD) which recommends strengthening health information systems, including disease surveillance capacity for early detection and response to disease outbreaks, as a priority policy action**.

19. **The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement[11], the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.**

20. **Complementary to the REDISSE Program, the World Bank and its key partners have launched the Global Pandemic Emergency Facility (PEF).** The PEF aims to provide immediate support to countries experiencing any infectious disease outbreak that meets predefined triggers, either defined as a public health emergency of international concern (PHEIC) or a certain disease outbreak notification (DON) event, through both an insurance funding mechanism and a public funding mechanism. The PEF aims to get the funds to a

[11]Per the Paris Climate Agreement "*Acknowledging that climate change is a common concern of humankind, Parties should, when taking action to address climate change, respect, promote and consider their respective obligations on human rights,* ***the right to health****…. and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity".* The Bank is committed to ensure 28% of its entire portfolio and 20% of new HNP projects are climate sensitive by 2020.

country within a maximum of one to two days of an official request. The REDISSE program complements the PEF in the following ways by: (i) focusing on capacity for disease surveillance and epidemic preparedness countries will be better able to detect and contain outbreaks before they develop into PHEIC or DON events and trigger the PEF; and (ii) including a Contingency Emergency Response Component (CERC), so that countries will be able to mobilize funds quickly from within the project in the event of an outbreak (thereby assisting in containing outbreaks before they escalate to trigger the PEF, or for outbreaks that do not meet PEF's parametric criteria). In addition, CERC complements PEF by serving as a conduit for PEF's surge financing for client countries.

Relationship to CPF

C. Proposed Development Objective(s)

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

21. The PDOs, key results and indicators under REDISSE remain the same across the REDISSE program. As adopted under REDISSE I and II, the PDOs are: (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa, thereby addressing systemic weaknesses within the animal and human health sectors that hinder effective disease surveillance and response; and (ii) in the event of an Eligible Emergency, to provide immediate and effective response to said Eligible Emergency.

Key Results (From PCN)

22. The proposed PDO will contribute to: (i) development of national and regional capacity to fully implement the Integrated Disease Surveillance and Response (IDSR) strategy, which calls for the continuous monitoring of mortality and morbidity to identify and respond to threats before they can develop into large scale or transboundary epidemics; (ii) country and regional compliance with international standards for Veterinary Services, with a particular focus on early detection and rapid response capacity, as adopted by the OIE Members States in the Terrestrial Animal Health Code, utilizing the findings and recommendations from the OIE PVS pathway; and (iii) more efficient collaboration and synergies between human and animal epidemiological surveillance, diagnostic and response networks at country and regional levels. The following key indicators will be used to track progress towards the PDOs:

a. Laboratory testing capacity for detection of priority diseases: number of countries that achieve a JEE score of 4 or higher out of 5;
b. Progress in establishing indicator and event-based surveillance systems: number of countries that achieve a JEE score of 4 or higher out of 5;
c. Availability of human resources to implement IHR core capacity requirements; number of countries that achieve a JEE score of 3 or higher out of 5;
d. Multi-hazard national public health emergency preparedness and response plan is developed and implemented: number of countries that achieve a JEE score of 4 or higher out of 5;

e. Progress on cross-border collaboration and exchange of information across countries: number of countries that achieve a score of 4 or higher out of 5.
f. Progress towards establishing an active, functional regional One Health Platform (Number based on 5 point Likert scale)

23. Indicators (a) through (d) are based on JEE monitoring progress for the implementation of the WHO IHR (2005)[12], as well as OIE Performance of Veterinary Services assessments. Indicators (e) and (f) are based on self-assessment by the region and individual countries.

D. Concept Description

24. **An extensive and in-depth consultative process forms the basis for the overall REDISSE Program**. This process has informed the detailed project design of REDISSE I and II. Building on this base, REDISSE III will enhance the capacities of the human and veterinary public health systems of Benin, Burkina Faso, Cote d'Ivoire, Mali, Mauritania and Niger for efficient and effective surveillance, preparedness and early response to infectious disease threats, and via a collaborative regional approach that promotes the OH approach and supports the implementation of the IHR and OIE standards.

1. **Adopting the design of REDISSE I and II, the REDISSE III project will comprise 5 components as follows**:

Component 1: Surveillance and Information Systems (US$60 Million)

25. **This component will involve the enhancement of national surveillance and reporting systems and their interoperability at the different tiers of the health systems.** This component will support national and regional efforts, including cross-border coordination, in the surveillance of priority diseases (including emerging, re-emerging and endemic diseases) and the timely reporting of human public health and animal health emergencies in line with the IHR (2005) and the OIE Terrestrial Animal Health Code. This component also seeks to strengthen the linkages of surveillance and response processes at the local level through citizen and community engagement, sub-national and national levels of the health system to ensure the rapid detection of new cases and potential disease outbreaks within high-risk communities via early reporting to local/district health structures in real-time; and laboratory confirmation and classification of collected samples, supported by a regional network. For individuals, communities, and the institutions involved, there will be need to promote relevant behavioral change. Linkages along these different levels and steps within an animal health epidemiology and surveillance system shall be analyzed, optimized and formalized.

[12] The World Health Organization, together with other partners, has developed a Joint External Evaluation Tool-International Health Regulations (2005) (JEE-IHR) to assess country capacity to prevent, detect, and rapidly respond to public health threats. The tool allows countries to identify the most urgent needs within their health security system, to prioritize opportunities for enhanced preparedness, response and action, and, through regular evaluations, will help monitor the progress by country in implementation of the International Health Regulations (2005) (http://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/). The JEE makes use of the PVS evaluation missions' results which provide an assessment of the strengths and weaknesses of the national Veterinary Services (http://www.oie.int/support-to-oie-members/pvs-evaluations/oie-pvs-tool/)

26. The sub-components are: (I) support coordinated community-level surveillance systems and processes across the animal and human health sectors; (II) develop capacity for interoperable surveillance and reporting systems; and (III) establish an early warning system for infectious disease trends prediction.

Component 2: Strengthening of Laboratory Capacity (US$40 Million)

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

28. The sub-components are: (I) Review, upgrade and network laboratory facilities; (II) Improve data management and specimen management systems; and (III) Enhance regional reference laboratory networking functions.

Component 3: Preparedness and Emergency Response (US$37 Million)

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

30. The sub-components are: (I) Enhance cross-sectoral coordination and collaboration for preparedness and response; (II) Strengthen capacity for emergency response; and (III) Contingency emergency response; a sub-component, which has the objective to improve the Government's response capacity in the event of an emergency, following the procedures governed by OP/BP 10.00 paragraph 12 (Rapid Response to Crisis and Emergencies).

31. **There is a moderate to high probability that during the life of the project one or more countries will experience an epidemic or outbreak of public health importance or other health emergency with the**

potential to cause a major adverse economic and/or social impact which would result in a request to the Bank to support mitigation, response, and recovery in the region(s) affected by such an emergency. In anticipation of such an event, this contingency emergency response component (CERC) provides for a request from countries participating in REDISSE the Bank to support mitigation, response, and recovery in the district(s) affected by such event. This Program provides an important opportunity for clients to stop epidemics from spreading within and across borders through early intervention, without the need to set financing aside in a conventional contingency fund.

32. **An "Emergency Response Operational Manual" (EROM) will be prepared by each country as a condition of disbursement**. Countries will begin drafting the EROM immediately to ensure that the CERC is in place as soon as possible in the event that an emergency occurs early in the implementation of the Project. Triggers for the CERC will be clearly outlined in the EROM acceptable to the World Bank. Disbursements will be made against an approved list of goods, works, and services required to support crisis mitigation, response and recovery. All expenditures under this activity will be in accordance with paragraph 12 of World Bank OP 10.00 (Investment Project Financing) and will be appraised, reviewed, and found to be acceptable to the World Bank before any disbursement is made.

Component 4: Human Resource Management for Effective Disease Surveillance and Epidemic Preparedness (US$32 Million)

33. **This component is cross cutting of the previous three and aims to strengthen government capacity to plan, implement and monitor human resource interventions by establishing long-term capacity for improved management of human resources**. It will provide support to the development of institutional capacity for planning and managing continuing workforce training by leveraging existing training structures and programs across countries in the region such as the Field Epidemiology Training Program (FETP), Field Epidemiology and Laboratory Training Program (FELTP), Veterinary-FETP, and other workforce training programs that address critical public health and veterinary health needs.

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

35. The sub-components under this component are: (I) Healthcare workforce mapping, planning and recruitment; and (II) Enhance health workforce training, motivation and retention.

Component 5: Institutional Capacity Building, Project Management, Coordination and Advocacy (US$31 Million)

36. **This component focuses on all aspects related to project management. It includes fiduciary aspects (financial management and procurement), monitoring and evaluation (M&E), knowledge generation and**

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

37. The sub-components are: (I) Project coordination, fiduciary management, monitoring and evaluation, data generation, and knowledge management; and (II) Institutional support, capacity building, advocacy, and communication at the regional level.

38. For the entire REDISSE Program WAHO will host the regional coordination unit and will be primarily responsible for regional coordination, including cross-border coordination, guided by the decisions of the REDISSE Regional Steering Committee under the political leadership of ECOWAS. For the regional oversight of the animal health area, WAHO would delegate operational coordination and implementation of regional animal health activities to RAHC, with the support of OIE. WAHO will also be responsible for supporting the establishment of national and regional One Health coordination platforms for the purpose of developing synergies, joint planning, implementation and communication. Strategies will be adopted for generating evidence to be used to advocate for increased and sustained financing for disease surveillance and preparedness from domestic sources.

39. **Across all project components, the project will promote partnership with the private sector to support and improve the provision of public goods across all project activities.** Potential areas of private sector engagement will involve aspects where the private sector may have a comparative advantage over, or complementary to, the public sector such as in logistics and supply chain management, information communication and technology development, and improvement of specimen transportation systems. In order to take advantage of existing professional skills and to contribute towards achieving proper geographical meshing of the animal health and human health national surveillance networks, the project will foster the use of private medical practitioners, veterinarians and veterinary paraprofessionals to be entrusted with official tasks through contractual arrangements. Under similar contractual mechanisms, the project will also explore possible partnerships, with identified centers of excellence and private laboratories with the appropriate capacity to play a critical role in the provision of diagnostic and reporting services for diseases of national, regional and/or global importance.

40. **Gender considerations will be an integral aspect of the project activities as a substantial portion of the health workforce front lines are nurses, health assistants, and community workers, the majority of whom are women.** The risks of contagion for these workers are significant. Further, with respect to potential threats of infectious diseases, these present different risks for your girls, women of child bearing age, pregnant women, and mothers.

Table 1: Estimated Project Budget Allocations by Component

Project Components	Budget Allocation (US $ Million)
Component 1: Surveillance and Information Systems	**39**
Component 2: Strengthening of Laboratory Capacity	**26**
Component 3: Preparedness and Emergency Response	**24.05**
Component 4: Human Resources Management for Effective Disease Surveillance and Epidemic Preparedness	**20.8**
Component 5: Institutional Capacity Building, Project Management, Coordination and Advocacy	**20.15**
Total	**130**

Table 2: Breakdown of Project Financing

Country / Regional Institution	Country IDA ($ Million)	Regional IDA ($ Million)	Total ($ Million)
Benin	10	20	30
Mali	15	30	45
Mauritania	**12.5**	**12.5**	**25**
Niger	**15**	**15**	**30**
TOTAL	**52.5**	**77.5**	**130**

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

42. **The REDISSE Program is implemented at a regional and national level.** At the regional level, implementation will be led by WAHO which hosts the regional secretariat of the program. WAHO has built a robust management implementation unit which includes separate project coordinators for existing World Bank projects including REDISSE. WAHO has strengthened its expertise in financial management, accounting, M&E, and communications, and recruited staff to deal with procurement. Under this regional coordination arrangement, governments of the seven countries will implement country-level tasks as per their respective country implementation arrangements. WAHO will also provide support to countries both directly and through service agreements and Memoranda of Understanding (MoUs) with technical organizations such as WHO and OIE. WAHO will also ensure capacity building for the RAHC to perform regional animal health related functions under the project in collaboration with the OIE until RAHC has achieved sufficient capability and capacity to perform these functions without external assistance.

43. **In countries, project coordination units (PCUs) will be put in place and responsible for the overall coordination and management of project activities**. A PCU will need to work across sectors to improve

efficiency and alignment in the implementation of project interventions. Given the multi-sectoral nature of the proposed activities, an existing national steering committee or one to be formed will oversee yearly planning and monitor of the project, while a project implementation unit will be set up for coordinating and managing project activities as well as transferring and monitoring the use of funds by other implementing ministries and partners.

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

SAFEGUARDS

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

This project is the third part/financing of the regional REDISSE Program, which, as mentioned in Section B1 above, is an interdependent project. This third project in the series (REDISSE III) is extending the program to four (04) others western African countries, namely Benin, Mali, Mauritania and Niger. Activities with a physical footprint includes upgrading of laboratory networking facilities, strengthening capacities to prepare for impending epidemics in humans and animals and to respond effectively to disease outbreak threats, surveillance, AMR and insecticides resistance monitoring and mapping. While some of these project activities have low to moderate environmental and social risks, the project will also strengthen the capacity of the abovementioned client governments to successfully manage environmental and social risks and impacts in the event of an infectious disease outbreak occurs among human and/or animal populations. The physical locations and specific details of the proposed project interventions in the proposed six (06) countries are not known yet and will not be known by project appraisal.

B. Borrower's Institutional Capacity for Safeguard Policies

Benin
With regard to the PIU, capacity building efforts to support project implementation will be done by implementing recommendations contained in the safeguards instruments to be prepared and more specifically in the ESMF as well as the HWMP for the project. The aim of strengthening technical skills of those staff who will be involved so that they can provide proper safeguard support.

Mali
The country has an institutional and legal environmental and social framework in place within the Ministry of environment and sanitation (MOES). Environmental and Health policies are respectively led by the MOES and Sustainable Development and the Ministry of Health and Hygiene who take the capacity to support the REDISSE project to be in conformity with the provisions of these texts. A dedicated National Directorate (DNACPN) is in charge of reviewing and approving the Environmental and Social Impacts Assessments / Environmental and Social Management Plans and has a nationwide presence (national and regional levels).

Mauritania
Environmental and Health policies are respectively led by the Ministry of Environment and Sustainable Development and the Ministry of Health who take the capacity to support the REDISSE project to be in conformity with the provisions of these texts. The Mauritanian regulatory framework on environmental and social assessment is still weak. The project implementing agency of REDISSE will need internal capacity, Expert consultants for the implementation of the safeguards

instruments under preparation to ensure appropriate implementation and follow up of the social and environmental mitigation measures in this manner, screening of project activities for adverse environmental and social impacts has concluded, with technical oversight and approval provided by the Direction de Contrôle Environmental (DCE) will review and clear the draft safeguard documents and related TORs.

Niger
The Health sector in Niger has benefitted from other past and ongoing IDA projects which provided/are providing relatively sufficient capacity for understanding and applying safeguard policies. Nonetheless, to ensure timely and successful processing and implementation of the project, there is a need to undertake an in-depth institutional assessment through the environmental studies during project preparation and prior to appraisal to determine the level and amount of additional technical capacity building in order to strengthen the institution safeguards capacity.

C. Environmental and Social Safeguards Specialists on the Team

Medou Lo, Environmental Safeguards Specialist
Mame Safietou Djamil Gueye, Social Safeguards Specialist

D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The project triggers Safeguards Policy OP/BP 4.01 (Environmental Assessment) and is classified as category B project given the potential negative environmental and social impacts and risks associated with the construction of laboratory structures, and medical waste from the national veterinary and public health laboratories as well as public health institutes. These could include soil degradation due to civil works, nuisance caused by dust and noise from construction activities, risks of injury, increased prevalence of HIV/AIDS and other STDs due to workers potentially coming from other cities/villages, risks associated with the increased generation of infectious waste. Since the exact nature, scope and physical footprint of the proposed project activities' locations are not known, each borrower will prepare an Environmental and Social Management Framework and a Hazardous Waste Management Plans (HWMP). These will be consulted upon and disclosed in-country and at the Bank website prior to appraisal.
Natural Habitats OP/BP 4.04	No	The policy is not triggered as the project will not affect natural habitats.
Forests OP/BP 4.36	No	The policy is not triggered as the project activities are not expected to overlap or cause adverse impacts on forests or forestry activities.

Pest Management OP 4.09	Yes	The surveillance, monitoring and containment of diseases including zoonosis could lead to increased use of chemicals, reagents, and pesticides. Poor management, including use and disposal of such chemicals can have potential risks and negative impacts on human health and/or the environment. These could include aspects related to misuse and/or over-use of chemicals due to lack of sufficient knowledge or awareness; insufficient availability and use of Personal Protective Equipment (PPE); unsafe and indiscriminate disposal of pesticide containers which can be recycled and reused without proper disinfection; haphazard disposal of chemicals resulting in pollution of land, living environment (air) and soil, etc. To manage these potential risks, and negative impacts all client countries will prepare an Integrated Vector and Pesticide Management Plan (IVPMP) updated from the one in REDISSE II. The IVPMP will be consulted upon and publicly disclosed both in-country and at the InfoShop prior to appraisal.
Physical Cultural Resources OP/BP 4.11	No	The scale and scope and location of subprojects makes it an unlikely possibility of chance finds of physical cultural resources in the identified project areas.
Indigenous Peoples OP/BP 4.10	No	There are no Indigenous Peoples in the project areas, as defined by OP/BP 4.10.
Involuntary Resettlement OP/BP 4.12	No	The project activities will not involve land acquisition leading to the economic or physical displacement of project-affected people.
Safety of Dams OP/BP 4.37	No	The project interventions is not expected to require the construction of dams or impoundment structures, nor is it expected that they could cause impacts to existing structures as governed by this policy.
Projects on International Waterways OP/BP 7.50	No	The project interventions are not expected to cause any drainage or discharges to surface waters, nor entail any significant usage of surface water that would affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project interventions are not in any disputed areas.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Nov 13, 2017

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

Preparation of the three safeguards documents – ESMF, HWMP and IVPMP – will be launched immediately and will be completed by November 20, 2017.

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