



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 25-Mar-2024 | Report No: PIDDC00421



BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies) Burundi, Congo, Democratic Republic of, Congo, Democratic Republic of, Ethiopia, Kenya, Malawi, Rwanda, Rwanda, Sao Tome and Principe, Zambia	Operation ID P504764	Operation Name Rwanda Health Emergency Preparedness, Response and Resilience Program Using the Multiphase Programmatic Approach	
Region EASTERN AND SOUTHERN AFRICA	Estimated Appraisal Date 21-Mar-2024	Estimated Approval Date 21-May-2024	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing (IPF)	Borrower(s) Ministry of Health, Ministry of Finance	Implementing Agency Rwanda Biomedical Centre	

Proposed Development Objective(s)

The Development Objective (DO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in the Republic of Rwanda.

PROJECT FINANCING DATA (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?	No
Is this project Private Capital Enabling (PCE)?	No

SUMMARY

Total Operation Cost	120.00
Total Financing	120.00
of which IBRD/IDA	120.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	120.00
IDA Credit	120.00

Environmental and Social Risk Classification

Substantial

Concept Review Decision

The review did authorize the preparation to continue

Other Decision (as needed)

B. Introduction and Context

Country Context

- Rwanda is a small, landlocked, and densely populated country that faces serious development challenges.** With 546 people per square kilometer,¹ Rwanda is the second most densely populated country in Africa. It faces serious issues of limited arable land that contribute to increased poverty, food insecurity and malnutrition. Currently, 20.6 percent of households remain food insecure, predominantly in rural areas where agriculture is the main income source.
- Rwanda’s Vision 2050² provides the strategic foundation for high economic growth to reach upper middle-income status by 2035 and high-income by 2050.** With an actual GDP per capita of 2,700 ppp³ these ambitious goals imply growth rates exceeding 12 percent per year, requiring new avenues for growth through innovation, integration, agglomeration, and competition.⁵The Vision also commits to sustaining the significant achievements already made in the health sector, and in line with the ambitions of the Sustainable Development Goals (SDGs), reducing maternal, neonatal, infant, and under-5 mortality rates by 70 to 90 percent to high-income country levels.
- Rwanda is recognized as vulnerable to climate change impacts, ranked 112 out of 185 countries in the 2021 ND-GAIN Index.⁶** The country is particularly vulnerable to flooding, high heat, drought, and landslides which are expected to increase in frequency and severity. The country has already experienced a temperature increase of 1.4°C since 1970, higher than the global average; and an increase of up to 2.0°C is expected by the 2030s. The temperature rise is expected to be consistent across the country and seasons—although the increase during the long dry season may be slightly higher than in other seasons.

Sectoral and Institutional Context



B. Sectoral and Institutional Context

Relationship to CPF

1. **The objectives and design of the proposed project are aligned with the World Bank Group’s (WBG) FY21–26 Country Partnership Framework (CPF) for the Republic of Rwanda**, discussed by the Board on July 9, 2020 (Report No. 148876-RW). Hence, the proposed project would contribute to CPF Objective 1 (Improving Human Capital), which recognizes that “a healthy, and well-educated and skilled labor force is essential to Rwanda’s future prospects and inclusive growth”. In addition, the project would (a) support: (i) the priority areas articulated in the country’s Health Sector Policy in Rwanda’s Fourth Health Sector Strategic Plan (2018-2024), and the new Health Sector Strategic Plan under preparation (2024-2029) which prioritize building health security and resilient system; and (ii) the implementation of Rwanda’s Five-Year National Action Plan for Health Security (NAPHS:2020 – 2024) whose goal is to address holistically health security and emergencies capabilities within the country using a “One Health Concept” to ensure that there is timely preparedness, rapid detection and a consistent and coordinated response to health risks, both diseases and other events of public concern; and (b) complement the implementation of the National Health Emergency Response Operations Plan (NHEROP) which offers the health sector comprehensive guidance, involving key stakeholders, communities, and political will for it to respond to immediate and coordinated actions across systems, sectors, and stakeholders, guided by defined leadership.

C. Proposed Development Objective(s)

The Development Objective (DO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Rwanda.

2. **The Rwanda project** will follow the HEPRR Program’s Results Chain (unchanged) which emphasizes multisectoral engagement across all cores public health, service delivery, and regional coordination capacities and the overall emergency response and management, at all levels of the health system (Figure 1-shows the adaptation of the framework to Rwanda).

Key Results (From PCN)

3. **The Rwanda project** will follow the HEPRR Program’s Results Chain (unchanged) which emphasizes multisectoral engagement across all cores public health, service delivery, and regional coordination capacities and the overall emergency response and management, at all levels of the health system (Figure 1-shows the adaptation of the framework to Rwanda).

D. Concept Description



(i) PDO Statement

4. The **Project Development Objective (DO)** is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Rwanda.

(ii) PDO Level Indicators

5. The PDO will be measured through the following key indicators that are picked from the menu of results Indicators of the Program

6. The project comprises four complementary components that focus on strengthening the preparedness and resilience of Rwanda’s health system to respond to health emergencies under a multisectoral collaboration for interventions:

7. **Component 1: Strengthening the Preparedness and Resilience of Regional and National Health Systems to Manage Health Emergencies (US\$ 65.6 million equivalent).** This component will support multisectoral collaboration and the strengthening of the health system's preparedness and resilience to respond to Health Emergencies. The Component comprises four sub-components:

8. **Subcomponent 1.1: Multisectoral cross-border planning, financing, and governance for improved resilience to HEs.**¹ This sub-component will focus on: (i) to strengthen the existing “One Health” committee; (ii) the development of a costed and financed national multi-sectoral action plan for “One Health;” (iii) strengthening cross-border response including the expansion of the cross-border functional surveillance systems at points of entries with the corresponding training; Climate change is a primary impetus and focus of these activities. The subcomponent will also finance: (iv) strengthening infection prevention and control initiatives that ensure appropriate guidance and measures at health facilities within districts at the borders to better address the antimicrobial resistance (AMR) burden.

9. **Subcomponent 1.2: Health Workforce skills development.** This sub-component aims to strengthen existing capabilities, harmonizing knowledge and skills and building specialized diagnostic skills and capacity among the health workforce for the use of advanced technologies while addressing gender gaps. Thus, it will seek to: (i) establish a gender sensitive training program to ensure gender inclusivity in Science, Technology, Engineering, and Mathematics (STEM);² (ii) establish a specialized training program to offer state-of-the-art training on advanced biomedical instrumentation used in cutting-edge diagnostics including bioengineering, molecular and immunological techniques and using energy efficient and climate adaptive building designs as well as local materials; (iii) develop project-based mentorship initiatives led by university-affiliated faculty who will provide selected graduate students (keeping in mind inclusion of female graduate students and students from Climate vulnerable areas) with hands-on opportunities to develop diagnostic assays responding to unmet clinical needs; (iv) train additional professionals such as field epidemiologists, data scientists, and laboratory professionals, under an equity lenses for gender and inclusion of professionals from climate vulnerable areas as feasible; (v) develop and execute a focused climate and health emergency preparedness and response training; and (vi)

¹ The health and non-health line Ministries involved in the implementation of this component are described in the implementation section.

² That is, one which will ensure an equitable sex ratio of participants in computational diagnostics to develop expertise in leveraging artificial intelligence (AI), big data, bioinformatics, and machine learning to design high-performance diagnostics tailored to health emergencies, specifically priority diseases and climate change induced shocks



develop a system for health workforce surge capacity during climate shocks and health emergencies to ensure health workers are distributed adequately where most needed without living essential services unattended.

10. **Subcomponent 1.3: Building capacity for the National Health Institute and improving access to quality health commodities.** This subcomponent aims to strengthen Rwanda’s capacity to develop, produce, and deploy quality diagnostics for priority health threats. Key investments will include: (i) the expansion of the National Health Institute into the Diagnostics Development and Research Center using energy efficient and climate adaptive building design as well as local materials. It will drive innovation of affordable diagnostic solutions targeting leading regional infectious disease threats including emerging/re-emerging epidemics like Rift Valley fever, typhoid, Ebola, and vaccine-preventable diseases like measles^[3]. It will support the translation of promising technologies into quality-assured diagnostic products for domestic use and export; (ii) the expansion of the National Health Institute to include the One Health Laboratory and Biobank facility for testing emerging and re-emerging pathogens, including development of national reference standards to manage climate sensitive disease outbreaks; (iii) technical assistance (TA) to review national laws and other applicable rules on storage, distribution, and control, to determine the adequacy of the technical, legal and regulatory frameworks and its consistency with international best practice; identify any gaps, and implement measures for filling those gaps; (iv) TA on the development of a One Health laboratory in Rwanda including risk management and human resource development; (v) strengthening the capacity of the National Regulatory Agencies and Regional Centers of Regulatory Excellence; (vi) develop a five-year roadmap, plans of action, and strategy to guide the functioning of the centers and lead the implementation of enhanced quality laboratory response.

11. **Subcomponent 1.4: Information systems for HEs and the digitalization of the health sector.** This subcomponent aims to strengthen real time surveillance and decision support capabilities leveraging AI and advanced analytics. Key activities include: (i) establishing disease surveillance digital platforms that includes district-based health risk registries from human, animal, and environmental sources across institutions and that includes gender-specific demographics (age, sex, pregnancy status) to enable early outbreak detection;³ (ii) building interactive data visualization tools for policymakers that overlay predictive models with assets and resources data to aid risk communication and response planning that can be gender-specific as relevant, modelling of climate change impacts is a primary impetus and focus of this activity; (iv) improving the quality and reliability of data and geographic coverage of existing digital health information platforms; this includes ensuring complete and accurate data on key demographics such as sex, age and (for women 15-49 years of age) pregnancy status, and ensuring coverage of the most remote and vulnerable areas of the country (v) establishing real-time monitoring systems of facility service availability and readiness to monitor the disruptions to essential health services; (vi) integrating meteorologic data into the surveillance and health information system.

12. **Component 2: Improving Early Detection of and Response to HEs through a Multisectoral approach (US\$ 64.4 million equivalent).** This component will support operational readiness and capacities across critical subsystems to effectively detect and respond to national, regional, and global health emergencies. The component has three sub-components.

13. **Subcomponent 2.1: Collaborative multisectoral gender-responsive surveillance and laboratory diagnostics.** A major investment under this subcomponent will be to: (i) establish an emergency operations center (EOC) on permanent basis to coordinate health security efforts with integrated data dash boards for gender-disaggregated surveillance to prepare for and respond to climate shocks or other sources of health emergencies. It includes the developing capacity to quickly re-organize and utilize alternative service-delivery platforms to prevent service disruption during emergencies; and the development of facility level climate emergency preparedness and response plans; (ii) expand multi-pathogen

³ (ii) establishing and updating them on an annual basis, establishing climate change risks is a primary impetus and focus of this activity



testing and sequencing abilities to better characterize and monitor dynamics of public health threats; and (iii) strengthening environmental surveillance systems to monitor wastewater for emerging and reemerging public health threats like COVID-19, polio, mpox, cholera, etc.

14. **Subcomponent 2.2: Emergency management, coordination, and essential service continuity.** This subcomponent will ensure the availability and quality of essential services provided to the population during emergencies as well as the coordination across levels of care to respond to the HE, with a primary focus on service continuity during climate shocks given their level of disruption to health services in the context. It will include: (i) Improving the quality of Maternal, Newborn, Child and adolescent health services, including the optimization of existing MNCH interventions⁴, as well as the adoption and implementation of MNCH bundles and innovations⁵. It includes supporting, rehabilitation /renovation and upgrading Health Centers to Medicalized Health Centers level facilities in 8 bordering districts hard to access district hospitals, equipment and implementation of norms and procedures for MCH, NCDs, Mental Health and HE; (ii) Supporting the continuous provision of integrated early child development and nutrition services at all levels of care; (iii) Accelerating the integration of NCDs care in the existing health care system with the focus at the primary health care level;⁶ (iv) Strengthening mental health preparedness and response capacity for public health emergencies, including the case management for referral systems for standard and HE cases including the transfer system of MNCH emergencies, worsening NCDs cases and quick assistance to suspected cases of pandemic-prone diseases. It includes well-equipped ambulances and staff trained in emergency neonatal care, obstetric care and basic life support; (v) Strengthening community based NCDs screening and linkage facilitating connections to care for people screened and tested positive.

15. **Subcomponent 2.3: Risk Communication and Community Engagement, empowerment, and Social Protection for all HEs.** Communication on climate change and health risks is a primary impetus and focus on this component; key activities include: (i) leveraging community health workers through existing performance-based financing schemes to drive public health emergency protection awareness and behaviors among communities; (ii) developing appropriate public health risk communications to reach women, girls, men and boys across gender divides and reaching them through appropriate media including mass media (TV and radio) and community level platforms (village meetings, school health clubs, etc.); (iii) developing of a national climate and health adaptation plan with the community; and (iv) assessment of health system performance during climate shocks; and (v) execution of climate shock response simulation exercises.

16. **Component 3: Project Management (US\$5.0 million equivalent).** This component will ensure efficient and effective management and implementation of the project by the RBC.

17. **Subcomponent 3.1 Strengthening project monitoring and evaluation (M&E).** This subcomponent will be implemented in collaboration with the ECSA-HC. A common framework will be used for monitoring performance with a specific M&E framework which will be prepared as part of the project implementation manual. The project will emphasize the generation and use of data for decision-making at various levels, disaggregated by key sociodemographic characteristics, including sex, age group, residence, and relevant health conditions or background (such as pregnancy status for women in reproductive age, comorbidity, and disability status). RBC will be responsible for data collection, including the preparation of routine project reporting for all activities.

18. **Subcomponent 3.2: Providing need-based TA and facilitating learning agenda.** This subcomponent will focus on establishing and using national, regional and cross-border learning platforms to exchange knowledge and experiences,

⁴ EmONC, Essential newborn care, ANC, L

⁵ Antenatal and neonatal set of services

⁶ inclusion of key RMNCAH supplies as part of an essential health package such as early urinary Pregnancy test for early detection of pregnancy at Community Level



facilitate peer coaching, provide technical support (including how to leverage data to enhance health emergency response), and share lessons, with a focus on making health systems better able to prevent, detect and respond to emergencies and become more resilient, equitable and inclusive. In partnership with WHO, a Learning plan will be developed to support Rwanda's learning from successful ongoing efforts in other countries related to One Health Laboratory / high-quality testing laboratories management and efficiency, Biobank examples, AMR successful action plans and quality of integrated provision of services. The effort will include WHO collaborating centers⁷, south-south and north-south country exchanges. Key activities under this sub-component include: (i) developing learning plan; (ii) convening and lead regular evidence-based policy dialogue on selected priority topics regarding public health emergency detection and response, integrating attention to gender-specific risks and access to services during HEs, climate change, cross border collaboration and resilient health system building; (iii) disseminating best practices through regional meetings and publications; (iv) facilitating experience sharing events, scientific conferences etc. among countries; and (v) facilitate robust technology transfer among relevant public and private entities in the participating countries and regionally/globally.

19. Subcomponent **3.3: Strengthening project management through support of the implementing institutions and the multisectoral collaboration (RBC, RAB, RDB, REMA, GMO)**. Key areas of support will include: (i) recruitment of staff and developing work plans in accordance with the Financing Agreement; (ii) supporting procurement, financial management, environmental and social risk management, and reporting under the project through the provision of technical advisory services, training, operating costs, and acquisition of goods.

20. Component **4: Contingent Emergency Response Component (CERC) (US\$0)**. This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. Following an eligible crisis or emergency, the government may request that the World Bank reallocates project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project components to cover emergency response. A CERC Manual and an Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component. Annex XX presents the list of the activities included by subcomponent.

⁷ WHO collaborating centers are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programs. Currently there are over 800 WHO collaborating centers in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.



Legal Operational Policies

	Triggered	
	Last approved	Current
Projects on International Waterways OP 7.50	No	
Projects in Disputed Area OP 7.60	No	

Summary of Screening of Environmental and Social Risks and Impacts

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The World Bank

Rwanda Health Emergency Preparedness, Response and Resilience Program Using the Multiphase Programmatic Approach(P504764)

PROJECT CONCEPT NOTE

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APPROVAL

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