



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 15-Jun-2023 | Report No: PIDC34742



BASIC INFORMATION

A. Basic Project Data

Country Western and Central Africa	Project ID P179078	Parent Project ID (if any)	Project Name Health Security and Resilience in West and Central Africa (P179078)
Region WESTERN AND CENTRAL AFRICA	Estimated Appraisal Date Oct 30, 2023	Estimated Board Date Mar 14, 2024	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Cabo Verde, Republic of Guinea, Republic of Liberia	Implementing Agency Cabo Verde Ministry of Finance, Guinea Ministry of Health, West Africa Health Organization (WAHO), Liberia Ministry of Health	

Proposed Development Objective(s)

Improve the capacity to prevent, detect and respond to health emergencies in West and Central Africa

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	168.00
Total Financing	168.00
of which IBRD/IDA	168.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	15.00
International Development Association (IDA)	153.00
IDA Credit	138.00
IDA Grant	15.00



Environmental and Social Risk Classification

Moderate

Concept Review Decision

Track II-The review did authorize the preparation to continue

Other Decision (as needed)

N/A

B. Introduction and Context

Regional Context

1. **With a population of half a billion and comprised of 22 culturally and geographically diverse countries, West and Central Africa remains among the most fragile regions in the world.** The COVID-19 pandemic slowed economic growth (real GDP fell to -0.8 percent in 2020)¹ and reversed gains in poverty reduction over the past decade. Since 2021, the economies of West and Central African countries have begun to resume a pattern of growth, but the rate is expected to slow following rising inflation and food insecurity, food and fuel prices, adverse weather conditions, and the rising risk of debt distress. Furthermore, rapid population growth over the last half century is projected to increase the overall population by 800 million working age people over the next 30 years² - slowing per capita income growth to approximately 1 percent in 2022.³
2. **Countries in West and Central Africa are observing increased mobility and population displacement with 900,000 new internally displaced persons in 2021⁴** and the vast majority of the population living in countries with FCV-affected areas.⁵ Porous borders and an increased likelihood of migration due to FCV, humanitarian emergencies, and climate vulnerability contribute to cross-border health threats in the region. These threats are amplified among vulnerable groups (including rural women and girls),⁶ the rural and urban poor, migrant and displaced populations, and are consistent with ongoing global inequities in exposure to health threats. Women and girls face increased risks of sexual violence (including exploitation and trafficking) during natural disasters, conflicts, and other health emergencies,⁷ as well as greater exposure to infectious diseases as evidenced by the 2013-2016 Ebola Virus Disease (EVD) outbreak and the COVID-19 pandemic.

¹ World Bank. 2023. Global Economic Prospects, January 2023. Washington, DC: World Bank. doi:10.1586/978-1-4648-1906-3. License: Creative Commons Attribution CC BY 3.0 IGO

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

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

⁴ UN High Commissioner for Refugees. Global Report 2021. <https://reporting.unhcr.org/globalreport2021/pdf>

⁵ FCV refers to Fragility, Conflict & Violence settings. In FY23, the World Bank classified 17 countries as conflict-affected and 20 countries/territories as facing institutional and social fragility.

⁶ About two-thirds of low-income livestock keepers worldwide are rural women, increasing their likelihood of exposure to zoonotic pathogens. Livestock Global Alliance. 2017. Integrating Gender in Livestock Projects.

⁷ Peterman, Potts, O'Donnell, Thompson, Shah, Oertelt-Prigione, and van Gelder, 2020. "Pandemics and Violence Against Women and Children." CGD Working Paper 528. Washington, DC: Center for Global Development. <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>



3. **The West and Central Africa region is highly vulnerable to infectious disease outbreaks, and the risks of health emergencies will continue to grow.** These risks are driven by extensive reservoirs of zoonotic pathogens, high migration, increased urbanization, lower health outcomes, and extreme poverty. Over the past decade, the continent has experienced a continuous emergence and re-emergence of infectious diseases: between 2017-2019 a total of 415 outbreaks were recorded across Africa.⁸ In West Africa alone, 123 public health events were reported between 2020 and 2022.⁹ While most of these health emergencies were driven by familiar and avoidable causes, often endemic, – including vaccine-preventable diseases (such as yellow fever and measles) and water borne diseases (such as cholera) – the relative prominence of emerging infectious diseases and novel health threats has also grown. The incidence of cases and outbreaks of emerging pandemic threats and other high-impact pathogens (e.g., EVD, Lassa fever) have increased sharply over the last several years. Meanwhile, of all regions worldwide, West Africa has the highest mortality rate due to antimicrobial resistance (AMR) at 27.3 deaths per 100,000, currently considered one of the most imminent critical health threats worldwide.¹⁰ This rising threat extends beyond human health – the number of zoonotic outbreaks across Africa has increased by over 60 percent over the last two decades, highlighting the critical need for implementing multisectoral One Health strategies that focus on the intersection of health, agriculture and environment sectors.^{11,12}
4. **The health and economic impacts of health emergencies in West and Central Africa are significant and lasting.** Over the last 20 years, there have been at least 13 reported outbreaks of EVD, primarily in equatorial Africa. The largest, a devastating multi-country epidemic in Guinea, Liberia, and Sierra Leone from 2013 to 2016, resulted in over 28,616 infected and 11,310 deaths.¹³ This extended epidemic had long-term effects on health systems, including over 500 documented healthcare worker deaths¹⁴ and significant supply chain disruptions in systems already facing chronic insufficiencies in human resources and infrastructure. Reductions in the provision of care and care-seeking behaviors were not only drivers of EVD transmission in affected communities, but also decreased the effective delivery of essential health services for other health conditions, such as non-communicable diseases (NCDs). This EVD outbreak was estimated to have cost the directly affected countries at least US\$2.8 billion combined, with further downstream and regional impacts due to interruptions in travel, trade, and population movements.¹⁵
5. **The enduring impacts of prior outbreaks in West and Central Africa demonstrate that future health emergencies risk further deteriorating chronically strained health systems and undermining long-term gains in human capital and economic prosperity.** Countries in the region are especially facing complex and growing health burdens, spanning maternal, infant and child mortality, childhood stunting, and infectious and NCDs: prior to the COVID-19 pandemic, this was the only region in the world where absolute numbers of stunted children were increasing.¹⁶ At the same time, countries continue to bear substantial burdens of the most significant infectious diseases in the region, such as HIV and tuberculosis, vector borne diseases such as malaria, while also managing the rise of NCDs with both a growing

⁸ Williams GS, et al. Implementing epidemic intelligence in the WHO African region for early detection and response to acute public health events. *Epidemiol Infect.* 2021 May 14;149:e261. doi: 10.1017/S095026882100114X.

⁹ West Africa Health Organization, WAHO; provided February 2023.

¹⁰ Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet* 399 (10325): 629-655. Doi: 10.1016/S0140-6736(21)02724-0

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

¹² One Health is a collaborative, multisectoral, and transdisciplinary approach—working at local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.

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

¹⁴ CDC. *Cost of Ebola on the Healthcare System.* 2016. <https://www.cdc.gov/vhf/ebola/pdf/impact-ebola-healthcare.pdf>

¹⁵ World Bank. *2014-2015 West Africa Ebola Crisis: Impact Update.* 2016. <https://www.worldbank.org/en/topic/macroeconomics/publication/2014-2015-west-africa-ebola-crisis-impact-update>

¹⁶ UNICEF. *The state of Child Wasting in West and Central Africa 2020.* 2020. <https://www.unicef.org/wca/media/5686/file/Child-wasting-factsheet-west-central-africa.pdf>



and aging population. Disruption of essential services during the COVID-19 pandemic exacerbated the limited ability to appropriately address each of these disease burdens worldwide, including in West and Central Africa. According to the World Health Organization (WHO) global pulse surveys, even at the end of 2021, service disruption remained at a median level of 48 percent across African countries. In Liberia, disruptions in routine immunizations in 2021 were estimated at 5-25 percent while routine scheduled primary care visits were interrupted up to 50 percent in Guinea and sexual and reproductive health services interrupted up to 5-25 percent in Cabo Verde.¹⁷ Such interruptions in the health sector induce further knock-on effects across a range of economic interests and essential human development themes and underline the importance of investing in health security.

6. **Susceptibility to health emergencies in West and Central Africa is compounded by the impacts of environmental degradation and climate change.** Over the past 20 years, more than half of over 2,000 public health events reported in Africa from 2001 to 2021 were climate-related, and the frequency of these climate-related events increased by 25 percent between the first and second decades.¹⁸ These trends are likely to increase, as the region faces significant vulnerability to changes in climate (e.g. temperatures in the Sahel are increasing 1.5 times the global average).² Changes in temperature and rainfall will drive migration, with climate change migrants to West Africa estimated to reach 54.4 million by 2050,¹⁹ and alter the human-animal-environment interface. These environmental shifts will change local disease profiles - including greater risk of vector-borne diseases like dengue, malaria, and yellow fever; spread of water-borne diseases including diarrheal diseases; and exposure to novel pathogens. Changes to the human-animal-environment interface such as deforestation has been demonstrated to be significantly associated with risk of human EVD outbreaks.²⁰ Extreme weather events, from droughts to floods, will further increase the risk of outbreaks – both due to the acute potential for spread of infectious diseases during natural emergencies and the downstream impact on environmental drivers. In the face of these challenges, while the region has made strides in its health security agenda (i.e., through increased political leadership and commitment, regional institutions, and initiatives such as Africa Centers for Disease Control, African Vaccine Acquisition Trust; and the successful control of outbreaks, such as cholera in Burkina Faso), strategic investments are needed to sustain progress and overcome ongoing and new public health threats.

Sectoral and Institutional Context

7. **Countries of West and Central Africa are among the least prepared to cope with health emergency threats.** While timely and well-placed investments in regional and country-level preparedness have reaped some positive results, sustained financing for improving and maintaining International Health Regulations (IHR) capacities to prevent, detect and respond to health emergencies are required to address persistent weaknesses. Health security²¹ metrics consistently rank West and Central Africa among the lowest performing regions: in 2021, the region's average ranking

¹⁷WHO Global pulse survey on continuity of essential services during the Covid-19 pandemic. Round 3 November-December 2021. <https://www.who.int/teams/integrated-health-services/monitoring-health-services/global-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic/dashboard>

¹⁸ WHO. Africa faces rising climate-linked health emergencies. 2022. <https://www.afro.who.int/news/africa-faces-rising-climate-linked-health-emergencies>

¹⁹ Rigaud, Kanta Kumari; de Sherbinin, Alex; Jones, Bryan; Bergmann, Jonas; Clement, Viviane; Ober, Kayly; Schewe, Jacob; Adamo, Susana; McCusker, Brent; Heuser, Silke; Midgley, Amelia. 2018. Groundswell: Preparing for Internal Climate Migration. World Bank, Washington, DC. World Bank.

²⁰ Olivero J, et al. Human activities link fruit bat presence to Ebola virus disease outbreaks. *Mammal Review* 50(1): 1-10. Doi: 10.1111/mam.12173

²¹ Health security, as defined by the World Health Organization (WHO), is the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries. *Health security and preparedness are used interchangeably throughout the document.*



on the Global Health Security Index²² (GHSI) was 28.1 (out of 100) below the global average of 38.9.^{23,24} West and Central African countries have self-reported their performance on average at 46.7 percent, significantly lower than the global average (64 percent).^{25,26} *While IHR capacities vary by country, gaps in the region largely include* laboratory capacities for diagnosis; disease surveillance and information systems; supply chains infrastructure and management; and the health workforce's ability to carry-out disease surveillance, preparedness, and response functions. These gaps are underpinned by insufficient domestic and regional resources, weak institutional capacities, and governance mechanisms, and inadequate multisectoral coordination.

8. **Resounding lessons from Ebola and COVID-19 in West and Central African countries underscore the need to fundamentally revise the approach to preparing for health emergencies.** Effective health emergency prevention, timely detection and response efforts cannot lose sight of focusing on community engagement, equity, resilient health systems, and multisectoral linkages across health, agriculture, and environment. In many countries in sub-Saharan Africa, communities, with an emphasis on vulnerable groups including women, have not been included as active participants in health security structures (e.g., surveillance and risk communication). When the necessary technical capacities to analyze and address human, animal and environmental health aspects of local epidemic risks fall short at the community level, enormous opportunities for early detection, community mobilization for risk communication and response, and minimization of the impacts of outbreaks, with attention to equity, are missed. Today, there is a strong need to rethink the approach to engaging communities on prevention, detection, and response efforts that are specifically designed with and for them and integrated with health security systems at large. Moreover, the disruption of essential health services during the COVID-19 pandemic highlighted the need to ensure that community and primary health care systems can not only detect health threats at the frontlines, but also continue to deliver essential services while responding to health emergencies.
9. **At the regional level, leaders across Africa have prioritized defining a fit-for-purpose health security agenda, both in political commitment and regional capacity building.** In West and Central Africa, regional institutions have come to play an increasingly critical and important leadership role in supporting health security efforts. The West African Health Organization (WAHO) was originally established in 1987 as a specialized institution of the Economic Community of West African States (ECOWAS²⁷) to improve health through coordination of regional health interventions, harmonization of policies, pooling of resources, and cooperation across Member States. WAHO has become a major leading public health regional entity in West Africa, coordinating comprehensive programming across all public health domains for the 15 ECOWAS member states. WAHO manages finances and partnerships primarily derived from ECOWAS as well as partnership financing from the WB, German Agency for International Cooperation (GIZ), United States Agency for International Development, Agence Francaise de Developpement (AFD), Ministry of Foreign Affairs of the Netherlands, among others.²⁸ At a continent-wide level, the Africa Centers for Disease Control (Africa CDC) was established in 2017 to support public health initiatives in Member States and strengthen the capacity of public health

²² The GHSI measures indicators in six areas of preparedness, alongside indicators on country context that could shape their abilities to prevent, detect and rapidly respond to outbreaks.

²³ Global Health Security Index. <https://www.ghsindex.org/>

²⁴ Other preparedness metrics, such as ReadyScore²⁴, illustrate similar weaknesses. ReadyScore assess a country's capacity to find, stop, and prevent epidemics based on an average score across nineteen technical capacities evaluated in WHO's Joint External Evaluation (JEE).

²⁵ The State Party Self-Assessment Annual Report (SPAR) tool is a self-assessment for state parties to evaluate implementation of International Health Regulation (IHR) core capacities for prevention, detection and response to public health events. SPAR includes 24 indicators for the 13 IHR capacities. The composite SPAR score is the average score across these 24 indicators.

²⁶ WHO e-SPAR Database

²⁷ ECOWAS is comprised of fifteen member states: Benin, Burkina Faso, Cabo Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

²⁸ WAHO. Partners. 2022. <https://www.wahooas.org/web-ooas/en/partners>



institutions to detect, prevent, control, and respond quickly and effectively to disease threats. With headquarters in Addis Ababa (Ethiopia), Africa CDC also works through five regional coordinating centers (RCCs) to provide tailored support to sub-regions. The RCCs serve as hubs for Africa CDC's surveillance, preparedness, and emergency response activities and play a role in coordinate regional public health initiatives by Member States. The West Africa RCC function is carried out by WAHO, while the Central Africa RCC is in Gabon.

10. **Over the past decade, the WB has made foundational regional investments to support harmonized approaches to health emergencies across West and Central Africa.** Large-scale health emergencies such as EVD exposed long-standing gaps and weaknesses in national and regional health security architecture in the region. Regular incidents of failing to counter infectious threats have continuously demonstrated the critical need for multisectoral engagement and cross-country collaboration to prevent, detect, and respond to health emergencies. In 2016, the WB launched the Regional Disease Surveillance Systems Enhancement (REDISSE) series of projects (Phases 1 to 4) with support to regional (WAHO and the Economic Community of Central African States - ECCAS²⁹) and country level (spanning 16 countries) activities.
11. **The REDISSE portfolio has demonstrated that a multisectoral approach to strengthening health security is critical, investing in regional institutions is essential, and a multi-tiered project design including support at regional, sub-regional, and country-level leads to longer term gains.** Among its contributions, REDISSE has strengthened both national and regional governance structures and capacities required for prevention, detection, and response to health threats, with a focus on One Health, *all competencies that were drawn on during the COVID-19 response*. Box 1 describes REDISSE achievements upon which the proposed MPA proposes to build and expand based on lessons from implementation, national health systems strengthening projects and the COVID-19 response.

²⁹ The member States of ECCAS are Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Rwanda and Sao Tome and Principe.

**BOX 1. Building on REDISSE Achievements and Lessons Learned**

What is REDISSE? Developed in the aftermath of the 2014-2016 EVD outbreak in West Africa, the IDA-supported REDISSE series of projects launched in 2016 to help Benin, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo address the stark gaps in disease surveillance and emergency response capacities. The WB was among the first institutions to provide financing to support the health security agenda post-Ebola and supports disease surveillance and response for human and animal health and build capacity for cross border collaboration. The REDISSE portfolio strongly positioned these countries to respond to COVID-19 for example, among other outbreaks prior to the pandemic, such as Lassa fever.

What did REDISSE Achieve? REDISSE has helped to incentivize countries to invest in modern disease surveillance systems, laboratory capacity, the health security workforce, and outbreak planning and readiness. Further, REDISSE's "One Health" approach fosters collective action and cross-border collaboration among multiple sectors, through: (i) establishment of One Health coordination mechanisms and platforms at country and sub-regional levels; (ii) assessment and optimization of national capacities and institutional arrangements; and (iii) development of regional cross-sectoral strategies, efforts to integrate surveillance systems for diseases in humans and animals, and scenario-based modeling to enhance country capacities. A network of 15 regional reference laboratories for human and animal health, the Advanced Field Epidemiology and Laboratory Training Program, and the regional stockpile for personal protective equipment, drugs, and vaccines for epidemic response established by the project made it possible for all participating countries to quickly mount a response to COVID-19. *Achievement of regional-level results* include strengthening and complementing WAHO's capacity to facilitate cross-border knowledge sharing, improvements in laboratory services, *harmonization of policies and procedures*, collaboration on public health surveillance and emergency response efforts including One Health, and resource sharing of high-cost specialized assets such as reference laboratories, training programs, HIS, and human resources, alongside pooled procurement of difficult-to-access commodities.

Lessons learned

- *Maintain and improve* preparedness and resilience to health emergencies, with a focus on collaborative surveillance, One Health, and integration of gender considerations to leverage REDISSE investments
- *Invest* in ensuring the continuity of essential health services before, during and after health emergencies
- *Create* a platform for health security coordination with other investments including national health system strengthening projects, and other related country operations
- *Pay increased attention* to AMR, where the region carries the largest burden in the world
- *Support* regional institutions in health security by complementing continent-wide investments providing greater opportunities for regional learning and cooperation including course correction as needed
- *Improve* technical coherence across interventions and strengthen the strategic focus with the continuity of a phased approach.

12. The recent COVID-19 Strategic Preparedness and Response Program (SPRP) MPA, showed the impact and relevance of using this instrument for investing in preparedness and response to the pandemic. A recent Independent Evaluation Group (IEG) review of regional projects' contribution to the COVID-19 pandemic response concluded that the regional coordination supported by projects—whether of ministerial committees, public health institutes, or project leaders—contributed to rapid COVID-19 responses in all regions. IEG noted that in West Africa in particular, the COVID-19 response benefited from rapid and ongoing high-level political leadership and technical coordination at the regional level supported by REDISSE. However, the implementation of the SPRP highlighted areas for



improvement, namely better preparedness of countries to deliver emergency services that reach local levels; more resilient systems in countries to protect health, education, and gender equality; improved support for cross-sectoral coordination; data for managing quality implementation; regional learning and cooperation; and stronger internal preparedness to respond quickly in a crisis, including coordination with partners. This MPA proposes to capitalize both on the achievements of the SPRP, and the many lessons learned in its implementation.

13. **Investments in regional institutions across West and Central Africa have become essential to improving effectiveness and efficiency of response to health emergencies.** For example, West Africa adopted a coordinated approach to controlling the COVID-19 pandemic, led by a Ministerial Coordination Committee (comprised of Ministers of Health) and a regional coordination platform comprised of National Public Health Institutes. Moreover, regional assets that had been established and strengthened following prior outbreaks (e.g. 2013-2016 EVD epidemic) were leveraged and activated, for example (i) the ECOWAS Regional Centre for Surveillance and Disease Control under WAHO, (ii) technical capacities supported through REDISSE, (iii) other investments including mobilization of epidemiologists, rapid response teams, and reference laboratories³⁰ and (iv) Africa CDC, which has emerged as an increasingly strong public health leader in the region that has provided critical support to African Union (AU) member states to improve preparedness capacities. Working with the Africa CDC and WAHO, many countries expanded their capacity for surveillance and detection amidst a rapidly changing environment in response to a novel pathogen. Regional institutions, partnerships, and initiatives also supported access to vital health products and technologies including diagnostics, pharmaceuticals, medical equipment, and COVID-19 vaccines. Importantly, those countries with pre-positioned financing (e.g., via REDISSE) were able to quickly implement response efforts, without wasting critical time mobilizing the financing needed.
14. **Given ongoing fiscal constraints at country level, significant funding will be required to maintain and accelerate gains in health security with a strong source of coordinated and recurrent financing.** The regional prioritization of and architecture supporting health security presents an opportunity for the World Bank (WB) to strengthen its engagement in West and Central Africa. The proposed MPA aligns interventions and activities with the existing WB portfolio, within and beyond the health sector [e.g., Africa CDC Support Program to Prevent and Combat Public Health Threats, REDISSE projects, analytical work on Health System Strengthening and Preparedness in West and Central Africa (P178751)]. Beyond internal coordination, the MPA also aligns with external partners supporting health emergencies preparedness, response, and resilience in the region, namely Africa CDC, WAHO, WHO (HQ and AFRO), etc. Specifically, the MPA will complement Africa CDC's continental leadership in key areas such as health workforce as well as surveillance and laboratories. The proposed MPA is therefore positioned to support a regional health security agenda through activities that align with and complement the region's political and technical leadership; build on prior investments in coordinated regional and national preparedness as well as health systems strengthening projects; and work with regional and national institutions to ensure that health security efforts are effective, consistent, and sustained.

Relationship to CPF

N/A

³⁰ Ahahzo C et al. COVID-19 in West Africa: regional resource mobilisation and allocation in the first year of the pandemic. *BMJ Glob Health*. 2021 May;6(5):e004762. doi: 10.1136/bmjgh-2020-004762.



C. Proposed Development Objective(s)

15. **The Program Development Objective (PrDO) of the proposed Health Security and Resilience Multi-Phased Approach (MPA) is to improve the capacity to prevent, detect and respond to health emergencies in West and Central Africa.** Building from ongoing WB and partner efforts, the proposed MPA aims to provide a platform for longer-term financing that is needed to strengthen critical capacities for preparedness and response to health emergencies. The proposed MPA would invest in the key interconnected systems for improving health security and resilience³¹ designed with a One Health focus, capitalizing on multisectoral collaboration, and convening and streamlining international partner investments.

Key Results (From PCN)

16. **The proposed PrDO level outcome indicators are:** (i) Percentage of participating countries and regional institutions with costed and approved One Health Action Plans including aspects related to AMR; (ii) Percentage of participating countries with reduced times for laboratory confirmation of health events (as defined by 7-1-7³²); (iii) Percentage of participating countries with multisectoral risk communication and community engagement strategies implemented at cross-border points of entry; (iv) Percentage of participating countries with reduced time to mount an effective response to potential health threats (as defined by 7-1-7); and (v) Reduced percentage of select essential health services interrupted during health emergencies. Proposed Program activities will also be measured by indicators aimed at tracking the impact of the Program on the region's most vulnerable. A detailed result monitoring framework and indicators will be developed during Program preparation. In addition, the proposed MPA will provide a "menu" of indicators for the Results Framework from which relevant metrics may be selected by each country and regional institution.

D. Concept Description

17. **MPA Program Components.** The proposed MPA will have five components: (i) Prevention of health emergencies; (ii) Detection of health emergencies; (iii) Response to health emergencies; (iv) Program Management and Capacity Building; and (v) Contingent Emergency Response Component (CERC). Broadly, the proposed components are grounded in the International Health Regulations (IHR) core capacities that all countries are committed to strengthening. Each component describes a menu of activities that will be supported under the overall MPA that will be further elaborated on during program preparation. MPA participating countries will have the flexibility to select relevant activities under the components, based on their country context and priorities, provided these are well-aligned with the MPA PrDO.
18. **The proposed Program prioritizes cross-cutting themes to protect the most vulnerable, ensure climate resilience, share cross-border solutions to challenges as well as harness the MPA's learning agenda.** While regional institutional capacity building will be supported through Component 4, a strong regional focus on issues such as equity and inclusion, effective governance/coordination, information sharing, knowledge creation, capacity building and experience exchange, cross-border surveillance, and robust technology transfer among all relevant regional agencies and participating countries is cross-cutting across all components.

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

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





Project Components

19. **Component 1. Prevention of Health Emergencies.** This component aims to scale-up the region's capacities to prevent health emergencies through strengthened planning and management of health security resources and preventing and minimizing the impacts of health threats such as zoonoses and AMR.

- **Subcomponent 1.1 Health Security Governance, Planning, and Stewardship.** This subcomponent will support countries' prioritization, coordination, regulation, management, and monitoring of national health security agendas that are aligned and harmonized with regional and global targets.
- **Subcomponent 1.2 Scaling-up One Health Agenda and combatting Antimicrobial Resistance (AMR).** This subcomponent is dedicated to the multisectoral collaboration embedded in the One Health approach (the intersection of animal, environmental, and human health), in light of the growing threat of zoonoses-related outbreaks, with attention to AMR and climate-sensitive diseases (e.g., malaria, dengue, Lassa fever).

20. **Component 2. Detection of Health Emergencies.** All efforts to prevent and mitigate impacts of health emergencies depend on disease surveillance. This component aims to strengthen the capacities required to predict and timely detect possible health threats through multisectoral surveillance systems and mechanisms for data sharing within and across borders, strong regional laboratory networks and the multisectoral and integrated workforce required to enable early detection of health emergencies.

- **Subcomponent 2.1. Collaborative Surveillance.**³³ This subcomponent will focus on strengthening multisectoral and integrated surveillance capacities (including indicator and event-based surveillance), particularly for epidemic-prone diseases, climate-sensitive diseases, and unusual events reported by health actors.
- **Subcomponent 2.2. Laboratory Quality and Capacity.** This subcomponent (i) will focus on enhancing the quality of laboratory systems to ensure timely and accurate identification and characterization of pathogens; (ii) would support activities that aim to strengthen laboratory quality management systems, support public health laboratory accreditation efforts, and expand laboratory and diagnostic coverage; and (iii) will also support capacity building to operationalize relevant biosafety and biosecurity guidelines.
- **Subcomponent 2.3. Multi-disciplinary human resources for health emergencies.** This subcomponent aims to strengthen workforce capacities required to prevent, detect, and respond to health emergencies – across the spectrum of human, animal, environmental, and public health.

21. **Component 3. Health Emergency Response.** This component aims to build and sustain capacities that can prevent an outbreak from becoming an epidemic or pandemic, through a focus on disease control and effective health emergency response.

- **Subcomponent 3.1. Health Emergency Management.** This subcomponent (i) will focus on the management capacities required at subnational, national, and regional levels to respond to public health threats; and (ii) will also support the establishment and functioning of public health emergency operations centers (EOCs).

³³ WHO defines Collaborative surveillance as "Collaborative surveillance is the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision-making".



- **Subcomponent 3.2. Health service delivery for health emergencies.** This subcomponent (i) focuses on the health systems response to health emergencies, including the maintenance of essential health services; and (ii) also includes broader health systems response, supporting activities such as case management, immunization for vaccine preventable infections, point of care testing (where feasible), design and implementation of multisectoral risk communication and community engagement (RCCE) strategies (i.e., training for risk communication, logistics support for health services demand generation, platforms for community engagement spanning digital, radio, schools, etc.).

22. Component 4. Program Management and Institutional Capacity. This component will support the critical building blocks for strong implementation and coordination required for implementing a regional program. Specific institutional capacity building activities at national and regional levels include program coordination, hands-on technical assistance for improving contract management (e.g., hands on extended implementation support or other fiduciary coaching), monitoring and evaluation (data collection, tracking, reporting and knowledge management), procurement, financial management (FM) and disbursement monitoring, management of social and environmental risks, including climate change (e.g., capacity building, monitoring and evaluation). This component will also finance personnel (consultants) for project execution at national and regional levels as appropriate to the context. Regional coordination platforms (likely coordinated at the regional level through the regional steering committee - RSC) for knowledge sharing and promotion of cross-country learning in specific technical areas (e.g., community-based surveillance, national public health institutes) among the implementing entities and collective monitoring of implementation status. Finally, related operating expenses and equipment will also be financed under this component.

Component 5. Contingency Emergency Response Component

23. Contingent Emergency Response Component (CERC). Given the high probability that during the implementation period for this proposed MPA, countries in West and Central Africa will experience an epidemic or outbreak of public health importance, or other disaster, which causes adverse economic and/or social impact (e.g., Ebola), resulting in a request to the WB to support mitigation, response, and recovery in the country(ies) affected by such an emergency. Therefore, A CERC will be included in the MPA in accordance with Investment Project Financing (IPF) Policy, paragraphs 12 and 13, for Situations of Urgent Need of Assistance and Capacity Constraints. This will allow for rapid reallocation of uncommitted funds in the event of an eligible emergency as defined in OP 8.00. For the CERC to be activated, and financing to be provided, participating country Governments will need to: (i) submit a request letter for CERC activation and the evidence required to determine eligibility of the emergency, as defined in the CERC Annex to the Project Operations Manual; (ii) submit an Emergency Action Plan, including the emergency expenditures to be financed; and (iii) meet the environmental and social requirements as agreed in the Emergency Action Plan and Environmental and Social Commitment Plan (ESCP).

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No



Summary of Screening of Environmental and Social Risks and Impacts

Environmental Risk Rating

Low

24. The project activities are aimed towards the building and strengthening of capacity of health systems resilience, to prevent and ensure early detection of disease through early warning or prediction of possible outbreaks of disease and build and strengthen capacity to contain and respond. There will be minimal infrastructure built and it is envisaged that mainly small upgrades to infrastructure will be made to accommodate for various technological requirements to support the building and strengthening of capacity.

Social Risk Rating

Moderate

25. The social risk rating is Moderate at PCN stage. The project will fund health system strengthening; education, health workforce capacity strengthening and awareness raising; development of health service continuity plans during emergencies; strengthen digital information systems and community surveillance systems and platforms, and developing regulatory and programmatic frameworks. Civil works are not envisaged in this project, therefore, physical and/or economic displacement is not expected.

26. While the regional and national PIUs have experience with the Bank's Operational Policies, the social and environmental risk management and monitoring requirements under the ESF will be new to these PIUs and will therefore require capacity building, including operating and managing a grievance mechanism and undertaking a robust stakeholder engagement program given the nature and scope of project activities.

27. Comprehensive stakeholder identification and mapping, as well as implementing inclusive and participatory engagement is required to effectively manage stakeholder relations and minimize social exclusion. Social exclusion risks and lack of access to project benefits, including capacity building and employment opportunities, to vulnerable groups (i.e. persons with disabilities, pastoralists and other traditional and/or natural resource dependent livelihoods, etc.), may be present. However, as the project is incorporating stakeholder and citizen engagement activities, such as incorporating community level surveillance and monitoring and evaluation platforms, and is targeting vulnerable groups, including women are expected to reduce these risks.

28. Reputational risks could also be present under sub-components 2.1, provision of technical assistance for regional level activities which could include rolling out regulatory and programming frameworks and training materials for implementing biosafety and biosecurity initiatives at the country level, delineating roles and responsibilities at national level, and training on ensuring safe transfer of biological agents.



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