



The World Bank

Zambia Health Emergency Preparedness, Response and Resilience Project Using the Multiphase Programmatic Approach (P505188)

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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 28-Apr-2024 | Report No: PIDIA00502

BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies) Burundi, Congo, Democratic Republic of, Ethiopia, Kenya, Malawi, Rwanda, Sao Tome and Principe, Zambia, Zambia	Region EASTERN AND SOUTHERN AFRICA	Operation ID P505188	Operation Name Zambia Health Emergency Preparedness, Response and Resilience Project Using the Multiphase Programmatic Approach
Financing Instrument Investment Project Financing (IPF)	Estimated Appraisal Date 16-Apr-2024	Estimated Approval Date 13-Jun-2024	Practice Area (Lead) Health, Nutrition & Population
Borrower(s) Republic of Zambia	Implementing Agency Ministry of Health		

Proposed Development Objective(s)

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

Components

Strengthening the Preparedness and Resilience of the Health Systems to Manage HEs
 Improving the Detection of and Response to HEs through a Multisectoral Approach
 Project Management
 Contingent Emergency Response Component

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	50.00
Total Financing	50.00

of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	50.00
IDA Grant	50.00

Environmental And Social Risk Classification

Moderate

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Zambia has experienced significant macroeconomic downturn, and weak economic performance has reversed income gains and exacerbated already high poverty rates.** Between 2000 and 2010, the country’s gross domestic product (GDP) experienced an average annual growth rate of 7.1 percent, which fell in the following decade to an average of 3.6 percent. Nevertheless, despite a challenging environment, including a protracted debt restructuring process and weak copper production, Zambia’s economy has been recovering from the pandemic recession. Unfortunately, a recent severe drought has significant negative impact not just on food security but also on the growth prospect for 2024, in particular through reduced hydropower generation. Inflation remains well above target level and the Zambian kwacha has been depreciating significantly. Poverty levels decreased from 61 to 54 percent between 2010 and 2015, but following COVID-19, combined with more recent price shocks, the poverty rate is estimated to have returned to 2010 levels of 60 percent in 2022, with 48 percent of the population in extreme poverty.¹ About 79 percent of Zambia’s rural population live below the poverty line, stemming largely from low levels of economic growth and agricultural productivity, lack of value addition, and limited employment opportunities.

2. **Zambia’s population is growing rapidly with longer life expectancies; however, the public service delivery system has not been responsive enough to changing needs, and human capital and human development outcomes remain low.** Zambia’s population is expected to grow from 20.4 million in 2023 to 27.0 million in 2033, and the urban

¹ZAMSTAT (Zambian Statistics Agency): 2023. Zambia Living Conditions and Monitoring Survey (LCMS) 2022.

population will exceed the rural population by 2029. Life expectancy rose from 45.2 in 2000 to 63.0 in 2023 and is projected to reach 65.1 in 2033. However, the provision of public services is insufficient for the changing demographics. For example, about 70 percent of the population in the capital city of Lusaka lives in informal settlements,² increasing the risks of outbreaks and epidemics. Moreover, the growing population strains education, employment, health care, including reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), and other social services. Consequently, Zambia's Human Capital Index is 0.4, implying that children born today will only be 40 percent as productive as they would be if they enjoyed full education and health.³ The country's human development index fell by 1.8 percent from 0.575 to 0.565 between 2019 and 2021, largely due to inequality in health, education, and income.⁴

3. Zambia is highly exposed to climate change, particularly flooding, high heat, and drought, which are becoming more frequent and severe with climate change. The country has limited adaptive capacity to address climate change, ranking 132 out of 185 countries on the Notre Dame Global Adaptation Index (ND-GAIN) of climate vulnerability and readiness.⁵ Climate change is already having tangible impacts on the country's economic growth with an estimated loss of US\$13.8 billion in annual economic growth (equivalent to a 0.4 percent loss) between 2007 and 2016 due to climate change.⁶ It is estimated that climate change could further reduce Zambia's GDP by approximately 6 percent by 2050.⁷ The country is currently facing the effects of a severe drought in the 2023/24 wet season having affected 84 of 116 districts. The drought affects 6.5 million people, and 2.4 million people estimated to be severely food insecure.⁸ The GRZ declared a national disaster and emergency on February 29, 2024.

Sectoral and Institutional Context

4. Zambia faces the double burden of both communicable and non-communicable diseases (NCDs) and experienced substantial disruptions in health service delivery during the COVID-19 pandemic. While the major causes of deaths in Zambia are communicable diseases, maternal and neonatal conditions, and malnutrition, NCDs accounted for 23.0 percent of total deaths. Key health outcomes show substantial progress but needs further effort to achieve the national targets. Between 2007 and 2018, the under-5 mortality rate fell from 119 to 61 deaths per 1,000 live births, the maternal mortality ratio also reduced from 591 to 252 deaths per 100,000 live births, and the prevalence rate of stunting among under five children declined from 49 percent to 35 percent.⁹ An analysis of the Health Management Information System (HMIS) data in 2020 demonstrated service disruptions due to the onset of the COVID-19 pandemic. Disruptions from supply chain challenges, such as insufficient personal protective equipment, reduced hours for services, strain on human resources for health (HRH) and reallocation of resources towards COVID-19 related activities have eroded progress in RMNCAH-N and others including NCD services. Moreover, fear of COVID-19 led to decreased demand for health services.

5. The Global Health Security Index 2021 ranked Zambia 159 out of 195 countries and 37 out of 54 African countries,¹⁰ highlighting significant weaknesses in prevention, detection, and capacity to maintain health services

² https://unhabitat.org/sites/default/files/2023/07/zambia_country_report_final_en.pdf

³ World Bank. 2020. Human Capital Project.

⁴ UNDP (United Nations Development Programme). 2022. *Human Development Report 2021–2022: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World*.

⁵ ND-GAIN, Adaptation and Readiness Index, 2021: <https://gain.nd.edu/our-work/country-index/rankings/>

⁶ World Bank, Zambia: climate-Smart Agriculture Investment Plan. 2019: https://climateknowledgeportal.worldbank.org/sites/default/files/2020-06/CSAIP_Zambia_1.pdf

⁷ Tembo et al. "Economic Implications of Climate Change in Zambia", SA-TIED, September, 2020: <https://sa-tied-archive.wider.unu.edu/sites/default/files/pdf/SA-TIED-WP-137.pdf>

⁸ UNICEF. Rising Heat, Drought and Disease: Climate Crisis Poses Grave Risks to Children in Eastern and Southern Africa, March 26, 2024: <https://www.unicef.org/zambia/press-releases/rising-heat-drought-and-disease-climate-crisis-poses-grave-risks-children-eastern>

⁹ DHS 2018

¹⁰ <https://www.ghsindex.org/country/zambia/>

during emergencies. While the latest Joint External Evaluation (JEE) of the International Health Regulations (IHR 2005) conducted in October 2023 recognized significant progress in strengthening preparedness, early detection, and rapid response to public health emergencies (HEs), challenges such as limited laboratory capacity for confirming and monitoring antimicrobial resistance and absence of strategic documents including comprehensive essential health services guidelines were reported. Digital health can enhance the role of community health workers, the first responders to HEs and the core of comprehensive health service delivery. Strengthening primary healthcare (PHC) systems, alongside initiatives by the ZNPHI, is crucial for a resilient response to HEs.

6. Zambia is committed to strengthening preparedness, early detection, and rapid response to public health emergencies. The 2022-2026 National Health Strategic Plan (NHSP) aims to safeguard national public health security by preventing and controlling infectious and non-infectious public health threats by 2026. In February 2015, the GRZ established the Zambia National Public Health Institute (ZNPHI), a specialized public health authority and technical arm of the Ministry of Health (MoH), leading in safeguarding the country's health security. The ZNPHI has been operationalized as an autonomous body since 2021, in accordance with the ZNPHI Act No. 19 of 2020 and the Statutory Instrument No. 34 of 2021.

7. The country has been hit by the worst cholera epidemic in its history, starting in October 2023. As of March 20, 2024, 21,950 cholera cases and 715 deaths were confirmed, which represents a case fatality rate of 3.3 percent. The outbreak exposed gaps in response and case control, prevention, and system resilience as highlighted above. A high number of cases were reported in urban slums with poor water, sanitation and hygiene (WASH) conditions. Thus, a multifaceted approach combining WASH, rapid surveillance, patient care and case management, social mobilization, and oral cholera vaccines is key to controlling cholera and reducing deaths. Moreover, the scarcity of safe water sources during the climate change fueled drought will likely compel individuals to turn to unsafe alternatives, raising the risk of waterborne illnesses such as cholera. Gender-specific risks due to different roles in water handling and healthcare require tailored prevention strategies, and gender-disaggregated data is needed for the assessment of these dynamics.¹¹

8. Climate change expands the burden of climate sensitive diseases, particularly vector and water borne diseases, while threatening health service delivery. The spread of diarrheal diseases, the fourth leading cause of morbidity and mortality among children under five in Zambia, is linked with climate change induced changes in precipitation patterns, particularly flooding.^{12,13} Zambia's current cholera outbreak is linked to erratic rains, rising temperatures, and severe flooding combined with limited water sources due to drought, fueled by climate change.¹⁴ Climate change is exacerbating malaria transmission in Zambia, a leading cause of death and disability, through rising temperatures and altered rainfall patterns.^{15,16} Climate-induced droughts and floods also undermine food security, increasing malnutrition.^{17,18,19,20} Increased flooding, such as the 2023 floods in Southern Zambia, disrupts access to health services.²¹

¹¹ UNICEF. March 2023. Cholera Outbreak in Eastern and Southern Africa.

¹² Institute for Health Metrics and Evaluation (2022). Zambia. <https://www.healthdata.org/research-analysis/health-by-location/profiles/zambia>

¹³ Koyuncu, A., Simuyandi, M., Bosomprah, S., & Chilengi, R. (2020). Nutritional status, environmental enteric dysfunction, and prevalence of rotavirus diarrhoea among children in Zambia. *PLoS one*, 15(10), e0240258.

¹⁴ Alliance For Science. February 2024. Zambia: Cholera outbreak linked to effects of climate change.

¹⁵ Lubinda, J., Haque, U., Bi, Y., Shad, M. Y., Keellings, D., Hamainza, B., & Moore, A. J. 2021. Climate change and the dynamics of age-related malaria incidence in Southern Africa. *Environmental research*, 197, 111017.

¹⁶ Ryan, S. J., Lippi, C. A., & Zermoglio, F. 2020. Shifting transmission risk for malaria in Africa with climate change: a framework for planning and intervention. *Malaria Journal*, 19, 1-14.

¹⁷ Davies. R. (2023, January 30). "Catastrophic Situation" After Floods Hit Southern and Central Provinces.

¹⁸ Munthali. B. (2024, March 5). Zambia declares national disaster over drought.

¹⁹ ACAPS (2023, November 13). Country analysis Zambia. <https://www.acaps.org/en/countries/zambia#>

²⁰ Integrated Food Security Phase Classification – IPC (2023, November 13). Zambia: Acute Food Insecurity Situation for August – September 2023 and Projection for October 2023 – March 2024.

²¹ IFRC. Zambia: Flood in Southern Province - DREF Final Report (MDRZM019). December 19, 2023

9. Zambia has decentralized the health system since 2023 to enhance PHC to protect the population against HEs.

Following the National Decentralization Policy in 2023, the District Health Services are devolved to local authorities including district health offices, district hospitals, mini hospitals, zonal health centers, rural/urban health centers and health posts. This is aligned with the Government's vision for universal health coverage through health systems strengthening using an integrated community and PHC approach. Community health has received more attention to protect the population's health. The MoH established a dedicated Community Health Unit within the Department of Public Health mandated to coordinate and provide oversight on community health services. The National Community Health Strategy 2022-2026, the Community Health Service Package, the Community Health Guidelines, and other policy documents are in place. To improve service delivery and health system resilience in Zambia, integrating HE preparedness into current programs, enhancing referral systems, and maintaining business continuity during emergencies is essential. Moreover, it is critical to provide required trainings at the community and PHC levels to build the capacity to implement them, especially in the context of severe HRH shortage. The 2018-24 National HRH Strategic Plan highlighted the need for relying on innovation and digital technologies for health professionals' education, communication, and training. As of January 2024, there are 2,055 Community Health Assistants (CHAs) and 75,000 Community Based Volunteers (CBVs) in Zambia.

10. Gender gaps in the health sector are critical challenges during HEs. Zambia has a maternal mortality ratio of 252 deaths per 100,000 live births, an improvement from past years but still relatively high. Access to maternal and reproductive health services continues to be of concern²² and is further hampered during an epidemic, such as COVID-19, due to a range of logistical and socio-cultural issues, thus underlining the importance of ensuring that RMNCAH supplies and services are a key part of essential health services during HEs.²³ Other gender gaps related to HEs also exist, as in other parts of Africa, specifically, the predominance of female health workers at lower levels of the hierarchy,²⁴ and higher prevalence of HIV among women than men. Yet, assessments of Zambia's public health surveillance system found minimal – if any – reporting of sex, age and pregnancy status in health registers or in weekly reporting forms.²⁵

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

²² Blanchard, A.K., Jacobs, C., Musukuma, M. et al. Going deeper with health equity measurement: how much more can surveys reveal about inequalities in health intervention coverage and mortality in Zambia? *Int J Equity Health* 22, 109 (2023). <https://doi.org/10.1186/s12939-023-01901-x>

²³ Kuria-Ndiritu, Shiphrah, et al. "Impact of the COVID-19 pandemic and policy response on access to and utilization of reproductive, maternal, child and adolescent health services in Kenya, Uganda and Zambia." *PLOS Global Public Health* 4.1 (2024): e0002740; Waiswa P, Wanduru P. Rapid policy development for essential RMNCAH services in sub-Saharan Africa: what happened during the COVID-19 pandemic and what needs to happen going forward? *BMJ Glob Health*. 2021;6(9):e006938. doi:10.1136/bmjgh-2021-006938

²⁴ Lemiere, Christophe et al. 2011. Reducing Geographical Imbalances of Health Workers in Sub-Saharan Africa. World Bank Working Paper No. 209; Sialubanje, Cephas, et al. "Gender integration and female participation in scientific and health research in Zambia: a descriptive cross-sectional study protocol." *BMJ open* 13.3 (2023): e064139; Gow, J et al. An evaluation of the effectiveness of the Zambian Health Worker Retention Scheme (ZHWRs) for rural areas. *Afr Health Sci*. 2013 Sep;13(3):800-7. doi: 10.4314/ahs.v13i3.40.

²⁵ Mandyata CB, Olowski LK, Mutale W. Challenges of implementing the integrated disease surveillance and response strategy in Zambia: a health worker perspective. *BMC Public Health* 2017; 17: 746

11. The PDO will be monitored by measuring progress on the following outcomes:
- The average score in 3 JEE technical areas for the Prevent axis
 - The average score in 3 JEE technical areas for the Detect axis
 - The average score of 3 JEE technical areas for the Respond axis
 - % of detected health events, where the country met the 7-1-7 target

D. Project Description

12. **Component 1. Strengthening the Preparedness and Resilience of the Health System to Manage HEs (US\$10 million equivalent).** This component will support strengthening of the health system's preparedness and resilience to respond to HEs. The component comprises two subcomponents:

13. **Subcomponent 1.1. Develop health workforce through training, regulatory and management mechanisms (US\$5 million equivalent).** This subcomponent will build capacity of the human resources at the PHC and community levels, with a primary focus on health worker capacity for climate emergency preparedness and response, which is one of two main focus areas, through (a) updating of training guidelines and manuals to integrate the community event based surveillance mechanism and climate emergency preparedness and response, and to implement the community health package and other related guidelines and standard operating procedures (SOPs), to be developed and updated under subcomponent 2.1; (b) provision of training based on the updated training guidelines and manuals and other key existing guidelines including GBV training and to enhance the use of digital tools, complemented by the provision of supporting tools for health workers such as communication devices.

14. **Subcomponent 1.2. Operationalize information systems for HEs and digitalize the health sector (US\$5 million equivalent).** This subcomponent aims to: (a) strengthen the function of the executive data dashboard that will enable real time information sharing for leadership for informed decision making; (b) develop, implement, and roll out of a communication platform for health workers to enable real-time communication and strengthen disease surveillance system at the community level; and (c) develop e-learning modules and integration into the health worker communication platform. These training modules and platforms will be aligned with the government training strategy and continued professional development plans. Climate Change preparedness and response is a primary impetus of these activities to allow for rapid, effective response to climate shocks.

15. **Component 2: Improving the Detection of and Response to HEs through a Multisectoral Approach (US\$35 million equivalent).** This component will support operational readiness and capacities to respond to HEs. This component has three subcomponents.

16. **Subcomponent 2.1. Strengthen emergency management structures and processes and patient-centered healthcare provision (US\$25 million equivalent).** This subcomponent supports: (a) updating and implementing patient-centered community health package and other required guidelines and SOPs, e.g. business continuity plan for essential health services including RMNCAH-N and NCDs and NCDs strategy for interventions, to support equitable and inclusive access to RMNCAH-N services and NCDs prevention and treatment during a HE; (b) supporting a referral system by (i) developing and gradually operating a digital emergency transport system which is a platform that enables real-time remote triage and emergency transportation to the nearest available referral health facilities for maternal and neonatal cases along with other eligible emergency cases in a phased approach, and (ii) procuring ambulances; (c) development and implementation of standardized national clinical case management guidelines and training packages for priority diseases and health hazards at national and intermediate levels, designed to address gender-, poverty- and related barriers to access to care in a HE and; (d) ensuring stable service delivery at the PHC level facilities (first level hospitals, mini



hospitals, urban and rural health centers, and health posts) through new installation and rehabilitation of WASH facilities solarization and/or electrification of selected health facilities with a consideration of energy efficiency, provision of reliable internet where possible, support for strengthening IPC, and operation and maintenance. The WASH activities will consider gender differences in WASH needs and access as relevant. The project will also support enabling environment to respond to HEs and patient-centered healthcare provision. Emergency management and service continuity during climate shocks is a primary focus of activities within the subcomponent. For all the listed activities, MoH will engage with other relevant sectors and the local government for appropriate design and implementation mechanisms.

17. **Subcomponent 2.2. Risk communication and community engagement (RCCE, US\$4 million equivalent).** This subcomponent will support the devolution agenda of the government through strengthening mutual accountability between health facilities and communities and local government by engaging multi-sectoral partners on the ground and will support: (a) enhancement of two-way community feedback mechanism and communication channels taking into account multi sectoral approach and gender differences in access and use of media and messaging to inform the multisectoral emergency response strategy and other priorities such as GBV, and (b) strengthening gender-equitable engagement of community members and community structures in defining, developing, evaluating, and reviewing health service delivery (including IPC, WASH, etc.). The subcomponent will focus primarily on communication with community members regarding climate emergency preparedness and response to address the high vulnerability of the population to HEs including climate change related ones. Also, it will take into consideration the gender differences in access to, and extent of use of, different mass media such as radio and TV.²⁶

18. **Subcomponent 2.3: Climate change adaptive emergency preparedness and response (US\$6 million equivalent).** Climate change is mainstreamed throughout the operation and this subcomponent will focus on investments specifically targeted to addressing the impacts of climate change through proven interventions and investments, especially for climate- adaptive resilient health systems and health care facilities. The subcomponent will finance: (a) the development of sub-national and facility-level climate emergency preparedness and management plans, including for climate adaptive infrastructure; (b) simulations for health workers and administrators on climate and HE preparedness and response at national, decentralized, and community levels; (c) develop an observatory for climate events through the development of a surveillance system by integrating meteorological data, as well as the development and monitoring of climate and health early warning system, for climate shocks (such as flooding) and climate-sensitive diseases (such as malaria and cholera). It will also focus on (d) developing a national response plan for flooding and drought focused on the prevention of climate-sensitive diseases; and (e) conducting risk assessments for climate shocks and climate sensitive diseases (e) developing and implementing WASH climate risk management plan for HEs.

19. **Component 3: Project Management (US\$5 million equivalent).** This will finance strengthening the capacity for monitoring and evaluation and Project management, including: (a) supporting the MPA Program learning agenda (i.e. operational research in climate and health, NCDs, and other prioritized areas); (b) procurement, financial management, environmental and social aspects including strengthening the grievance redress mechanism, monitoring and evaluation, and reporting, all through the acquisition of goods, provision of technical advisory services, training, operating costs; and (c) support for cross border related administrative activities and collaboration with the Regional Bodies.

20. **Component 4: Contingent Emergency Response Component (CERC).** 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 reallocate project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project

²⁶ Murthy, G and M. M. Hussain. 2010. Mass Media in Zambia Demand-Side Measures of Access, Use and Reach.

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.

Legal Operational Policies	Triggered?
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

21. The environmental risk rating is Moderate. The project footprint will be confined to existing Ministry of Health land and will not encroach on environmental sensitive areas or any areas designated as national parks etc. The Environmental and OHS risks and impacts under both components are predictable, reversible and have a low probability of adverse or serious impacts to human health or the environment. There will be no toxic or harmful substances use and simple management plans are expected for risk mitigation. Environmental risks and impacts from the project include; (i) the generation of e-waste over a longer term period (including solar equipment); (ii) relatively minor amounts of construction waste and OHS risks from the rehabilitation and construction of WASH facilities including installation of water storage and distribution equipment and; (iii) a suitable level of water quality for WASH.

22. The social risk is rating is Moderate. Though the project will be implemented across the entire country, there are no conflict-affected areas that might have an impact on the project's implementation. The construction of new installations and the rehabilitation of water and sanitation (WASH) facilities within existing health facilities will not necessitate land acquisition or resettlement. Key potential social risks include: (i) the risk of exclusion or discrimination against women, youth, people living with disabilities, and remotely located communities in accessing healthcare services; (ii) labor and working conditions risks stemming from non-compliance with national legislation on working hours, wages, overtime, compensation, or benefits; (iii) sexual exploitation, abuse, and harassment (SEA/SH) among project workers, stakeholders, and local communities; (iv) community health and safety risks related to the transmission of communicable diseases through interactions among project workers and between the project workforce and local communities, including community-based volunteers and community health assistants, as well as the improper disposal of healthcare waste from project activities; (v) challenges in organizing or gaining access to grievance redress and referral processes; (vi) potential risks of unauthorized exposure of patient-level data, particularly with activities aimed at digitizing the health sector; and (vii) potential risks linked to the downstream aspects of the technical assistance activities supported by the project.

E. Implementation

Institutional and Implementation Arrangements

23. **The MoH will be responsible for project implementation, including the coordination with the ZNPHI.** The Permanent Secretary for Technical Services will be responsible for managing project activities, in line with the technical and administrative mandates, and will closely coordinate with the Permanent Secretaries for Donor Coordination and

Administration in line with their respective mandates. The MoH will establish a Project Implementation Unit (PIU), under the Directorate of Public Health, that will be responsible for (i) the day-to-day management and execution of activities supported by the project, including procurement and coordination support with the ZNPHI; (ii) the preparation of annual activity and procurement plans; (iii) collecting and compiling all data for specific indicators; and (iv) the preparation of a consolidated report on the implementation of the project components. The PIU will also closely collaborate and work with the Directorate of Finance, the Procurement Unit, and the Environmental Health Unit. The MoH will recruit additional staff for the PIU to implement the project activities, including: a Project Coordinator, an FM Officer, a Procurement Officer, an Environment Officer, a Social Officer, and an M&E Officer. The PIU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank. In addition, a Project Steering Committee (SC) will be constituted to oversee the project implementation and set the strategic decisions based on the reports submitted from the PIU. The SC will be chaired by the Permanent Secretary for Technical Services with the membership of Permanent Secretaries for Donor Coordination and Administration and relevant directorates from the MoH, ZNPHI, and representatives of the local government.

24. **The Regional Advisory Committee (RAC) will serve as the bridge between the HEPRR Program and the overall regional agenda and priorities.** The RAC will consist of representatives of all participating countries and regional bodies that support project implementation, as well as global experts, representatives of the Association, and other entities, as described in the Program Operations Manual. The RAC will provide a forum for broader technical and regional engagement beyond the MPA's focus, with emphasis on ensuring program alignment with the broader regional agenda and strategic direction. In addition, the MoH through the PIU will coordinate with ECSA-HC and IGAD, following the MPA framework. Zambia and ECSA-HC have a close partnership with a recent example of joint implementation of the AFR RI-Southern Africa Tuberculosis and Health Systems Support Project (P155658). The country will agree on an arrangement with IGAD, as Zambia is not a member state.

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APPROVAL

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Approved By

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