



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 22-Feb-2024 | Report No: PIDC36916



BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies) Kazakhstan, Kazakhstan, Kazakhstan, Kyrgyz Republic, Kyrgyz Republic, Tajikistan, Tajikistan, Turkmenistan, Turkmenistan, Turkmenistan, Uzbekistan, Uzbekistan	Operation ID P181459	Operation Name One Health for Pandemic Prevention and Food Systems Resilience in Central Asia	
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 19-Aug-2024	Estimated Approval Date 03-Dec-2024	Practice Area (Lead) Agriculture and Food
Financing Instrument Investment Project Financing (IPF)	Borrower(s) Ministry of Economy and Finance, Ministry of Finance, Ministry of Finance and Economy	Implementing Agency Committee of Veterinary and Livestock Development	

Proposed Development Objective(s)

To improve One Health coordination, and address key cross-sectoral capacity gaps to prevent, detect, and respond to key zoonotic diseases, antimicrobial resistance, and food safety risks in participating countries.

PROJECT FINANCING DATA (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?

Is this project Private Capital Enabling (PCE)?

SUMMARY

Total Operation Cost	90.66
Total Financing	90.66
of which IBRD/IDA	60.00



Financing Gap	0.00
DETAILS	
World Bank Group Financing	
International Development Association (IDA)	60.00
IDA Credit	30.00
IDA Grant	30.00
Non-World Bank Group Financing	
Trust Funds	8.95
Free-standing Single Purpose Trust Fund	1.79
Free-standing Single Purpose Trust Fund	1.79
Free-standing Single Purpose Trust Fund	1.79
Free-standing Single Purpose Trust Fund	1.79
Free-standing Single Purpose Trust Fund	1.79
Other Sources	21.71
Foreign Multilateral Institutions (unidentified)	4.34
Foreign Multilateral Institutions (unidentified)	4.34
Foreign Multilateral Institutions (unidentified)	4.34
Foreign Multilateral Institutions (unidentified)	4.34
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Environmental and Social Risk Classification	Concept Review Decision
Moderate	The review did authorize the preparation to continue

Other Decision (as needed)

B. Introduction and Context

Country Context

The countries of Central Asia face a common set of health-related risks and aspirations. Across the five countries in the region—Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan and Uzbekistan—a number of zoonotic and foodborne disease risks, antimicrobial resistance (AMR) challenges, and related vulnerabilities threaten human, animal, and ecosystem health, agricultural competitiveness and trade, and food systems resilience. All five countries also aspire to become better equipped to prevent and manage these risks, including the risk of a new pandemic. Having caused over 28,000 reported deaths and about 2 million cases in



Central Asia, the COVID-19 pandemic highlighted the need improve pandemic prevention, preparedness, and response (PPR) capacity at the national and regional levels, including to address the region's unique sources of risk and vulnerability. The latter include the region's location at the geographic intersection of global value chains and bird migration routes, its heavy reliance on migrant workers, and the swift pace at which climate change, ecosystem degradation, and biodiversity loss are occurring.

Recent and ongoing trends suggest that health risk levels could rise—notably as demand for animal-source foods increases and the movement of people and animals accelerates. While these developments are creating economic opportunities, they are also creating opportunities for animal diseases and transmission pathways to multiply. Demand for animal-derived foods is rapidly growing in the region, leading livestock production and trade to expand within Central Asia and beyond. Human mobility is also rapidly increasing within the region, faster than in the rest of Asia. From an infectious disease risk perspective, while the development of regional transit routes like the Middle Corridor¹ has the potential to further boost trade and supply chain resilience, it may also facilitate the spread of infectious diseases and their vectors if the latter are not controlled on a regional scale.

Unsustainable agricultural practices, ongoing ecosystem degradation, and rapid climate change are also driving up risk for humans, animals, and the environment. Central Asia's ecosystems have long been and continue to be under considerable pressure due to stressors like water scarcity, deforestation, unsustainable land and resource management practices, increased grazing pressure, and climate change. These stressors are leading the region's endangered species' populations to shrink and exposing humans to zoonotic diseases. Rising temperatures, extreme weather events, and associated ecosystem changes are also expected to negatively affect agricultural productivity going forward, including by contributing to soil and pasture degradation, reducing crop and animal productivity, and leading to the emergence of new diseases.

In turn, these changes—including lower productivity and the emergence and transmission of new diseases—could hamper agricultural trade and competitiveness and weaken food systems resilience. Today, agricultural trade and competitiveness are already constrained by the poor control of internationally reportable transboundary animal diseases, noncompliance with international sanitary and phytosanitary standards, and limited surveillance and traceability systems. Meanwhile, the indiscriminate use of antibiotics is suspected to result in AMR genes being disseminated into the environment, exacerbating AMR and other threats to the health of humans and ecosystems.

Strengthened regional collaboration is needed to effectively address AMR and zoonotic and foodborne disease risks, and is likely to help build regional food systems resilience at large. Transboundary in nature, zoonotic and other infectious disease risk calls for transboundary risk prevention and mitigation efforts and solutions. In Central Asia specifically, the regional distribution and movement of wildlife populations and migratory routes call particularly for a regional approach to the control of related infectious diseases. At the same time, strengthened regional collaboration on a range of health issues promises to strongly benefit the region's agrifood economies. Improving regional trade in animals and animal products could contribute to agricultural and food sector competitiveness and generate livelihood opportunities in rural areas still facing poverty. Cross-country collaboration and cross-sectoral investments also hold potential to use resources more efficiently. More generally, the development of regional cooperation is seen as an important means of stimulating regional development.

¹ <https://www.worldbank.org/en/news/press-release/2023/11/27/middle-corridor-through-central-asia-caucasus-can-boost-trade-connectivity-and-supply-chain-resilience>



These challenges are high on Central Asian governments’ agendas and countries in the region are taking steps to collaboratively develop prevention and response systems on a regional scale—that is, systems that no country acting on its own could put in place.

This perspective is central to the joint communiqué signed by Central Asia’s five countries in November 2022: Protecting Food Systems, Preventing Future Pandemics in Central Asia. The “Joint Communiqué” states that the One Health approach (Box 1) is the best-suited for addressing AMR and zoonotic and foodborne disease challenges in the region and commits to increased collaboration across countries and sectors, including agriculture, environment, and health. The Joint Communiqué further states the signatory governments’ intent to: (1) support the development of a framework for action, (2) establish appropriate governance structures for the implementation of One Health activities at the national and regional levels, and (3) engage in joint resource mobilization and data sharing.

The Joint Communiqué is already under implementation. In November 2023, representatives of the ministries of agriculture, environment, and health of the five Central Asian countries agreed on the Central Asia One Health Framework for Action. The “Framework for Action,” as it will be referred to, lays out a vision and identifies priority issues, key action areas, indicators, and coordination mechanisms—including for action on pandemic PPR, food systems resilience and agricultural competitiveness and trade, and ecosystem health.

Box 1: The One Health approach: brief overview

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development ². The approach is laid out in the “One Health Joint Plan of Action” developed by the Quadripartite Alliance for One Health.³

Sectoral and Institutional Context

Central Asian countries lack the capacity to effectively manage zoonotic and foodborne disease, and AMR risks. Some sectoral and cross-sectoral cooperation exists across the agriculture, environment, and health sectors at the national and regional levels, but it remains limited. Disease surveillance systems and laboratory networks are underfunded and underdeveloped and institutional and workforce capacity to engage jointly and routinely in zoonosis prevention and response, food safety management, and AMR mitigation is weak. Budgets for disease surveillance are constrained, and the monitoring of wildlife and pastures to predict and prevent the transmission of zoonoses are almost nonexistent. Environmental services are not routinely engaged in joint activities with the animal and human health sectors. Moreover, the sharing of data and resources between sectors and countries is not systematic. No mechanism exists for sharing animal and human disease surveillance data in support of timely, evidence-based, and cross-sectoral decision-making. These and other weaknesses are detrimental to various aspects of human and animal health, drug effectiveness, and agricultural sector performance.

The effectiveness of a One Health approach requires collaboration and coordinated actions at both the regional and national levels.

While regional level collaboration is essential to address the root causes of zoonotic and foodborne diseases and AMR, interventions at the national level are also required. Critical gaps in regulatory frameworks, cross-sectoral surveillance systems and human capacity need to be addressed at the national level in a coordinated manner that then enables cross-country interaction and effective cooperation.

² One Health High Level Expert Panel (OHHLEP) 2021. Tripartite and UNEP support OHHLEP’s definition of One Health. <https://www.who.int/news/item/01-12-2021-tripartite-and-unesp-support-ohhlep-s-definition-of-one-health>

³ The Quadripartite Alliance for One Health includes the Food and Agriculture Organization (FAO) of the United Nations, the United Nations Environment Programme (UNEP), the World Health Organization (WHO) and the World Organisation for Animal Health (WOAH) (the Quadripartite).



The endorsement of the Framework for Action and mobilization of trust fund resources have paved the way for implementation readiness of the regional Program. The regional dialogue that underpinned the signature of the regional Joint Communiqué and approval of the Framework for Action in November 2023 has brought together active national platforms for the coordinated implementation of the One Health approach. They involve both national stakeholders and international development partners. The Framework for Action includes draft National One Health Action Plans (NOH-APs) and estimates of related resource needs. It further describes the proposed regional One Health coordination structure that will be implemented in 2024, supported by a US\$3.5 million Health Emergency Preparedness and Response (HEPR) recipient-executed trust fund (RETF). The five countries, represented by national authorities from the agriculture, environment, and health sectors, and supported by three implementing entities (the FAO, WHO, and World Bank), obtained a US\$27.16 million grant from the Pandemic Fund (PF) in 2023. The grant will co-finance activities proposed under the MPA and enable the early implementation of targeted surveillance and laboratory and work force capacity development activities implemented by the FAO and WHO. US\$8.9 million will be implemented through recipient-executed trust funds as part of the MPA.

Relationship to CPF

The regional MPA (also referred to as “the Program”) is fully consistent with the Country Partnership Frameworks (CPFs) of the five Central Asian countries and other strategic documents guiding the World Bank’s engagement in Phase 1 countries. The MPA directly supports the Kazakhstan CPF (FY19–FY24, Report No. 143372-KZ) Focus Area 1: Promoting Inclusive Growth, and Focus Area 3: Securing Sustainable, Resilient, and Low Carbon Growth. The MPA aligns with the Kyrgyz Republic CPF (FY24-FY28, Report No. 182689-KG) High-Level Outcome 1: Increased Private Sector Led Job Creation CPF, Objective 1.2: Enhance conditions for business creation and growth; and High-Level Outcome 2: Improved Access to Sustainably Managed Natural Resources, Objective 2.1: Increase access and efficiency in the water and agriculture sectors. Furthermore, the MPA aligns with the Tajikistan CPF (FY19 – FY23, Report No. 135875-TJ) Focus Area I: Human Capital and Resilience, Objective 3: Improving the Resilience of Residents in Local Communities; and Focus Area III: Private-Sector Growth and Market Creation, Objective 6: Improving the Business Environment and Facilitating Exports Sustainably. Similarly, the operation aligns with the Uzbekistan CPF (FY22 – FY26, Report No. 170931-UZ) High Level Objective 1: Increase Inclusive Private Sector Employment, where One Health is explicitly recognized as a necessary approach, and High-Level Objective 3: Improve Livelihoods and Resilience Through Greener Growth. Lastly, the MPA falls within the proposed pathways for the draft Country Engagement Note (CEN) for Turkmenistan (FY25-FY26),⁴ specifically: enhancing the competitiveness of the economy, and adapting to climate change.

C. Proposed Development Objective(s)

To improve One Health coordination, and address key cross-sectoral capacity gaps to prevent, detect, and respond to key zoonotic diseases, antimicrobial resistance, and food safety risks in participating countries.

The MPA pursues three high-level objectives through a One Health approach:

- *High-Level Objective 1: Improved Pandemic Prevention, Preparedness, and Response.* Building human and technical resources, information systems, cooperation mechanisms, and communication practices at the national and regional levels is crucial to preventing, preparing for, and responding to the economic and human impacts of future pandemics.
- *High-Level Objective 2: Increased Food Systems Resilience and Agricultural Competitiveness and Trade.* Interventions ranging from farm-level practices to national and regional policies and collaboration structures to prevent and control zoonoses, foodborne diseases, and AMR, will contribute to improving the resilience of food systems and agricultural competitiveness and trade.

⁴ CEN is at the draft stage and no Report Number has been assigned yet (as communicated by TTL on December 20, 2023).



- *High-Level Objective 3: Improved Ecosystem Health.* The development of regional collaboration on zoonoses and AMR, sharing of best practices, and improvement of regulatory frameworks and capacities will help Central Asian countries safeguard their ecosystem health and prevent biodiversity erosion.

D. Concept Description

The MPA will support the implementation of a One Health approach, with incremental participation of countries and expansion capacities and implementation in each phase. Each phase will include a learning agenda, with explicit statements of what would be learned, what the learning modality would be, and how the learning would help achieving the PrDO.

The main intended beneficiaries of the MPA are the populations of the five Central Asia countries, especially people and animals at risk of, or already being affected by zoonotic and foodborne diseases and AMR, including male and female farmers, animal food producers, and consumers of animal food products, and those working in related jobs.

Lessons learned from the operationalization of the One Health approach in other regions show that investments in dialogue and institutional capacity at the regional level need to be complemented by building national capacities and fostering active cross-country collaboration and joint activities. The MPA comprises a flexible menu of activities for countries to choose from based on their characteristics, vulnerabilities, aspirations, and needs in ways that can complement existing operations.

The MPA will inform and address cross-cutting issues related to inclusion, gender, and citizen engagement, as well as learning. During the MPA's preparation, an action plan for closing gender gaps will be developed for every anticipated phase of the program. Common barriers to women's participation will be outlined and the monitoring framework will ensure reporting on gender gaps.

The MPA does not conflict with any of the clients' Nationally Determined Contributions (NDCs) and national climate action strategies and plans, and is expected to be aligned with the Paris Agreement. The NDCs of Tajikistan, Turkmenistan, Kyrgyz Republic, Kazakhstan, and Uzbekistan all highlight the significant interplay between health and climate change. They emphasize the need for adaptation strategies in the healthcare sector to address the impacts of climate change, including increased morbidity and mortality. These countries recognize the importance of enhancing health system resilience, raising public and professional awareness, and integrating health considerations in climate policies. The project's components are aligned with the health aspects emphasized in the NDCs of the countries. No specific risks with respect to the mitigation and adaptation aspects of the Paris Alignment are flagged at this stage.

The MPA is built around three components, which are expected to jointly contribute to the high-level objectives.

Component 1: Enabling a One Health approach at the national and regional levels (US\$30 million, of which US\$17 million IDA/IBRD).

This component will strengthen cross-sectoral coordination and communication at the national and regional levels.

Subcomponent 1a: National and Regional Coordination

A regional One Health coordinating structure will be established to (1) facilitate the regional dialogue, (2) discuss and coordinate regional activities, (3) share experiences, and (4) mobilize resources. The subcomponent will finance the establishment and operation of a steering committee, a technical committee, technical working groups on zoonotic diseases, food safety, and AMR, and a secretariat, as agreed under the Framework for Action.

One Health implementation at the regional level will be supported by national One Health coordination mechanisms that will (1) coordinate communication with policymakers and monitor and guide the actions of those engaged in One Health implementation at the national level; (2) evaluate the efficacy of stakeholders handling varied systems, mechanisms, and activities relating to One Health implementation; (3) intervene when necessary to rectify and preclude any inefficiencies among actors implementing the approach; and (4) align interests, streamline cooperation, and ensure collaboration among different state actors overseeing the various activities. Such coordination structures may differ in design and operational modalities from country to country. The establishment of coordination structures at regional and national levels will be co-financed by grant resources from HEPR (US\$3.5 million).



Subcomponent 1b: Communication and Information Sharing

A One Health dashboard will be developed to monitor and evaluate the implementation of the One Health approach in Central Asia, including the evaluation of results of the multisector coordination mechanisms on a regular basis; and to share data and other information among authorized stakeholders. A regional communication strategy will also be developed, implemented, monitored and evaluated with the aim of raising awareness about the One Health approach and program activities and results among the various stakeholders, including policymakers, human and animal health care professionals, general public, and national institutions and partner organizations, and increasing participation of the various stakeholders in the regional and national coordination mechanisms.

Subcomponent 1c: National and Regional Regulatory Frameworks

A One Health approach will be incorporated into legislative and regulatory frameworks at national and regional level. The main activities under this subcomponent include: (1) review of legislation and/or regulation to address shortcomings and gaps, ensuring compliance with international standards and guidelines; (2) removal of legal/regulatory obstacles to implementation of the One Health Approach, especially on data sharing and financing of One Health; and (3) strengthening of regulatory/control agencies' capacity to inspect and enforce PPR, zoonotic diseases, AMR and food safety standards.

Component 2: Building One Health knowledge and workforce capacity (US\$83.16 million, of which US\$70 million IDA/IBRD).

This component will address key needs for additional knowledge and workforce capacity to enable the implementation of the One Health approach in Central Asia.

Subcomponent 2a: Knowledge Development

Knowledge relevant to One Health implementation in the region will be expanded and shared. The main activities under this subcomponent include to: (1) establish a Regional One Health Research, Education and Training Center to carry out research and capacity building on key topics essential to One Health governance and implementation; (2) prepare assessments, surveys, and other studies, including risk assessments, to identify potential sources of emerging infectious diseases, and using epidemiological modeling to predict disease outbreaks and assess their impact; (3) identify additional funding for knowledge development; (4) establish partnerships between national and international organizations to carry out the research; and (5) disseminate knowledge developed in the region and internationally.

Subcomponent 2b: Multisector Workforce Capacity

The One Health technical and managerial capacity of Central Asian institutions and professionals will be strengthened to guarantee capacity of agriculture, veterinary, environmental, and public health services. The main activities under this subcomponent include to: (1) assess needs of management and staff of public services (in numbers and skills); (2) develop and implement a multisectoral workforce strategy and national plans, including on risk-based approaches and epidemiology; (3) mainstream One Health in sectoral education programs in agriculture, veterinary, environment and human health; (4) provide on-the-job workforce development and education of stakeholders on the risks of zoonotic diseases, AMR, and food hazards.

Component 3: Strengthening One Health Prevention and Response Systems (US\$160 million, of which US\$140 million IDA/IBRD).

This component will strengthen One Health surveillance, laboratories and data systems for detection, reporting, prevention and response to priority zoonotic diseases, AMR and food hazards in human and animal populations, including wildlife. Mapping and review of surveillance systems and laboratory networks will be carried out to identify main priorities for investment in each participating country. Activities will be implemented by the agriculture/veterinary services, environmental agencies and health sector at national and regional levels.

Subcomponent 3a: Risk-based Surveillance, Prevention and Response

On-the ground cross-sectoral animal health (including wildlife), ecosystem and human health systems will be further developed for prevention, preparedness and response to zoonotic diseases, AMR and food borne illnesses, including by establishing epidemiology units for multidisciplinary data management, analysis and reporting. The main activities will include to: (1) develop and implement plans for cross-sectoral early detection/warning surveillance, and event verification and investigation; (2) carry out disease prevention and response activities based on integrated risk assessment and national plans, including simulation exercises to improve coordination and intersectoral cooperation; (3) equip wildlife rangers to participate in cross-sectoral surveillance activities, e.g. sampling and cold equipment; and (4) establish quarantine and border security: designated Points of Entry (PoE) implement routine core capacities with an all-hazard and multisectoral approach integrated into the national One Health system.



Subcomponent 3b: Laboratory capacity

Support will be provided to the development of national and regional laboratory networks for the diagnosis of zoonotic diseases, AMR and food safety. The main activities will include to: (1) develop, renovate, and/or equip priority laboratory facilities, especially at the local, oblast level, but also national and regional level: sampling, testing, data management, analysis and reporting of priority zoonotic diseases, AMR, and food safety hazards; (2) adapt and implement international standard operating procedures; and (3) develop national and regional networks of accredited, reference laboratories.

Subcomponent 3c: Data systems

Digital data systems for cross-sectoral surveillance and information exchange will be improved or established at national and regional levels. The main activities will include to: (1) prepare and implement digital information management plans at national and regional levels; and (2) develop or improve animal identification and traceability systems.

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

The project's environmental and social risk is moderate at the concept stage and will be reassessed as the project design develops. The project will not involve large scale infrastructure. It will support increasing diagnostic capacity of laboratories by equipping of national and regional reference laboratories in infectious diseases, focusing on priority zoonotic diseases, AMR and food safety and also construction of a regional One Health Education, Training and Research Center and some laboratories, work on which is not likely to be taken up in MPA 1. There is a possibility that MPA's interventions under the third Component may potentially result in higher environmental risk rating resulting from (i) sampling, testing, and analysis of priority zoonotic diseases, AMR, and food safety hazards. The risks will be revisited during project preparation. Potential direct risks and impacts associated with the proposed MPA may include (i) risks and impacts of spreading zoonotic diseases and infections to people from inappropriate waste disposal and management, and worker and waste picker injuries from sharps (syringes, needles, blades etc.) disposed by animal, antibiotics testing and/or vaccination programs, AMR (if the lab works are confirmed); (ii) construction waste, noise, dust, vibration, occupational and health and safety of workers associated with establishing of the reference laboratories, a regional One Health Education, Training and Research Center and other health facilities; (iii) resource efficiency, waste management, use and handling of chemicals in the laboratories; (iv) labor and occupational health and safety (OHS) issues; and (v) impact on public health related to the handling, transportation and disposal of animal carcass and other biological materials. The Environmental and Social Management Framework (ESMF) to be prepared, consulted upon, and disclosed prior to Project Appraisal will provide further details and guidance on how to address and manage those risks. The Project will have long term positive social impacts as it contribute to reducing zoonotic diseases, risk AMR and food safety risks and better coordinating use of resources. Project activities consist mainly of technical assistance, capacity building, purchase of medical equipment and inputs, setting up of research Centre and laboratories. It may involve involuntary resettlement if the land for these facilities is already available. Further, the project has wide scope



and involves activities which could lead to potential risks & impacts of spreading zoonotic diseases and infections to communities living nearby from inappropriate waste disposal and management and spread of diseases to the labor working in these laboratories and waste pickers. There could also be some construction related impacts to the communities and workers including OHS for workers associated with establishing laboratories and other health facilities. Further, the project scope (involving many sectors) and the outreach campaigns planned may involve misunderstanding and social tensions. Moreover, there is a risk around vulnerable and disadvantaged groups (elderly, disabled, chronically diseased people with no health insurance, migrants, single parent headed households, economically marginalized and disadvantaged groups especially residing in geographically challenging areas) who could experience inequitable access to project supported facilities and services because of their qualifying characteristics, which could lead to social unrest and tensions and possible increase of their vulnerabilities. In addition, laboratory support may engage the handling of infectious products that present risks of contamination for workers in labs and medical health care centers, and then for the communities. Project implementation will also involve different types of workers including PIU staff, health civil servants, local CSOs staff, community health and nutrition workers which may arise OHS concerns. The project also includes Turkmenistan which has more than other countries in the region, lack of systems for an effective stakeholder engagement and information disclosure but Turkmenistan will not be joining after MPA 1. The capacity and experience in these countries in managing social risk under ESF is limited. The capacity will be further assessed during the due diligence mission and appropriate capacity enhancement measures included in MPA1 design. Based on these identified risks, the social risk is assessed as moderate. In line with ESF requirements, the Borrower will develop by appraisal: (i) Environmental and Social Commitment Plan (ESCP); (ii) Stakeholder Engagement Plan (SEP), including GRM; (iii) Environmental and Social Management Framework (ESMF); (iv) Labor Management Procedures (LMP) and (v) Resettlement Policy framework (RPF).

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

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sampling, testing, and analysis of priority zoonotic diseases, AMR, and food safety hazards. The risks will be revisited during project preparation. Potential direct risks and impacts associated with the proposed MPA may include (i) risks and impacts of spreading zoonotic diseases and infections to people from inappropriate waste disposal and management, and worker and waste picker injuries from sharps (syringes, needles, blades etc.) disposed by animal, antibiotics testing and/or vaccination programs, AMR (if the lab works are confirmed); (ii) construction waste, noise, dust, vibration, occupational and health and safety of workers associated with establishing of the reference laboratories, a regional One Health Education, Training and Research Center and other health facilities; (iii) resource efficiency, waste management, use and handling of chemicals in the laboratories; (iv) labor and occupational health and safety (OHS) issues; and (v) impact on public health related to the handling, transportation and disposal of animal carcass and other biological materials. The Environmental and Social Management Framework (ESMF) to be prepared, consulted upon, and disclosed prior to Project Appraisal will provide further details and guidance on how to address and manage those risks. The Project will have long term positive social impacts as it contribute to reducing zoonotic diseases, risk AMR and food safety risks and better coordinating use of resources. Project activities consist mainly of technical assistance, capacity building, purchase of medical equipment and inputs, setting up of research Centre and laboratories. It may involve involuntary resettlement if the land for these facilities is already available. Further, the project has wide scope and involves activities which could lead to potential risks & impacts of spreading zoonotic diseases and infections to communities living nearby from inappropriate waste disposal and management and spread of diseases to the labor working in these laboratories and waste pickers. There could also be some construction related impacts to the communities and workers including OHS for workers associated with establishing laboratories and other health facilities. Further, the project scope (involving many sectors) and the outreach campaigns planned may involve misunderstanding and social tensions. Moreover, there is a risk around vulnerable and disadvantaged groups (elderly, disabled, chronically diseased people with no health insurance, migrants, single parent headed households, economically marginalized and disadvantaged groups especially residing in geographically challenging areas) who could experience inequitable access to project supported facilities and services because of their qualifying characteristics, which could lead to social unrest and tensions and possible increase of their vulnerabilities. In addition, laboratory support may engage the handling of infectious products that present risks of contamination for workers in labs and medical health care centers, and then for the communities. Project implementation will also involve different types of workers including PIU staff, health civil servants, local CSOs staff, community health and nutrition workers which may arise OHS concerns. The project also includes Turkmenistan which has more than other countries in the region, lack of systems for an effective stakeholder engagement and information disclosure but Turkmenistan will not be joining after MPA 1. The capacity and experience in these countries in managing social risk under ESF is limited. The capacity will be further assessed during the due diligence mission and appropriate capacity enhancement measures included in MPA1 design. Based on these identified risks, the social risk is assessed as moderate. In line with ESF requirements, the Borrower will develop by appraisal: (i) Environmental and Social Commitment Plan (ESCP); (ii) Stakeholder Engagement Plan (SEP), including GRM; (iii) Environmental and Social Management Framework (ESMF); (iv) Labor Management Procedures (LMP) and (v) Resettlement Policy framework (RPF)

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APPROVAL

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Approved By

Practice Manager/Manager:		
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Country Director:	Indu John-Abraham	23-Feb-2024
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