



The World Bank

Africa Centres For Disease Control Support Program to Combat Current and Future Public Health Threats
(P178633)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 12-May-2022 | Report No: PIDA34122



BASIC INFORMATION

A. Basic Project Data

Country Eastern and Southern Africa	Project ID P178633	Project Name Africa Centres For Disease Control Support Program to Combat Current and Future Public Health Threats	Parent Project ID (if any)
Region Eastern and Southern Africa	Estimated Appraisal Date 09-May-2022	Estimated Board Date 15-Jun-2022	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) The African Union	Implementing Agency Africa Centres for Disease Control and Prevention	

Proposed Development Objective(s)

Enhance the capacity of Africa Centres for Disease Control and Prevention (Africa CDC) to support AU Member States in preventing, detecting, and responding to current and future public health threats.

Components

COVID-19 Response
Enhancing Africa CDC’s technical and programmatic functions to support Member States’ preparedness capacities
Strengthening Africa CDC’s institutional capacity and operational structure

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project 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

Regional Context

Over the last decade, African Union (AU) member states have endorsed health as a cornerstone agenda to achieve the longer-term goals presented in the AU’s Agenda 2063: The Africa We Want. Following the 2014–16 Ebola outbreak in West Africa, the African Union Commission (AUC) launched the Africa CDC in 2017, to help the continent prevent, detect, and respond to public health threats and emergencies. At that time, there was significant initial investment by member states of the AU and partner organizations, including the World Bank (WB), which bolstered the agency and its five Regional Collaborating Centres (RCCs).

The fast-changing COVID-19 landscape thrust the AUC and Africa CDC into a pivotal leadership role at a time when international efforts were struggling to achieve an equitable global response to the pandemic. The AUC and Africa CDC went into action to mitigate the risks that disproportionately burden vulnerable populations in a cycle of deprivation and recovery. The region implemented innovative policies and interventions tailored to the African context to help foster continental resilience in the face of significant, systemic disruption that was leaving the region behind. The continent is demonstrating what is possible with regional cooperation, and the importance of a robust regional integration agenda on health, while highlighting the importance of the AUC in terms of its mandate and coordination capabilities. Africa CDC is now setting the foundation for an innovative agenda in the years ahead.

Sectoral and Institutional Context

While progress is undeniable, there is a set of critical challenges underscoring the need to ensure a strong Africa CDC, at central and subregional levels, to complement and support country-level efforts. Africa is a hotspot for disease



outbreaks, suffering from the continuous emergence and re-emergence of infectious diseases. Over 260 infectious-disease epidemics, disasters and other public-health emergencies were reported in Africa between 2016 and 2018. Today the continent is managing several infectious disease outbreaks in addition to COVID-19 and there are growing risks looking ahead. For instance, the spread of antimicrobial resistance (AMR) is now at magnitude consistent with HIV and malaria and neglected tropical diseases (NTDs) and persists as a public health problem. With over 75 percent of emerging infectious diseases, zoonotic in nature and exacerbated by climate change, including Ebola, Rabies, Rift valley virus, and Monkeypox virus, the current mechanisms in place are not adequate to operationalize an effective One Health approach at scale, which requires a multisectoral perspective from the human, animal, and environmental health sectors.

African institutions and stakeholders are demonstrating broad leadership across the technical and political dimensions of the public health agenda, setting the stage for leading on preparedness efforts. The continent is poised to ensure implementation of an Africa-led vision and guarantee that its overall health security is achieved. There is also a renewed global push on the preparedness agenda to underpin the needed longer-term commitment from global governing bodies. Recent commissions have called for expanded financing for pandemic prevention, preparedness, and response (PPR) and more effective global PPR governance that connects health and finance. Africa guaranteeing its' own health security can only be realized if there is meaningful, longer-term commitment of the AU member states and partners to work collectively to advance the preparedness agenda. AU member states have committed to increasing financing on the preparedness and health systems strengthening (HSS) agenda. This brings the issue of domestic resource mobilization for health to the fore as a core area that must be addressed to achieve sustainable gains into the longer term.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

Enhance the capacity of Africa Centres for Disease Control and Prevention (Africa CDC) to support Member States in preventing, detecting, and responding to current and future public health threats.

Key Results

The proposed PDO will contribute towards i) catalyzing the ongoing continental-led efforts to respond to the COVID-19 pandemic, including accelerating the health and vaccine system strengthening; ii) strengthening continental and sub-regional capacities and public health assets to effectively prevent, detect, and respond to health emergencies, in compliance with international standards; iii) facilitating an enabling environment to enhance regional manufacturing of key health inputs such as vaccines and reagents for laboratory test and R&D capacities; and iv) reinforcing the institutional coordination of the Africa CDC's sub-regional structure (Regional Coordination Centers – RCC) and supporting the institution in the roadmap for becoming a specialized health agency of the AU.

The proposed PDO indicators are:

- a. Number of Member States supported in the development of assessments and data management on COVID-19 vaccine hesitancy (Number)
- b. Number of people recruited and registered in the Africa Volunteers Health Corps roster at RCC level (Number)



- Percentage of females recruited and registered in the Africa Volunteers Health Corps roster at RCC level (Percentage)
 - Percentage of people recruited and registered in the Africa Volunteers Health Corps roster at RCC level from West and Central African countries (Percentage)
 - Percentage of people recruited and registered in the Africa Volunteers Health Corps roster at RCC level from East and South African countries (Percentage)
 - Percentage of people recruited and registered in the Africa Volunteers Health Corps roster at RCC level from North African countries (Percentage)
- c. Number of people trained under the newly updated Africa Epidemiologic Service (AES) program (Number)
- Percentage of females trained under the newly updated Africa Epidemiologic Service (AES) program (Percentage)
- d. Number of Member States supported through the newly established Vaccine Technology and Intellectual Property (IP) Transfer Support Service (Number)
- e. Africa CDC's roadmap for becoming an autonomous specialized agency of the AU has been operationalized (Yes/No)



D. Project Description

The proposed operation will include three components: i) COVID-19 response; ii) Enhancing Africa CDC’s technical and programmatic functions to support Member States’ preparedness capacities; iii) strengthening Africa CDC’s institutional capacity and operational structure; and iv) a Contingent Emergency Response Component (CERC). Below is a summary of the components. Each of the first three components will have a series of sub-components, tailored to Africa CDC’s priorities on core programmatic functions, forward-looking priorities, continental preparedness gaps, and lessons learned from World Bank engagement in preparedness and the COVID-19 response.

Component 1: COVID-19 Response (Estimated Financing: US\$3 million IDA). This component seeks to provide focused support to the Africa CDC’s COVID-19 response in complementarity to other donor resources. This component will provide short-term support to help mitigate the spread of COVID-19 and minimize the impact of new and re-surgent variant outbreaks on the continent. In addition, this component will help to ensure key platforms and mechanisms created during COVID-19 are sustained and amplified.

Component 2: This component will support regional and sub-regional efforts to enhance preparedness and response capacities at the regional, sub-regional, and country levels. Activities supported under this component will be structured under the “prevent, detect, and response” framework in alignment with international standards such as the International Health Regulations (IHR) and the Global Health Security Agenda. This component will support existing and emerging priorities for both the Africa CDC and the continent including human resources for health, epidemic preparedness and response, surveillance and laboratory capacity building, manufacturing, and R&D. This component will also support cross-cutting issues such as strengthening IHR planning and monitoring, data digitization and interoperability, gender in preparedness, and adaptation to climate shocks and its impact on endemic diseases

Component 3: Strengthening Africa CDC’s institutional capacity and operational structure (Estimated Financing: US\$10 million IDA). As noted previously, Africa CDC will be transitioning to a specialized autonomous agency of the African Union, an evolution that comes with the backing of the AU’s 55 member states. A significant part of this component aims to contribute to the development and operationalization of the transition roadmap for the institution to set the foundation to successfully evolve into a more expansive role on the continent, and globally. This component will also finance operational costs and capacity building of the project’s implementation unit to ensure effective coordination, management, and implementation of all the components.

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

Summary of Assessment of Environmental and Social Risks and Impacts

The Project will have positive impacts as it will support Africa CDC COVID-19 Response and strengthening Africa CDC’s regional and sub-regional preparedness and response capacities (Component 1 and 2). COVID-19 response activities



to be financed under Component 1 focus entirely on technical assistance to member states such as community-testing strategies, specimen transportation, support country planning and updating of National Vaccine Deployment Plans (NVDP), microplanning, and prioritizing target groups aligned with guidance based on latest science; and supporting regional vaccine effectiveness, deployment hesitancy survey. No environmental risk is anticipated because of the activities to be financed under Component 1 as they will not involve procurement of vaccines, reagents and any construction/rehabilitation activities that may have environmental footprints. However, technical assistance activities should be undertaken following the requirements of Operations Environmental and Social Review Committee (OESRC) Advisory Note on Technical Assistance so that potential downstream risks could be properly managed. Furthermore, occupational health and safety risks to consultants or project workers should be identified and managed in compliance with the requirements of Environmental and Social Standards - Labor and Working Conditions (ESS2).

Similarly, activities to be financed under Component 2 will focus on technical assistance namely assessing existing laboratory facilities and network and their capacity; improving supply chain management; setting guidelines for quality assurance systems and human resources capacities; establishing guidelines and baseline for surveillance mechanisms of emerging priorities such as AMR; developing continental regulatory and safety standards for manufacturing capacities; and establishing a regional and integrated pharmacovigilance system. As it is the case for Component 1, no major environmental risk is anticipated under Component 2. There are also potential Occupational Health and Safety (OHS) risks to project workers that may be engaged in the technical assistance activities if they are not carried out in compliance with ESS2.

E. Implementation

Institutional and Implementation Arrangements

The Africa CDC will be the implementing agency for this project. As with the current Africa CDC operation (P167916), the Director of the Africa CDC will oversee the project and is ultimately responsible for its implementation. The PIU Coordinator will be responsible for the execution and day-to-day management of activities supported under the project subcomponents. The AUC Service Division's Directorate of Finance and Accounting will be responsible for the overall fiduciary management of project funds, including payment authorizations and internal control mechanisms, and will provide quarterly financial reports to the Africa CDC. The PIU based at the Africa CDC will be responsible for the day-to-day management of these project subcomponents, as well as the preparation of annual operational, procurement, and financial plans, the drafting of contract documents, and the preparation of consolidated implementation reports. The PIU will also follow up with the AUC Service Division on payments and other operational transactions. The Africa CDC will hire additional consultants for the existing PIU as needed to implement the project scope and objectives. The Africa CDC may also hire additional technical consultants to support its own operations as needed.

CONTACT POINT



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APPROVAL

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