

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: 13-Jun-2022 | Report No: PIDISDSA34376

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BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Eastern and Southern Africa	P178633	Africa Centres For Disease Control Support Program to Combat Current and Future Public Health Threats	
Region	Estimated Appraisal Date	Estimated Board Date	Practice Area (Lead)
Eastern and Southern Africa	09-May-2022	18-Jul-2022	Health, Nutrition & Population
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	The African Union	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 AU Member States' preparedness capacities Strengthening Africa CDC's institutional capacity and operational structure

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	100.00
Total Financing	100.00
of which IBRD/IDA	100.00
Financing Gap	0.00

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DETAILS

World Bank Group Financing

International Development Association (IDA)	100.00
IDA Grant	100.00

Environmental and Social Risk Classification

Moderate

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

Across the globe, the Coronavirus Disease 2019 (COVID-19) pandemic has revealed two distinct, but not mutually exclusive realities – a picture perhaps most pronounced in Africa. The pandemic has shone a light on the existing challenges at the global, regional, national, and community levels stemming from persistent disparities—with the most vulnerable people and places incurring the greatest social and economic burden. The pandemic has also triggered much-needed political will to accelerate long overdue progress in areas such as innovative financing and service delivery mechanisms, partnerships, and technology—from digital vaccine passports to genomic surveillance. Today, African institutions and stakeholders are demonstrating broad leadership across the technical and political dimensions of the public health agenda, setting the stage for the continent to lead on preparedness efforts in the future. In this context, the Africa Centres for Disease Control and Prevention (Africa CDC) has emerged as technically sound public health institution capable of meeting the challenges of the region.

Sectoral and Institutional Context

Africa CDC is now setting the foundation for an innovative agenda in the years ahead. The response to COVID-19 is redefining the continent's role as a leader across many dimensions of public health. Working collaboratively with other regional and global actors, Africa CDC has developed new vaccine acquisition capabilities and deployment strategies to support Member States. In addition, Africa CDC is leading multi-stakeholder actions on areas such as manufacturing that go beyond COVID-19. For example, through Member State initiatives, the Africa CDC envisions increasing the share of vaccines manufactured in Africa from one percent to 60 percent by 2040.

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 AU Member States in preventing, detecting, and responding to current and future public health threats.

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Key Results

The proposed PDO will contribute towards i) catalyzing the ongoing continental-led efforts to respond to the COVID-19 pandemic, particularly emphasizing efforts to increase vaccine literacy and address vaccine hesitancy; 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 and R&D capacities; and iv) supporting the Africa CDC in becoming its own specialized health agency and updating its operational, management, and technical processes around this transition.

The proposed PDO indicators are:

- a. Number of people recruited in the Africa Volunteers Health Corps roster at RCC level (Number)
 - Percentage of females recruited in the Africa Volunteers Health Corps roster at RCC level (Percentage)
 - Percentage of people recruited in the Africa Volunteers Health Corps roster at RCC level from West and Central African countries (Percentage)
 - Percentage of people recruited in the Africa Volunteers Health Corps roster at RCC level from East and South African countries (Percentage)
 - Percentage of people recruited in the Africa Volunteers Health Corps roster at RCC level from North African countries (Percentage)
- b. 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)
- c. Number of laboratories supported to perform a certification assessment on Minimum Standards for Biosafety and Biosecurity in handling high risk pathogens (Number)
- 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 AU Member States' preparedness capacities; and iii) Strengthening Africa CDC's institutional capacity and operational structure. Please see Annex 2 for a more detailed description of project activities.

Component 1: COVID-19 Response (Estimated Financing: US\$2 million IDA).

This component will provide focused support to the Africa CDC's COVID-19 response in complementarity to other donor resources. As previously mentioned, 80 percent of partner resources currently given to Africa CDC are for COVID-19 response, and a significant portion of these resources is directed to AU Member States to support country-level

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activities. As such, staffing and the programmatic budget to support the Africa CDC COVID-19 response are lean. Under this component, the project resources are targeted toward regional-wide activities that are either under-funded or not funded by other resources. In this regard, the 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: Enhancing Africa CDC's technical and programmatic functions to support AU Member States' preparedness capacities (US\$78 million IDA)

This component will support continental 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 IHR and the Global Health Security Agenda. This component will support existing and emerging priorities for both the Africa CDC and the continent including epidemic preparedness and response, surveillance, and laboratory capacity building; human resources for health; 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 adaptations to climate shocks and their impact on endemic diseases.

Component 3: Strengthening Africa CDC's institutional capacity and operational structure (Estimated Financing: US\$20 million IDA).

Africa CDC's transition to a specialized autonomous agency of the African Union, is an evolution that comes with the backing of the AU's 55 Member States. A significant part of this component will contribute to the development and operationalization of the transition roadmap for the institution. This will set the foundation to successfully evolve into a more expansive role on the continent and globally in the coming years. Africa CDC has progressively garnered support in recent years, and with the recent declaration of autonomy, there will be a significant rise in the scope of operations and increased expectations. This requires a well-articulated vision as well as organizational framework, systems, structures, human resources, and ways of working to facilitate the organization and its people in meeting their objectives. Relatedly, it will be important to fast-track key milestones in the transition roadmap including strengthening the Africa CDC governance and management structures for effective transition.

This component will also finance operational costs and capacity building of the project's implementation unit to ensure effective coordination, management, and implementation of components 1, 2 and 3.1.

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		

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The Project will have positive impacts as it will support Africa CDCs COVID-19 Response and strengthening Africa CDCs 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 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 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 antimicrobial resistance (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. However, Component 2 could provide regional laboratory networks with equipment, supplies such as reagents, PPE, and other goods to upgrade and enhance the quality of diagnostics and surveillance (Component 2) which will entail proper handling, transportation and laboratory supplies including the reagents. Unless the regional laboratories have proper system or protocol for handling and management of hazardous materials including final disposal of hazardous wastes, activities to be to be financed under this Component can have environment, health and safety risks. There are also potential 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 components and subcomponents. The AU 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 HQ 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 AU 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.

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APPROVAL

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