



The World Bank

Africa Centres For Disease Control Support Program to Combat COVID-19 and Future Public Health Risks
(P178633)

Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 03/29/2022 | Report No: ESRSC02657

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Eastern Africa	AFRICA EAST	P178633	
Project Name	Africa Centres For Disease Control Support Program to Combat COVID-19 and Future Public Health Risks		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/5/2022	6/15/2022
Borrower(s)	Implementing Agency(ies)		
Africa Centres for Disease Control and Prevention	Africa Centres for Disease Control and Prevention		

Proposed Development Objective

The project development objective is to enhance the capacity of Africa Centers for Disease Control (ACDC) to respond to the current COVID-19 pandemic and prevent, detect and respond to future public health threats.

Financing (in USD Million)	Amount
Total Project Cost	50.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed operation will include four components: i) COVID-19 response; ii) strengthening regional and sub-regional preparedness and response capacities; iii) enhancing institutional capacity at central and sub-regional levels; and iv) a Contingent Emergency Response Component (CERC). Each of the first three components will have a series of sub-components, tailored to the Africa CDC’s priorities and needs on core functions and forward-looking priorities as



well as the regional preparedness gaps. Furthermore, the project will leverage innovative and tech-enabled approaches in a cross-cutting manner, with the expectation of maximizing the results of the interventions and/or technical assistance.

The description and cost estimates of the components and sub-components are provisional and are being developed further through a comprehensive and efficient consultative process within the context of a tight timeline. The Director and Deputy Directors of the Africa CDC are fully engaged and have assigned a technical focal point team to work on the preparation that spans all directorates of the institution. The task team has also been meeting with internal and external experts on various dimensions of the project concept. A preparation mission will take place in Addis Ababa, Ethiopia between March 28th and April 4th, 2022. These ongoing discussions and collaborative work sessions with Africa CDC and core stakeholders, including the detailed partner mapping vis-à-vis areas of support to Africa CDC, will inform project design as preparation moves forward. The project focus is also being aligned with Africa CDC's 2022-2026 Strategic Plan, which is in the process of being finalized by Q2 of 2022.

Component 1: COVID-19 Response (U\$10 million IDA)

Under this component, the project will support Africa CDC's continental support to member states in the ongoing containment and mitigation activities to respond to the COVID-19 crisis and enhance and accelerate deployment of COVID-19 vaccines. This component will provide immediate and near-term support to stop the spread of COVID-19 and prevent new variant outbreaks and resurgent waves. This component will be structured on three sub-components, which will include priority continental activities:

Sub-component 1a. Enhancing regional COVID-19 detection and response capacities: Under this sub-component, the project will finance Africa CDC's technical assistance to member states regarding community-testing strategies, specimen transportation, assessment capacities, human resources for surveillance, and decision-making processes based on robust COVID-19 detection and information systems. In addition, the project will support Africa CDC's technical assistance to member states to adapt and adopt an evidence-based approach to clinical management including the safe and efficient use of medicines and other therapeutic approaches as part of the response to COVID-19.

Sub-component 1b. Support to the COVID-19 vaccine deployment efforts: Under this sub-component, the project will finance Africa CDC's ongoing efforts to support member states in accelerating the deployment of COVID-19 vaccines by i) providing harmonized guidance and regulatory approval standards for COVID-19 vaccines; ii) supporting country planning and updating of National Vaccine Deployment Plans (NVDP), microplanning, and prioritizing target groups aligned with guidance based on latest science; and iii) supporting regional vaccine effectiveness, deployment hesitancy surveys. Artificial intelligence driven platforms will also be explored to improve vaccine confidence. This technology draws on data from social media outlets to predict hesitancy at subregional levels and ensure that support is focused on areas across the continent that may need it the most.

Sub-component 1c. Continental communications: This sub-component aims to enhance the Africa CDC's efforts of using data from surveys and other inputs to craft policy recommendations that meet the actual problems identified on the ground. Of particular importance is the need to increase the general population's awareness of the continued pandemic, the measures that could be taken to prevent disease, and most importantly, increase demand and uptake of the COVID-19 vaccine. This effort will include mass communications strategies tailored to specific audiences to develop people-centered messaging and the use of innovative approaches to reach a broader audience with ongoing



monitoring and evaluation of results and cross-fertilization across subregions and countries. Various tech-enabled communications platforms will be explored and leveraged to amplify public health messages regarding COVID-19 vaccine safety, effectiveness, and importance as well as messaging around other key preventative and therapeutic measures.

Procurement under this sub-component will include goods and supplies needed to facilitate the technical and administrative processes of Africa CDC and support efficient functioning: additional human resources, training, technology equipment, software, and other required supplies central level and at the Regional Coordinating Centres (RCCs) . In addition, this sub-component might include the procurement of ancillary supplies for COVID-19 response staff at the sub-regional level of Africa CDC such as protective personal equipment (PPE). No civil works or infrastructure development are envisioned under this sub-component.

Component 2: Strengthening Africa CDC’s regional and sub-regional preparedness and response capacities (US\$30 million IDA)

This component will support regional and sub-regional efforts to enhance preparedness and response capacities, at regional, sub-regional, and country level. Activities supported under this component will be structured under the “prevent, detect, and response” framework and in alignment with international standards such as the International Health Regulations (IHR) and the Global Health Security Agenda (GHSA). Furthermore, this component will support emerging priorities for both the Africa CDC and the continent such as human resources development, manufacturing, R&D, and cross-cutting issues such as gender in preparedness. This component is envisioned to be structured by three sub-components:

Sub-component 2a: Strengthening surveillance, laboratory networks, and response capacities: Under this sub-component, the project’s support will focus on Africa CDC’s technical capacities to address systemic weaknesses that hinder effective cross-sectoral and cross-border collaboration, prevention and detection efforts, as well as, and in case of a health emergency, provision of an immediate and effective response. Proposed activities include, but will not be limited to:

Strengthening regional and sub-regional prevention resources and initiatives by harmonizing standards for preventive measures within and beyond country borders, providing the tools for enhanced data capturing, monitoring, and early warning and information systems, and facilitating cross-border simulation exercises. Currently, Africa CDC lacks a back-up data center, centralized data management system and data sharing agreements. The project can address these deficiencies through a unified, interoperable digital data system designed to leverage insights at the regional and sub-regional levels.

Supporting and expanding the existing detection and surveillance infrastructure in the region such as the Regional Integrated Surveillance and Laboratory Network (RISLNET) including their accreditation processes, reference laboratory networking functions, data and specimen management, and subregional coordination with Africa CDC Regional Collaborating Centers (RCCs) as well as National Public Health Institutes (NPHIs). Activities may include but are not limited to i) assessing existing laboratory facilities and network and their capacity; ii) improving supply chain management; ii) streamlining referral processes and interoperable information systems; iii) setting guidelines for quality assurance systems and related human resource functions; and iv) establishing guidelines for surveillance mechanisms of emerging priorities such as anti-microbial resistance (AMR). Innovative surveillance activities and approaches will be explored and supported by the project to maximize surveillance and detections capacities (e.g.,



African Pathogens Genomic Initiative, waste-water surveillance, artificial intelligence tools, etc.). Maximizing prevention and detection preparedness efforts through the One Health approach. Operationalizing and ensuring cross-sectoral coordination across human and animal health under the One Health approach to maximize the region’s ability to prevent and detect potential threats. Activities under the One Health approach will include but are not limited to i) assessing human and animal health surveillance systems and disease priorities; ii) supporting the development of regional guidelines for information and data capturing, flow, and management for both animal and human health (interoperable surveillance systems); and iii) ensuring One Health coordination and technical assistance mechanisms are established at central and RCC levels.

Creating response capacities and endowment of key inputs and logistics to improving the coordination and effectiveness of sub-regional, multidisciplinary, fast response “SWAT” teams as well as strengthening, upgrading, and maintaining Emergency Operations Centers (EOCs) based at RCC level.

Sub-component 2b: Human resources development: This sub-component is envisioned as crosscutting given that trained and sufficient human resources form the backbone of the activities proposed under the other components and sub-components of the project. Activities under this sub-component will support the Africa CDC to i) develop a mapping and gap analysis and with these inputs develop a ten-year human resources plan outlining the needs at central and sub-regional level; ii) recruit and/or train more human resources in surveillance, epidemiology, and overall, public health; and iii) ensure emerging priorities are included in training modules (e.g., Field Epidemiology Training Programs (FETP)) in addition to new priority topics such as anti-microbial resistance (AMR) and gender in preparedness. Furthermore, this sub-component will explore collaboration with ongoing regional initiatives for higher education (e.g Africa Centers of Excellence ACE) and tertiary education institutions, to increase the number of continuing-education programs in epidemiology and public health and ensuring that the program’s curricula include a comprehensive vision through the One Health approach, and other emerging priorities with a short- and longer-term perspective.

For this subcomponent, the project will support tech-enabled models for efficient two-way mass communication and training platforms that allow for more frequent touchpoints for continuous capacity building. Virtual engagement models that leverage video-conferencing technology can enable more efficient knowledge sharing, guidance and feedback on key technical and management issues. The preparation will explore Africa CDC serving as a “hub” for hosting these communications and facilitate learnings across various “spokes” including the RCCs and potentially external partners working at regional level.

Sub-component 2c: Fostering an environment that enables regional R&D and manufacturing capacities: The objective of this sub-component is to support the Africa CDC’s vision of enhancing the regional manufacturing and R&D capacities. Activities under this sub-component could include support to i) develop continental regulatory and safety standards; ii) establish a regional and integrated pharmacovigilance system; and iii) enhance countries’ R&D functionalities by creating knowledge exchange hubs and roadmaps for the continent. Efforts will also focus on the adaptation and adoption of supply chain systems that demonstrate best practices in delivery verification for preparedness commodities as well as relevant traceability activities to ensure systems are capable of tracking and tracing supplies and commodities manufactured from a regional perspective to complement member country efforts and mandates.

The project will finance the procurement of goods, services, supplies, and commodities under these sub-components. Namely, office supplies, technology and equipment, software, and other goods needed for the technical and administrative tasks of the institution. Laboratory networks could be provided with equipment, supplies such as reagents, PPE, and other goods to upgrade and enhance the quality of diagnostics and surveillance. Human resources



will also be financed as well as training activities. No civil works or infrastructure development are envisioned under this sub-component at any level of the institution.

Component 3: Enhancing institutional capacity at central and sub-regional levels (US\$10 million IDA)

This component will focus on all aspects related to management, governance, monitoring and evaluation, fiduciary, coordination, and knowledge generation and communications in both the central and sub-regional distributed levels of the Africa CDC. Furthermore, this component aims to support the operationalization of the already created roadmap for the institution to become its own specialized agency. There are three sub-components envisioned under this component:

Sub-component 3a. Improving the sub-regional, distributed capacities of Africa CDC: Activities under this sub-component will support the institutional structure and functions of the RCCs, their coordination with partners, members states, and NPHIs. Furthermore, the sub-regional distributed capacities will be strengthened by providing the tools and skills needed to support member states in the establishment of in-country NPHIs where there are none and upgrading the functions of those already established. The project will also explore supporting the establishment of a regional health innovation hub within Africa CDC to foster the scaling of regional and sub-regional public health technologies and innovative models of working in relation to the preparedness agenda.

Sub-component 3b. Support to transition to specialized autonomous agency: The objective of this sub-component will be to ensure that financial resources are provided to operationalize the legal, governance, and institutional roadmap that the Africa CDC is developing and will implement to transition to a specialized autonomous agency under the African Union. Therefore, this subcomponent would finance the development of a broad set of skills needed for a regional entity of this caliber along with investments in digital and other technological infrastructure. This subcomponent will finance the design and refinement of an ongoing training program to implement the policies and fiduciary arrangements that would ensure full operationalization of the Africa CDC as an autonomous entity, following international best practices. Financing in this subcomponent would also support the development of sound internal structures and SOPs (e.g., a robust HR management system, internal auditing, etc.). To support and sustain this transition, multi-disciplinary and team-based capacity strengthening initiatives will complement technical public health expertise with critical capabilities to work more effectively in the context of high complexity and constant change.

Sub-component 3c. Project management and coordination: The activities under this sub-component aim to ensure effective management and implementation of the project by i) improving coordination between the Africa CDC, members states, and partners to identify complementarities with other projects; ii) ensuring effective resource management, procurement, and monitoring and evaluation capacities; and iii) supporting operational costs.

Component 4: Contingent Emergency Response Component (CERC) (US\$ 0 million)

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

African has a rich variety of ecological systems, natural resources, and diverse cultural heritage. Nonetheless, there is also high rate of poverty and inequality. Africa is also facing various environmental problems that pose a major threat



to people including water pollution, air pollution, and droughts. These environmental challenges affect not only public health but also account economic and social challenges. The particularly high rates of rural poverty across the continent are indicative of the constraints of the agricultural economy and a disconnection between those that utilize and manage the environment for their livelihoods and those that accumulate wealth and benefits from it. Climate change and associated hazards such as drought exacerbate the vulnerability of the poor who depend on ecosystem services.

As indicated in section C, the activities to be financed by this project include: COVID-19 Response (Component 1); Strengthening Africa CDC's regional and sub-regional preparedness and response capacities (Component 2); and enhancing institutional capacity at central and sub-regional levels (Component 3); and Contingent Emergency Response Component (Component 4). This project is not financing activities for specific countries. All inputs would be at this point for ACDC but geographically some items purchased (i.e. software, office equipment) may go to the regional Africa CDC offices which are outside the headquarters. With the activities being TA and centered in/from Addis, one Environment and Social Commitment Plan(ESCP) , one Stakeholders Engagement Plan(SEP) and one Labor Management Procedure(LMP) will be prepared by CDC HQ .

In terms of adverse impacts, none of activities to be financed by the project will lead to conversion of habitats of any form and generate pollutants. They are not anticipated to affect cultural heritage and will not lead to displacement of people. Hence, the technical assistance activities to be supported by the project are therefore not anticipated to worsen any of the environmental and social changes that the continent is facing. Further assessment on sensitivity of the location of Africa CDC facilities shall be conducted during preparation.

D. 2. Borrower's Institutional Capacity

Considering the health challenges on the African continent and the need for an accountable Health Security Framework, the African Union Heads of State and Government approved the establishment of the Africa Centres for Disease Control and Prevention (Africa CDC) and its Regional Collaborating Centres (RCCs) through Assembly Decision /AU/Dec.554 (XXIV), during the AU Summit held in January 2015 at Addis Ababa, Ethiopia. Africa CDC is designed to work through a network of its RCCs. Africa CDC has been implementing a World Bank Financed Project since 2020 (Africa CDC Regional Investment Financing Project). Africa CDC has been implementing technical assistance activities only in the Regional Investment Project as it will be the case for this Project. Hence, no fulltime/ dedicated environmental and social experts were recruited for the Regional Project given the nature of that have been implemented by Africa CDC (unlike Ethiopia and Zambia which have dedicated EHS specialists as activities that have potential environmental and social footprint are being implemented by these countries). However, Africa CDC has been required to implement the technical assistance activities as per the requirements of the Bank through the existing technical staff. The E&S performance of Africa CDC Regional Investment Financing Project has been rated as moderately satisfactory.

Africa CDC shall implement this project's activities in compliance with the OESRC Advisory Note on Technical Assistance and the Environmental and Social Framework (May 21, 2019), which could help in addressing environmental and social risks and impacts associated with technical assistance (TA) that is supported through Investment Project Financing (IPF) in accordance with the Environmental and Social Framework (ESF). The Project implementation unit shall make sure that relevant environmental and social risk management considerations are taken into account in each of the technical activities to be financed by the Project and its period periodic report shall



include actions that will be carried out to ensure compliance with the requirements of the Environmental and Social Framework of the Bank. This requirement will be reflected in the Africa CDC’s ESCP.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The Project will have positive impacts as it will support Africa CDC’s 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 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. The environmental risk of the Project is rated as Moderate at this stage based on the initial screening of the activities to be financed. However, the risk rating may be upgraded to Substantial at Appraisal depending on the performance of the exiting project.

Social Risk Rating

Moderate

The project will have social benefits for the public by strengthen the regional system on prevention and control of COVID 19 and other public health risks . None of the components will have construction activities and lead to any land acquisition or displacement. There are project activities that need to be socially inclusive to avoid or minimize downstream impacts of social exclusion. With the TA under component 1, the project will support country planning and updating of National Vaccine Deployment Plans (NVDP). The related TA should consider social inclusion issues for instance, accessibility of vaccines supplies by vulnerable groups. Continental communication is also one of the

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subcomponents that will have social benefit. It will bridge the gap in lack of awareness regarding the behavior change required to decrease transmissions and uptake of the COVID 19 vaccine. During the design and implementation of such interventions, the accessibility and needs of different target groups including vulnerable and underserved should be considered. For activities under component 2 in addition to provision of regional laboratory networks with equipment, supplies , there is also training and recruitment of human resources in surveillance, epidemiology. It is vital to ensure that the project creates equal opportunities and avoid any nondiscrimination. For component on enhancing institutional capacity at central and sub-regional levels, there is no anticipated social risk, the project will not finance construction activities under this component. Overall, assessing the activities to be directly financed by the project, the social risk is rated moderate at this stage.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

As noted in section A, the Project will have considerable positive outcomes as it aims to respond to the threat posed by COVID-19 and strengthen systems for public health preparedness in Africa. No major direct environmental and social risks are anticipated as a result of the project activities as they mainly focus on technical assistance. The potential environment, health and safety risks may arise because of (i) procurement and provision of supplies such as reagents to regional laboratory networks; (ii) OHS risks to project workers such as consultants that may be recruited for the technical assistance activities, and (iii) potential downstream or long-term risks because of the technical assistance activities(which will be further assessed during project preparation as this may involve indirect EHS risks that may exist in any health care facilities or other facilities that Africa CDC may provide assistance to associated with the Project). These risks are anticipated to be readily manageable as long as appropriate EHS risk mitigation measures are put in place. On the social side, as noted above TAs and communication materials should consider the needs of different social groups during designs and implementation.

To manage potential environmental and social risks of the Project, Africa CDC shall prepare: 1) Environmental and Social Commitment Plan outlining its commitment to implement the Project activities in compliance with the ESF; and Stakeholder Engagement Plan. The ESCP shall include specific project exclusion criteria (to be finalized during project preparation) for example no civil works or infrastructure development are envisioned under Comp. 1 and 2 at any level of the institution. Furthermore, Africa CDC will ensure that regional laboratories which will receive supplies such as reagents will prepare a standard or base operating procedure (SOP) during preparation for minimization of occupational health and safety risks, proper management of hazardous and medical waste (including disposal), appropriate chemical and infectious substance handling and transportation, and disposal procedure, institutional/implementation arrangement for management of EHS risks. Africa CDC will share the SOPs of the laboratories to be supported with the Bank for review before appraisal and this will be reflected in the ESCP. This requirement will be reflected in the Africa CDC's Environmental and Social Commitment Plan. Similarly, key project workers' health and safety risk management commitments shall be included in the Environmental and Social Commitment Plan. The technical assistances shall also be implemented as per the OESRC Advisory Note on Technical Assistance. The ESCP shall include commitments related to how technical assistance will be implemented.



Areas where “Use of Borrower Framework” is being considered:

None

ESS10 Stakeholder Engagement and Information Disclosure

During project preparation, the Borrower will develop a Stakeholder Engagement Plan (SEP) in accordance with the provisions of ESS10, ensuring the promotion of transparency through stakeholder participation and public information disclosure. Stakeholder engagement, consultation, and communication, including grievance redress and disclosure of information, will be required throughout the project life. The SEP will be developed with specific provisions for the different project components . It will also outline the characteristics and interests of the relevant stakeholder groups and timing and methods of engagement throughout the life of the project. Grievance Redress Mechanisms (GRM) will be set up to address grievances and receive feedback from all stakeholders and beneficiaries promptly and following due process .The SEP will be developed and cleared before appraisal.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

ESS2 is relevant due to potential risks to labor and working conditions for applicable workers direct and contracted workers including the consultants who will be engaged in the technical assistance activities. Key labor requirements including OHS risk management requirements shall be included in the Africa CDC’s Labor Management Procedure (LMP) which will among others include but not limited to ; (i) Contracts of employment and terms and conditions of employment, (ii) protection of wages including fair treatment, non-discrimination and equal opportunity of project workers, (iv) occupation, health and safety issues which will be applicable to all project workers; v) OHS risks associated with use/management/disposal related to procurement and provision of supplies such as reagents to regional laboratory network; (vi) security provisions for workers involved in the distribution of innovative technologies and different agricultural inputs; and (vii) grievance mechanism for workers with accessible means to raise workplace concerns. OHS measures will be designed and implemented to address: (a) identification of potential hazards to project workers; (b) provision of preventive and protective measures, including elimination of hazardous conditions or substances; (c) training of project workers and maintenance of training records; (d) documentation and reporting of occupational accidents, diseases and incidents; (e) remedies for adverse impacts such as occupational injuries, disability and disease.

Depending on the level of risks to project workers, the ESCP may include a commitment to prepare OHS standard procedure. Alternatively, the OHS risk management procedure shall be included in the SOPs to be prepared prior to appraisal. The development of LMP will be part of the commitments to be included in the ESCP with the plan to finalize before commencement of project activities.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is relevant as Africa CDC plans to procure and provide supplies such as reagents to regional laboratory networks under Component 2. Activities to be to be financed under this Component can have environment, health and safety

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risks if the regional laboratories do not have appropriate system or protocol for handling and management of hazardous materials including final disposal of hazardous wastes (including medical wastes). To mitigate potential risks, Africa CDC will ensure that regional laboratories will have a standard operating procedure (SOP) for proper management of hazardous waste, appropriate chemical and infectious substance handling and transportation procedure, proper hazardous and medical waste disposal, institutional/implementation arrangement for management of EHS risks. The SOPs of the laboratories shall be reviewed by the Bank before appraisal.

The activities to be financed by the Project are not anticipated to have adverse risks on resources such as water, energy, and other raw materials as they focus on financing on technical assistance for most part. The project is also note anticipated to lead to emission of greenhouse gases given the nature of the activities to be financed. There may also be potential small-scale e-wastes that may be generated from the office supplies. Labs that may receive reagents shall promote efficient use of energy and water though this project is not anticipated to lead to any significant increase in demand for resources.

ESS4 Community Health and Safety

The relevance of this standard shall be assessed and confirmed at during preparation. However, at this stage, ESS4 the project activities are NOT anticipated to lead to: (i) an outbreak of disease; ii) an increase traffic and road safety incidents/accidents; iii) labor influx and SEA/SH risks; iv) construction or designing of infrastructure that may pose community health and safety risks; and v) deployment of security personnel. However, relevant aspects of this standard shall be considered in the technical assistance activities as deemed appropriate.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard does not apply for the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not relevant at this stage as the project activities are NOT anticipated to: i) cause adverse impacts on habitats of any type; ii) affect ecological services; iii) lead to degradation of biodiversity; and iv) lead to introduction of invasive exotic species. Nonetheless, TA activities shall be undertaken in compliance with ESS6 as needed.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard does not apply for the project

ESS8 Cultural Heritage

The Project does not foresee any physical interventions on the ground and hence, it is not expected to have impact on tangible or intangible cultural heritages such as objects, sites, structures, groups of structures, and natural features and landscapes that have archaeological, paleontological, historical, architectural, religious, aesthetic, or other cultural significance.



ESS9 Financial Intermediaries

Financial Intermediaries will not be involved in this project.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

none

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

The following E&S Instruments will be prepared prior to appraisal by Africa CDC:

1. Environmental and Social Commitment Plan (ESCP)
2. Stakeholder Engagement Plan (SEP)
3. Standard Operating Procedures (SOP) for the laboratories to be supported

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

The following issues will be captured in the ESCP

- 1) Organizational structure for implementation of the Project
- 2) Update the ESCP, SEPs as required.
- 3) Prepare a LMP

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS 14-Apr-2022

IV. CONTACT POINTS

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The World Bank

Africa Centres For Disease Control Support Program to Combat COVID-19 and Future Public Health Risks (P178633)

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Borrower/Client/Recipient

Borrower: Africa Centres for Disease Control and Prevention

Implementing Agency(ies)

Implementing Agency: Africa Centres for Disease Control and Prevention

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social)	Helene Monika Carlsson Rex Recommended on 10-Mar-2022 at 03:46:22 GMT-05:00
Safeguards Advisor ESSA	Peter Leonard (SAESSA) Cleared on 29-Mar-2022 at 09:05:5 GMT-04:00

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