



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/16/2022 | Report No: ESRSA02254



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Eastern and Southern Africa	Eastern and Southern Africa	P178633	
Project Name	Africa Centres For Disease Control Support Program to Combat Current and Future Public Health Threats		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/9/2022	7/18/2022
Borrower(s)	Implementing Agency(ies)		
The African Union	Africa Centres for Disease Control and Prevention		

Proposed Development Objective

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.

Financing (in USD Million)	Amount
Total Project Cost	100.00

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 three components:

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

Public Disclosure



This component seeks to provide focused support to the Africa CDC’s COVID-19 response in complementarity to other donor resources. It is important to note that 80 percent of partner resources given to Africa CDC are for COVID-19 response, and a significant portion of these resources are directed to AU Member States to support country-level 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. This component is structured into two sub-components, which will include priority continental activities:

Sub-component 1.1 Support to COVID-19 health and vaccine system strengthening efforts (Estimated Financing: US\$1 million IDA): Under this sub-component, the project will finance Africa CDC’s ongoing efforts to support AU Member States in enhancing their COVID-19 health and vaccine systems strengthening by i) providing regulatory guidance for COVID-19 vaccination that is harmonized with other global guidance; ii) providing technical assistance to AU Member States to adapt the latest guidance on COVID-19 community-testing strategies, specimen transportation, and human resources for surveillance; and iii) supporting sub-regional vaccine effectiveness and hesitancy surveys as a basis for strategic allocation of technical and financial resources at continental, regional and national levels.

Sub-component 1.2 Continental communications to improve health literacy around COVID-19 for increased vaccine uptake (Estimated Financing: US\$1 million IDA): This sub-component aims to increase the availability of quantitative and qualitative data to inform COVID-19 policy and programmatic recommendations increasing the general population’s awareness of the continued pandemic and preventive measures. Increasing demand and uptake of the COVID-19 vaccine is also of particular importance. Support will include refining and expanding effective platforms established by Africa CDC during the COVID-19 pandemic, including risk-communication platforms and the Africa CDC Rumor-Tracker. The Rumor-Tracker continuously analyzes traditional media and social media outlets and classifies their consequence risk (minor, moderate, or major) so that AU Member States can take appropriate actions. Building on the success of the Rumor Tracker, artificial intelligence driven predictive platforms will also be integrated into analysis and decision-making efforts. The utility of such technology can also be leveraged for improving demand for routine health services (e.g., routine immunization) over time.

In addition, this sub-component will support the communications and human resource support required to ensure that critical, continent-wide science and media briefings continue to take place frequently. The project will ensure that there is sustained investment in COVID-19 data platforms through the course of this emergency and that the systems evolve to support other current and future outbreaks. Finally, this sub-component will support the cross-fertilization of salient lessons learned at the sub-regional and country-level through face-to-face workshops as well as through participatory virtual platforms.

Procurement under this component will include goods and supplies needed to facilitate the technical and administrative processes of Africa CDC and support efficient functioning. This includes additional human resources, training, and capacity building activities such as workshops, conferences, and facilitation resources and platforms to support virtual capacity building experiences, technology equipment, software, and other required supplies at the HQ and RCCs. Procurement will also include contracting firms and individuals with specialized skills related to project activities. In addition, this sub-component might cover the costs of distribution of ancillary supplies for COVID-19



response staff at the sub-regional level of Africa CDC such as PPE. No civil works or infrastructure development are envisioned under this sub-component. The project will not finance vaccine acquisition or in-country deployment activities.

Component 2: Enhancing Africa CDC’s technical and programmatic functions to support 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 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 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. There are three sub-components:

Sub-component 2.1: Strengthening prevention, detection and response capacities to public health threats at continental and sub-regional levels (Estimated Financing: US\$53 million IDA): Under this sub-component, the project will focus on strengthening 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 immediate and effective response to public health emergencies. . Proposed activities include, but will not be limited to:

Prevention: The project will finance the activities required to advance Africa CDC’s flagship programs that aim to support disease prevention and control capacities at Member State levels. Activities will be complementary to other programs being funded and implemented across the continent with partners and other implementing agencies. The project will support the development, revision and operationalization of strategic plans and monitoring and evaluation (M&E) frameworks for endemic and NTDs, community health workers, AMR, IPC and NCDs. Mortality-related data management systems will be established at Africa CDC HQ level, and the project will finance the technical assistance and consulting services needed to move forward that agenda. Furthermore, the project will support additional needs required by the Africa CDC to provide AU Member States with the technical assistance needed to operationalize the newly developed or revised strategic plans. This will be conducted in collaboration with WHO and other partners and prioritize countries lacking the domestic resources required to move the activities forward. The project will also support the Africa CDC in strengthening monitoring and data management systems and establishing data access agreements. The project will facilitate the technical assistance needed for the Africa CDC to strengthen event-based surveillance at country level and to develop a continental and sub-regional mortality surveillance framework and hub. The development of knowledge-sharing and data management hubs will ensure that RCCs serve as the coordinating platforms for sub-regional health security. Further, the project will support technical assistance for AMR advocacy and behavior change technical including for engaging civil society, policy makers and media relations. The project will emphasize preventing climate sensitive and vector-borne diseases, given their high burden on the continent. The project will ensure that deliverables under this strategic area include climate adaptation measures, guidelines, and recommendations. Emergencies and endemic diseases often affect women and girls more severely and specific gender considerations will be included in the development of these programs.



Detection: The project will support surveillance and laboratory structures and platforms in the region including strategic planning, capacity building, program implementation, quality assurance, and human resources. Program areas will include laboratory accreditation and networking, RISLNET strategic planning and scale-up, event-based surveillance (EBS), AMR surveillance, data management, and subregional coordination with the Africa CDC RCCs and NPHIs. Activities may include but are not limited to i) providing Africa CDC with the tools (human resources, technology and software, etc.) to support AU Member States in enhancing their EBS capacity through trainings and improving internal analytic management; ii) assessing existing surveillance and laboratory facilities and networks and their capacity to develop and operationalize the RISLNET framework; iii) supporting the Extension for Community Healthcare Outcomes (ECHO) training and capacity building platform and enhancing coordination functions at the central and sub-regional levels; iv) providing an enabling environment for the accreditation of reference laboratories and laboratory centers of excellence (COE) through training and the procurement of goods necessary to reach ISO accreditation; v) streamlining referral processes and interoperable information systems through multisectoral coordination and trainings; vi) setting laboratory guidelines for quality assurance systems and related human resource functions; vii) strengthening the Africa CDC Institute of Pathogen Genomics through leveraging genomic sequencing technologies and scaling-up the multi-pathogen data management and sharing platform; viii) establishing data access agreements with Member States; ix) establishing guidelines and data management platforms to monitor emerging priorities such as anti-microbial resistance and climate sensitive diseases; x) providing technical assistance to Member States to improve surveillance of antimicrobial use, consumption and AMR microorganisms; xi) monitoring infectious disease surveillance data against meteorologic data to better understand the impact of climate on infectious disease. Innovative surveillance activities and approaches will be explored and supported by the project to maximize surveillance and detection capacities (e.g., African Pathogens Genomic Initiative, waste-water surveillance, artificial intelligence tools, etc.). As climate sensitive diseases make up a large proportion of infectious diseases on the continent, detection of and surveillance for climate sensitive diseases will be built into surveillance initiatives.

Maximizing prevention and detection preparedness efforts through the One Health approach. The project will support cross-sectoral coordination across human and animal health under the One Health approach to maximize continental capacity to prevent and detect potential disease threats through effective data collection, testing and analysis of priority zoonotic diseases. Activities under this approach will support the implementation of an African Union-wide AMR and One Health strategy and strengthen efforts for promoting these programs with the African Union and Member States. These will include but are not limited to i) assessing human and animal health surveillance systems; ii) supporting the development of regional guidelines for information and data management for both animal and human health (interoperable surveillance systems); and iii) ensuring One Health coordination and technical assistance mechanisms.

Respond: The objective of these activities will be to scale-up, update, or reconfigure the current platforms that have been deployed by the Africa CDC, RCCs and AU Member States to respond to health emergencies. Namely, the project will finance activities related to strengthening existing Public Health Emergency Operations Centers (PHEOCs) at Africa CDC headquarters, operational RCCs, as well as providing technical assistance and guidance to establish and strengthen PHEOCs in member states. The project will support the scale-up of the Africa Volunteers Health Corps (AVoHC) which will allow AU Member States access to a continent-wide roster of responders to deploy when a health emergency, including a climate related health emergency, is declared. This activity will support the decentralization of the recruitment process for deployers, creating health, security, and safety SOPs, and providing psychosocial support platforms for the volunteers. Technical assistance through consulting and non-consulting services, office equipment,



and human resources will also be financed under this project. Furthermore, the project will finance the necessary inputs Africa CDC required for providing Member States in the development or updating of National Action Plans for Health Security and their implementation.

Gender-responsive health services in emergencies. Incorporating awareness of gender into response plans ensures women and other gender-related minority groups are prioritized and reached in a timely way during a health emergency. Therefore, the emergency response frameworks and SOPs supported under this project will include gender as a cross-cutting priority to ensure that when health emergencies are declared: i) women and vulnerable minority groups are properly identified; ii) equal access to health services is ensured; iii) negative externalities (e.g., GBV, domestic abuse, etc.) are prevented and properly addressed; and iv) target actions to address special concerns regarding women as frontline responders in a health emergency are taken into consideration as a first order priority.

Strengthening research and health economic analytic capacity will be cross-cutting through this sub-component. Central to this agenda, the project will contribute to enhancing continental capacity to advance a research agenda for—and by—the continent. The project will also contribute to building a robust, regional and global knowledge base to inform policy and programmatic action. Key activities the project will support include a) skills and capacity mapping of research stakeholders and initiatives to identify available competencies and critical gaps ; b) ensuring that research frameworks and guidelines for undertaking research and analytic work (e.g., ethics guidelines) are Afrocentric; c) novel analytic work on priority public health topics; d) translation, interpretation and dissemination of existing and new research. Importantly, the project will contribute to establishing internship and fellowship programs to mentor early career researchers (e.g., health economists and financing experts) and integrate them into NPHIs.

Sub-component 2.2 (Estimated Financing: US\$15 million IDA): Developing and sustaining a continental public health workforce: This sub-component is crosscutting given that qualified and sufficient human resources form the backbone of the activities proposed under the other project. Expanding the public health workforce will help address urgent disease surveillance priorities, including for climate sensitive diseases as the size and scope of infectious disease on the continent is impacted by climate change. Activities under this sub-component will support the Africa CDC to i) conduct a mapping and gap analysis and use these inputs to develop a ten-year public health human resources plan outlining the needs at central and sub-regional level; ii) update the continental Workforce Development Framework; iii) increase continental capacity for preparedness by recruiting and training more human resources in public health with a focus on increasing women’s participation in flagship programs such as the Kofi Annan Fellowship Program and the African Epidemiologic Service; and iv) ensure emerging priorities are included in current training modules (e.g., Field Epidemiology Training Programs (FETP)) in addition to new priority topics such as AMR, gender in preparedness, and addressing the impact of health emergencies on gender-based violence, as well as climate sensitive diseases and shocks. This sub-component will explore collaboration with on-going regional initiatives with higher education institutions (e.g., Africa Centers of Excellence) to increase the number of tertiary and continuing-education programs in epidemiology and public health as well as ensure program curricula include a comprehensive and multisectoral vision through the One Health approach. For this subcomponent, the project will consider tech-enabled models for virtual learning including efficient two-way mass communication and training platforms that allow for more frequent touchpoints for continuous and more effective capacity building. The project will support Africa CDC serving as a hub for hosting these communications and facilitate learning to allow greater access to RCCs, AU Member States and partners.



Mainstreaming gender in public health workforce training: One of the key areas project supports is to enhance the public health workforce in the short- and medium term while setting the foundational elements for realizing a cutting-edge African Epidemiologic Service in the longer term. This is an important opportunity to embed gender dimensions into this core area of the project. In this context, a new gender curriculum will be developed and integrated into the continental training program for field epidemiologists. The World Bank will work together with the Africa CDC on developing this module based on best practices. In addition, the project will provide support to learning from implementation as the training rolls out to iteratively adapt the design. Support will also be provided to measure the impact on public health human resources. This will ultimately inform the mainstreaming of gender into capacity building as part of Africa CDC's support to Member States' public health efforts in the region through the epidemiologist training program and beyond.

Sub-component 2.3 (Estimated Financing: US\$10 million IDA): Accelerating the continent's manufacturing and R&D agenda: The objective of this sub-component is to support the Africa CDC's vision of enhancing regional manufacturing and R&D capacities. Activities under this sub-component include support to i) develop continental regulatory and safety standards by facilitating the knowledge and human resources needed in consultation with Member States; ii) establish an intellectual property enablement and transfer unit, finance start-up costs to operationalize the units, and provide the technical assistance and expertise to manage the unit; iii) strengthen coordination functions of the multisectoral manufacturing taskforce; iv) enhance countries' R&D functionalities by creating knowledge exchange hubs that will be hosted in at least one currently operational RCC; v) design and operationalize procurement mechanisms to enhance the continent's purchasing power (e.g., pooled procurement mechanisms building on the experience and lessons learned from the AVAT initiative); vi) develop a continent-wide research agenda for climate sensitive diseases and vii) develop adaptive manufacturing roadmaps to guide Member States' actions into medium-term. Efforts will also focus on exploring frameworks that support supply chain systems in demonstrating best practices for preparedness commodity delivery verification. Relevant traceability activities will also be pursued 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 activities under this sub-component will support strengthened research and development, including for climate-sensitive diseases which compose a large proportion of the continent's burden of disease.

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. The project will not finance the procurement of commodities that might require biosafety or biochemical measures for their management or hazardous waste management systems (e.g., laboratory reagents or chemicals). In addition, no civil works or infrastructure development are envisioned under this sub-component at any level of the institution.

Component 3: Strengthening Africa CDC's institutional capacity and operational structure (Estimated Financing: US\$20 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 that will be. 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 will necessitate 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. These . 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.

Sub-component 3.1: Operationalizing Africa CDC’s transition to a specialized autonomous agency. (Estimated Financing: US\$14 million IDA). The objective of this sub-component is to support the operationalization of the legal, governance, and institutional roadmap that Africa CDC is developing to transition to a specialized autonomous agency under the AU. In line with the roadmap to autonomy of the Africa CDC, the project will support: i) technical assistance for the development of required legal, governance, and operational frameworks (e.g., procurement, risk management, etc.) and development of related structures and ii) capacity building of staff as part of the operationalization of Africa CDC legal frameworks to ensure a smooth transition. Currently, Africa CDC is in early stages of setting up foundational organizational structures, including M&E systems. In this regard, project financing will support the procurement of a consultancy firm to work with the Africa CDC on a detailed and effective design of the governance and operational structure of the organization. Importantly, project resources will contribute to the development and implementation of an agenda around programmatic and administrative digitization, that will facilitate interoperability of systems and prompt use of data for decision-making. Given Africa CDC’s growing role, financing will also support the establishment of the organization’s first partnership unit that will focus on strategic resource mobilization as well as partner cultivation and relationship management. Related to this, project financing will support enhancement of contracting capacity within the Africa CDC. The operationalization of the transition provides an opportunity to integrate gender into core operational practices. In this regard, there will be technical assistance provided to integrate gender into key practices and processes, notably focused on HR with regards to hiring, retention, and promotion. For the full list of detailed activities in key areas to ensure an effective governance and operational working structure. Across these areas, priority staff will be hired to support effective implementation of programmatic activities.

Given the cross-cutting nature of health policy and communications on both the institutional and programmatic side, this project will support activities across key priority activities under this sub-component: i) building Africa CDC capacity to ensure policy coherence and synergy; ii) establishing a communication and advocacy nexus between public health and trade in the continent; iii) developing the continental treaty on pandemic preparedness and response; iv) procuring consultancy services to facilitate concept design for digital multimedia hubs at the operational RCCs; and v) providing technical support for the process of upgrading the COVID-19 Response Fund to African Epidemic Fund. Across these priority areas, the project will support the hiring of key staff positions to ensure effective implementation of programmatic activities. Development of guidelines for monitoring climate sensitive diseases will also be included as part of this sub-component.

Procurement under this sub-component will include human resources, training and capacity building activities including workshops, conferences, and virtual training experiences, technology equipment, software, and other required supplies at Africa CDC HQ and at the Africa CDC Regional Collaborating Centres (RCCs). Procurement will also



include contracting of technical assistance through firms and individuals with specialized skills related to project activities including strategy development and organizational management.

Sub-component 3.2: Project management and coordination (Estimated Financing: US\$6 million IDA): This component will primarily finance operational costs and capacity building to ensure effective coordination, management, and implementation of the project by the project implementation unit (PIU). The PIU for the proposed operation will be the same as the current Africa CDC investment (P167916). 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 in the PIU; and iii) supporting operational costs. As Africa CDC transitions to a fully autonomous institution, the vision is to have a more integrated PIU in the Africa CDC structure over the medium term that could manage additional projects in addition to the World Bank portfolio. In order to help realize this vision, core challenges around current low staffing levels at Africa CDC and the lack of more stable, longer term contracting modalities for staff will need to be addressed in the near term. The transition to an autonomous institution and the proposed operation provide a near term opportunity to lay an initial structure for a longer-term PIU development.

This subcomponent will finance technical assistance by firms and individuals, human resources, needed technological and non-technological office support and supplies and staff capacity-building activities.

D. Environmental and Social Overview

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

Africa has a rich variety of ecological systems, natural resources, and diverse cultural heritage. Nonetheless, there is also high rates 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 for 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); 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 are at this point for Africa CDC HQ (which is located in Addis Ababa, Ethiopia) but geographically some items purchased (i.e. software, office equipment) may go to the regional Africa CDC centres which are outside the headquarters. To facilitate engagement with Member States and Regional Economic Communities (RECs) Africa CDC also operates in a distributed manner through its five RCCs – Eastern RCC (Nairobi, Kenya), Southern RCC (Lusaka, Zambia), Central RCC (Libreville, Gabon), Western RCC (Abuja, Nigeria) and Northern RCC (Cairo, Egypt). However, only the Eastern, Southern, and Central RCCs are operational.



In terms of adverse impacts, none of activities to be financed by the project will lead to any major impacts to the environment and the biodiversity, however there may be potential OHS risks for consultants and project workers. Project activities 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 not anticipated to worsen any of the environmental and social challenges that the continent is facing.

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 in Addis Ababa, Ethiopia. Africa CDC is designed to work through a network of RCCs. Africa CDC has been implementing a World Bank Financed Project since 2020 (Africa CDC Regional Investment Financing Project which was prepared following the old safeguards policies). Africa CDC has been implementing technical assistance activities only in the Regional Investment Project as will be the case for this Project. Hence, no fulltime/ dedicated environmental and social experts were recruited yet for the Regional Investment Project given the negligible-risk nature of activities that have been implemented by Africa CDC so far (unlike Ethiopia and Zambia which have dedicated EHS specialists as activities that have potential environmental and social footprints 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 in the Regional Investment Financing Project has been rated as moderately satisfactory (MS) mainly due to delays in deployment of EHS staff, updating ESIA’s (Ethiopia and Zambia), and delay in E&S auditing (Ethiopia). Hence, the MS rating reflects the E&S performance of the Ethiopia and Zambia components of the existing project. As this project is not an additional financing / a supplement to the existing Africa CDC regional investment financing, it will not have any implication on the implementation arrangements of the Ethiopia or Zambia components of the exiting project.

The PAD shows that provision laboratory chemicals/reagents will not be financed by this project. In other words, the project focuses on technical assistance/ capacity development activities only which are not anticipated to have any environmental and social footprint. Similarly, the activities that have been financed at Africa CDC are also focused on capacity development and technical assistance in the existing Africa CDC regional investment financing project. Hence, there has been no dedicated EHS staff at Africa CDC given the nature activities.

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 should 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). Africa CDC will hire one E&S focal person so that the project activities will be implemented in compliance with the ESF. Africa CDC 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 periodic quarterly report shall include actions carried out to ensure compliance with the requirements of the Environmental and Social Framework of the Bank. These requirements have been reflected in the Africa CDC’s ESCP.

II. SUMMARY OF 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 major environmental risk is anticipated under 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. Technical assistance activities will be undertaken following the ESF and ESCP requirements and those of OESRC Advisory Note on Technical Assistance so that potential downstream risks will be properly managed. Furthermore, occupational health and safety risks to consultants or project workers may be present and shall be 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. Therefore, activities to be to be financed by the project can have moderate environment, health and safety risks, especially in relation to possible downstream impacts of the technical assistance. 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.

Social Risk Rating

Moderate

The project will have social benefits for the public by strengthening the regional systems on prevention and control of COVID 19 and other public health risks. None of the components will have construction activities or 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 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 groups 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 and epidemiology. It is vital to ensure that the project creates equal opportunities and avoid any discrimination. For Component 3 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 and downstream TA risks, the social risk is rated moderate at this stage.

Public Disclosure



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 because of the project activities as they focus on technical assistance. Hence, no environmental, health and safety risks are anticipated because of the technical studies and capacity building activities. On the social side, as noted above in line with requirements in the ESCP and SEP, TAs and communication materials should consider the needs of different social groups during design and implementation.

To manage potential downstream environmental and social risks of the Project, Africa CDC has prepared: 1) Environmental and Social Commitment Plan (ESCP) outlining its commitment to implement the Project activities in compliance with the ESF; and ii) Stakeholder Engagement Plan (SEP). The ESCP requires the development of training activities to technical staff on relevant ESF requirements and applicable WBG EHS Guidelines (including relevant requirements of WBG EHS Guidelines on Health Care Facilities) in relation to the operational activities of the medical laboratories. The ESCP also includes specific project exclusion criteria for example no laboratory chemicals/reagents to be used and no civil works or infrastructure development are envisioned under Comp. 1, 2 and 3 at any level of the institution, as well exclusion of activities that may lead to: (i) generation of pollutants or that cause an increased consumption of resources; (ii) adverse impacts on community health and safety; and (iii) adverse impacts on habitats or biodiversity.

In case that the Bank-financed activities of the technical assistance will involve any EHS impacts related to the operation of the medical laboratories, Terms of Reference (ToR) to prepare a Standard Operating Procedure (SOP) will be developed according to relevant ESF requirements and applicable WBG EHS Guidelines (including relevant requirements of WBG EHS Guidelines on Health Care Facilities) during implementation phase. Workers' health and safety risk management commitments have also been included in the ESCP as part of the Labor Management Procedure (LMP). The technical assistance activities to be financed by the project are Type 2 and Type 3 (Strengthening the recipient's capacity) TAs according to the OESRC Advisory Note on Technical Assistance and shall be implemented as per the requirements of the ESF. The ESCP has also included commitments related to how technical assistance activities will be implemented. Terms of references for the Type 2 TAs shall be reviewed and cleared by the Bank. Thereafter ensure that the outputs of such activities comply with the terms of reference. The project will implement continuous supervision of implementation including the ESF aspects and, when specific activities with downstream impact are identified, the project will describe the risks and develop TORs and SOPs to mitigate these risks.

ESS10 Stakeholder Engagement and Information Disclosure



During project preparation, the recipient has prepared a Stakeholder Engagement Plan (SEP) in accordance with the provisions of ESS10, ensuring the promotion of transparency through stakeholder participation and public information disclosure. Different stakeholders' engagement activities were done as part of project initial concept development, design and preparation with various stakeholders' groups. These include National Public Health Institutes (NPHIs) (direct beneficiary), African Union Member States (Indirect beneficiaries), Regional Economic communities such as Economic Community of West Africa States (ECOWAS), Partners (stakeholders) and African Union Summit February 2022 and Meeting in Zambia stakeholders. For instance, stakeholders' engagement with the NPHIs focused on key issues such as: (i) review the initial design of the project; and (ii) understand the priorities of the NPHIs in terms of their capacity building needs to inform prioritization of regional and sub-regional activities under the proposed operation.

The recommendation of that particular engagement was that 'Africa CDC should take into account regional needs to inform the design of the program' and its outcomes include: (i) the prioritization of subcomponent 2.2, in particular the financing of the Kofi Annan Program and related programming; (ii) informed prioritization of RCC activities under the project. Stakeholder engagement, consultation, and communication, including grievance redress and disclosure of information, will be required throughout the project life has been outlined in the SEP. It also outlines the characteristics and interests of the relevant stakeholder groups and timing and methods of engagement throughout the life of the project. The key stakeholders of the project include Africa CDC (institution and staff), Five Regional Collaborating Centers (RCCs) hosted in Egypt, Gabon, Kenya, Nigeria, and Zambia, Member States represented through their National Public Health Institutes (NPHIs) and Ministry of Health (MoH). The project will also ensure that the needs and voices of vulnerable people are heard through inclusive consultation and participation to ensure that they can equally participate and benefit from 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 establishment of project level Grievance Mechanism (GM) will be undertaken no later than 60 days after the project Effectiveness date, which will be maintained and strengthened throughout the project lifecycle. Application of this standard will be closely monitored and reported on through the project lifecycle.

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 include but not be 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; (iii) occupation, health and safety issues which will be applicable to all project workers; (iv) OHS risks associated with use/management/disposal related to procurement and provision of supplies such as reagents to regional laboratory



network; (v) security provisions for workers where relevant; and (vi) 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 (including fire safety requirements and provisions for proper ventilation); (c) training of project workers and maintenance of training records; (d) documentation and reporting of occupational accidents, diseases and incidents; and (e) remedies for adverse impacts such as occupational injuries, disability and disease.

Africa CDC's ESCP includes a commitment to implement the project activities in compliance with ESS2 and applicable requirements of WBG EHS guidelines for Health Care Facilities. The development of LMP is included as a commitment in the ESCP to be finalized prior to the project effectiveness date.

ESS3 Resource Efficiency and Pollution Prevention and Management

The technical studies and capacity building activities to be financed by the project are not anticipated to lead to generation of hazardous wastes or other types of pollutants and the project will not finance any laboratory supplies such as chemicals/reagents or other types of hazardous material, 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 not anticipated to lead to significant 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. However, relevant aspects of this standard should be taken into account in the technical assistance activities to be supported by the project. Any activity that may lead to generation of pollutants or that cause an increased consumption of resources will not be eligible for this project financing.

As mentioned in ESS1 section, training activities for technical staff on EHS aspects is required within the ESCP and, in case that the Bank-financed activities of the technical assistance will involve any EHS impacts, Terms of Reference (ToR) for the preparation of a Standard Operating Procedure (SOP) will be developed, according to relevant ESF requirements and applicable WBG EHS Guidelines (including relevant requirements of WBG EHS Guidelines on Health Care Facilities) during implementation phase.

ESS4 Community Health and Safety

The project activities are not anticipated to lead to: i) an outbreak of disease; ii) an increase in traffic and road safety incidents/accidents; iii) labor influx and associated 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 relevant. Furthermore, Africa CDC shall prepare, adopt, and implement measures and actions to assess and manage specific health risks and impacts to the community arising from Project activities, including but not limited to transmission of COVID-19 during consultations.



Activities that may have adverse impacts on community health and safety will not be eligible for this project financing. As mentioned in ESS1 section, training activities for technical staff on EHS aspects is required within the ESCP and, in case that the Bank-financed activities of the technical assistance will involve any EHS impacts related to the operation of the medical laboratories, Terms of Reference (ToR) for the preparation of a Standard Operating Procedure (SOP) will be developed, according to relevant ESF requirements and applicable WBG EHS Guidelines (including relevant requirements of WBG EHS Guidelines on Health Care Facilities) during implementation.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS 5 is not relevant at this stage of the project as the project activities are not anticipated to cause physical or economic displacement as construction will not be financed by the project. Nonetheless, TA activities shall be undertaken in compliance with ESS5 as needed.

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. Activities that may lead have adverse impacts on habitats or biodiversity will not be eligible for this project financing.

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

While Indigenous Peoples/ SSAHUTLC are present in several Africa CDC member states, impacts on these communities are not expected. However, the ToR and outputs for any consultancies, studies, capacity building, training and any other technical assistance activities under the Project will need to be undertaken in line with ESS7 to ensure that the needs of these groups are considered and this has been reflected in the ESCP. Requirements to engage with representatives of IP/SSAHUTLC have also been included in the SEP as relevant.

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

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

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

None

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: The African Union

Implementing Agency(ies)

Implementing Agency: Africa Centres for Disease Control and Prevention

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank

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

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VI. APPROVAL

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Practice Manager (ENR/Social)	Helene Monika Carlsson Rex Cleared on 09-Jun-2022 at 13:56:10 GMT-04:00