

Africa Centres for Disease Control and Prevention (Africa CDC)

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

Stakeholder Engagement Plan (SEP) - Africa Centres
For Disease Control Support Program to Combat
Current and Future Public Health Threats - P178633

June, 2022

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Acronyms	
ACDCP	Africa CDC Regional Investment Financing Project
AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CBOs	Community Based Organizations
CDC	Centres for Disease Control and Prevention
CERC	Contingent Emergency Response Component
CSO	Civil Society Organizations
EAPHLN	East Africa Public Health Laboratories Project
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
FBOs	Faith Based Organizations
GBV	Gender Based Violence
GR	Grievance Redress
GRM	Grievance Redress Mechanism
HQ	Head Quarter
LMP	Labour Management Procedures
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
NPHIs	National Public Health Institutes
OIP	Other Interested Parties
PAP	Project Affected Parties
PDO	Project development objective
PIU	Project Implementation Unit
PLWHA	People living with HIV/AIDS
RCCs	Regional Collaborating Centers
R&D	Research and Development

SEP	Stakeholder Engagement Plan
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
WB	World Bank
WHO	World Health Organization

CHAPTER ONE

INTRODCUTION

1. Project Background and Context

Across the globe, the COVID-19 pandemic has revealed two distinct, but not mutually exclusive realities – a picture perhaps most pronounced in Africa. The pandemic has shown a light on the existing challenges at the global, regional, national, and community levels stemming from persistent disparities—with the most vulnerable people and places incurring the greatest social and economic burden. The pandemic has also triggered much-needed political will and leadership to accelerate long overdue progress in areas such as innovative financing and service delivery mechanisms, partnerships, and technology - from digital vaccine passports to genomic surveillance. In response to the challenges presented by the pandemic over the last two years, the Africa Centres for Disease Control and Prevention (Africa CDC) has emerged as a visionary and technically sound public health institution – from a regional and global perspective – setting an ambitious pace for an innovative agenda in the years ahead.

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

These investments paid off in the early response to the COVID-19 pandemic. Just days after the first case of COVID-19 was reported in mid-February 2020, the AU and the Africa CDC convened an emergency meeting of all ministers of health to agree on a Joint Continental Strategy. The strategy provided a coordinating framework whereby AU member states would cooperate, coordinate, and communicate their efforts; with implementation supported by a taskforce established by the Africa CDC. In early March 2020, as cases of COVID-19 spread across the continent, countries took immediate and pre-emptive actions, including implementing lockdowns and other social distancing measures to reduce transmission.

The fast-changing COVID-19 landscape thrust the AU and Africa CDC into a pivotal leadership role at a time when global health governance failed to deliver equitably. The AU and Africa CDC acted out of necessity to mitigate the impact of leaving the most vulnerable populations and places in a cycle of deprivation and recovery. Together, they acted innovatively and adaptively to ensure continental resilience in the face of significant, systemic disruption. This response fundamentally redefined the continent’s role as a leader across many dimensions of public health. Working collaboratively with other regional and global actors, Africa CDC developed a cutting-edge and consequential agenda around vaccine acquisition and deployment to support member states and spearheaded unprecedented initiatives on areas such as manufacturing. Through these exemplary actions, the continent has shown what is possible with regional cooperation, and the importance of a

strong health-focused regional integration agenda while highlighting the importance of the AU in terms of its mandate and coordination capabilities.

Africa CDC has also seized the momentum to put forth a vision through the New Public Health Order for Africa and guide transformative investments for the continent's medium- to longer-term health security. There are five core areas: 1) *strong regional institutions* to guide priorities, coordinate policies and programs, and drive standard-setting and disease surveillance; 2) *local production of vaccines*, therapeutics, and diagnostics to drive down procurement costs and increase response speed; 3) *investment in the public health workforce* and leadership programs; 4) *strong, high-level partnerships*, including between donors and governments and the public and private sectors and with public health institutions; and 5) a *greater role for regional organizations in pandemic governance*, by decentralizing institutions, and, through regional representatives in key agencies, ensure that the specificities and needs of each sub-region are considered in the planning of central mechanisms such as surveillance systems.

In recognizing the leadership and importance of the Africa CDC in safeguarding the health of the continent, member states agreed that it will become an autonomous specialized agency of the AU. This is a landmark step taken during the 35th African Union Summit in February 2022, as the continent continues to address the current pandemic while intensifying its focus on the ambitious agenda into the longer term.

In this context, the proposed operation is critically timed and a high value-add for Africa CDC in terms of a transformative investment that is poised to exceed the monetary value of the financing. This project will enable the Africa CDC to maximize its impact as a leading global public health institution today and into the future. The operation will support Africa CDC in intensifying its efforts to strengthen institutional framework to support countries in enhancing core preparedness and emergency response capacities. It will set the foundation to lead on frontier multi-sectoral public health issues including the One Health approach, anti-microbial resistance (AMR), and other areas.

2. PROPOSED PDO/RESULTS

A. Proposed Project Development Objective(s)

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

B. Key Results

- The proposed PDO will contribute towards:*** (i) catalysing the ongoing continental-led efforts to respond to the COVID-19 pandemic, including accelerating the health and vaccine system strengthening; (ii) strengthening continental and sub-regional capacities and public health assets to effectively prevent, detect, and response to health emergencies, in compliance with international standards; (iii) facilitating an enabling environment to enhance regional manufacturing and R&D capacities; and (iv) reinforcing the institutional coordination of the Africa CDC's sub-regional

structure and supporting the institution in the roadmap of becoming its own specialized health agency.

2. ***The proposed PDO indicators are:***

1. Number of reports using meta-analysis of hesitancy surveys to COVID-19 vaccination that include actionable policy recommendations for developing communication campaigns at the country level
2. Number of regional laboratories that receive and/or maintain accreditation under WHO AFRO standards.
3. Number of people that have been trained in basic, intermediate, and advanced epidemiologic surveillance.
4. Number of sub-regional rapid response “SWAT” teams set up, equipped, and operational.
5. Continental morbidity and mortality monitoring and data sharing system created and operational.
6. Operational fiduciary and governance framework of Africa CDC as an autonomous agency of the African Union.¹

Project Description

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).

Component 1: COVID-19 Response (US\$3 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 of health and vaccine system strengthening. This component will provide immediate and near-term tools for the Africa CDC to support and 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: namely, *Sub-component 1a*. Enhancing regional COVID-19 detection and response capacities, *Sub-component 1b*. Support to the COVID-19 health and vaccine system strengthening efforts and *Sub-component 1c*. Continental communications.

Component 2: Enhancing Africa CDC’s technical and programmatic functions to support Member States’ preparedness capacities (US\$37 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 IHR and the Global Health Security Agenda. In this context, 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 incorporating *Sub-component 2a*: Strengthening surveillance, laboratory networks,

¹ Defined as meeting sound international practices.

and response capacities, *Sub-component 2b*: Human resources development and *Sub-component 2c*: Fostering an environment that enables regional R&D and manufacturing capacities

Component 3: Strengthening Africa CDC’s institutional capacity and operational structure (*Estimated Financing: US\$12 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 namely; *Sub-component 3a*. Improving the sub-regional, distributed capacities of Africa CDC, *Sub-component 3b*. Support to transition to specialized autonomous agency and *Sub-component 3c*. Project management and coordination:

Component 4: Contingent Emergency Response Component (CERC) (US\$ 0 million): Following a continental eligible crisis or emergency, the Africa CDC may request the Bank to re-allocate project funds to support emergency response. This component would draw from the uncommitted grant resources under the project from other project components to cover emergency response.

3. The Stakeholder Engagement Plan (SEP)

Under World Bank’s ESS10 on Stakeholder Engagement and Information Disclosure, borrowers must engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design and implementation. The nature, scope and frequency of the stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.

It is essential that borrowers engage in meaningful consultations with all stakeholders. This includes providing stakeholders with timely, relevant, understandable and accessible information, and consulting with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

Implementation of the proposed program necessitates the direct participation and contribution of all the stakeholders concerned given the geographical scope, nature and impact of activities to be carried out. This SEP has been prepared to guide and ensure proper coordination and management of all the stakeholder interests. The SEP is a “living document” and will be continuously updated to align with project needs as more information about the stakeholders and their needs become available.

The purpose of the SEP is to provide a guide on how stakeholders will be involved, what activities will require their direct input or participation and the level of involvement in these activities through the various stages of the Project’s life cycle. This SEP will be applied to activities being implemented by Africa CDC.

The *objectives* of this SEP are:

- To identify project stakeholders, their priorities, and concerns;
- Identify strategies for information sharing and communication to stakeholders as well as consultation of stakeholders in ways that are meaningful and accessible throughout the project cycle;
- To specify procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback;
- To establish an effective, transparent, and responsive grievance mechanism for the project; and
- To develop a strategy for stakeholder participation in the monitoring of project impacts and reporting or sharing of results among the different stakeholder groups.

4. Brief Summary of Previous Stakeholder Engagement Activities

The proposed project builds as well on past projects implemented by the Africa CDC. For instance, the Africa CDC Regional Investment Financing Project (ACDCP) (P167916) built on the successful implementation of the East Africa Public Health Laboratories Project (EAPHLN) over the past eight years, which provided a detailed review of recurrent costs for laboratories, staff, and operations and maintenance. Similarly, the proposed project builds on those achievements and benefits from their experiences, which encouraged both Africa CDC and the WB to initiate this project (Extracted from the ACDCP PAD, 2019). The project Concept Note (Parag. 19) states: *“The proposed operation will complement and expand the scope of key activities underway through the WB’s ongoing operation, Africa CDC Regional Investment Financing Project (P167916)”*². Nevertheless, several 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), ECOWAS and WAHO (stakeholders), Partners (stakeholders) and African Union Summit February 2022 and Meeting in Zambia (PTSC) 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 the FETP and the AES programming; (ii) informed prioritization of RCC activities under the project. For detailed information on SE activities that have taken place so far, see Annex, **Table: Summary of Stakeholder Engagement Activities**.

5. Program Location and Implementing Agency

This project will be implemented *by the Africa CDC as key implementing agency, both at central and subregional levels* through its Regional Collaborating Centres (RCCs). Africa CDC’s headquarters (Central level) is based in Addis Ababa. To facilitate engagement with Member States

² Africa Union, Ethiopia and Zambia - Africa Centres for Disease Control and Prevention Regional Investment Financing Project (English). Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/550521576292519493/Africa-Union-Ethiopia-and-Zambia-Africa-Centres-for-Disease-Control-and-Prevention-Regional-Investment-Financing-Project>

and Regional Economic Communities (RECs) the institution 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.

As with the current Africa CDC operation, the Director of the Africa CDC will be responsible for the execution and management of activities supported under those project subcomponents. The AU Service Division’s Directorate of Finance and Accounting will be responsible for the overall fiduciary management of project funds, including payment authorizations and internal control mechanisms, and will provide quarterly financial reports to the Africa CDC. The Project Implementation Unit (PIU) based at the Africa CDC will be responsible for the day-to-day management of these project subcomponents including Environment and Social management, as well as the preparation of annual operational, procurement, financial plans, the drafting of contract documents, and the preparation of consolidated implementation reports.

The current PIU is composed of the Project Coordinator, Financial Management Specialist, M&E Specialist and Procurement Specialist. Overall Coordination of the Project shall be by the Africa CDC. The Africa CDC will hire an E&S specialist to support management of ESHS risks and impacts of the Project. . At the moment, the current project coordinator is coordinating the efforts to have in place all the needed environmental and social safeguards with support from external consultancy services. However, it is intended that Africa CDC will have an in-house expertise in this area as part of internal Africa CDC capacity building. The Africa CDC will hire additional consultants (technical and professionals) for the existing PIU, as needed to implement the project scope and objectives. The PIU will also follow up with the AU Service Division on payments and other operational transactions.

6. Regulation and Requirements

Stakeholder engagement is an inclusive process conducted throughout the project life cycle to support the development of strong, constructive, and responsive relationships that are important for successful management of a project’s environmental and social risks. The World Bank’s Environmental and Social Framework (ESF) includes Environmental and Social Standard (ESS) 10, “Stakeholder Engagement and Information Disclosure”, which recognizes “the importance of open and transparent engagement with the project stakeholders as an essential element of good international practice”. The ESS10 also provides that effective stakeholder engagement can significantly improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

The application of these standards, by focusing on the identification and management of environmental and social risks, will support Borrowers in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens. The standards will: (a) support Borrowers in achieving good international practice relating to environmental and social sustainability; (b) assist Borrowers in fulfilling their national and international environmental and social obligations; (c) enhance non-discrimination, transparency, participation, accountability and

governance; and (d) enhance the sustainable development outcomes of projects through ongoing stakeholder engagement.

Stakeholder engagement is also provided for in the various national legislations including the constitutions and legislations on environmental and social impact assessments and audits. The instruments advocate in unison for meaningful involvement of project stakeholders in decisions that affect them, participatory planning and transparent grievance management mechanisms.

CHAPTER TWO

Stakeholder Identification and Analysis

The project stakeholders are the individuals, institutions or groups (parties) directly or indirectly affected by the project (Project Affected Parties (PAP) or have an interest in the project (other interested parties (OIP)). Analysis of stakeholders, therefore, encompasses identification of the stakeholder groups that are likely to influence or be affected by the proposed project components either positively or negatively and organizing them according to the potential impact the activities will have on them.

For the **Africa CDC**, classification of stakeholders is based on: a) their roles and responsibilities in the project; b) the influence/interest in the project; c) whether they are direct or indirect beneficiaries; d) whether they are vulnerable groups; and e) Regional Collaborating Centres (RCCs).

Key stakeholder groups include:

a) *Project Affected Parties:*

Directly affected:

- i). Africa CDC (institution and staff as the project largely focuses on capacity building);
- ii). Five Regional Collaborating Centers (RCCs) hosted in Egypt³, Gabon, Kenya, Nigeria, and Zambia;
- iii). Member States represented through their National Public Health Institutes (NPHIs) and Ministry of Health (MoH); and

Indirectly affected

- i). General public (through improved health)
- ii). Health professionals (capacity built)
- iii). Other Government agencies and development partners collaborating on the project e.g., on environmental and financial matters.

b) *Other Interested Parties:* stakeholder groups who may have a possibility to be involved in the decision making related to the project or may have an interest in the project. These group of stakeholders includes Health Sector Organizations and health research institutions, civil society organizations (CSOs), non-governmental organizations (NGOs) and community-based organizations (CBO), faith-based organization (FBOs), academia, public and private sector, and the media. Project supporters and donors are also project interested parties.

Different stakeholder groups have different interests and influence on the project and these different levels of interest and influences will inform the form of engagement to be undertaken throughout the project cycle. However, since most of the activities are not completely defined as yet and will evolve over the next five years, it is proposed that the interested parties be involved when the project proceeds with implementation as their input becomes important then. In addition, Africa CDC is developing

³ Not yet operational.

several strategies through this project - and the process will be highly consultative with all interested parties groups, MoH, other ministries, etc.

- c) ***Disadvantaged/Vulnerable Groups:*** refers to those who may be more likely to be adversely affected by the Project or are less able to, understand the project impacts or aware of project benefits. These groups are more likely to be excluded from the consultation process. Poor project design may also cause harm. Various types of barriers may influence the capacity of such groups to participate and articulate their concerns and priorities in relation to the project impacts.

Vulnerable groups include women, girls, non-literate people, people with disabilities, elderly, migrants, people living with HIV/AIDS (PLWHA/AIDS) and chronic health challenges, low-income youth and rural population. Communities living in low land regions of the continent have limited access to infrastructure and livelihood based on seasonal movement have less opportunities for education, especially for girls while low literacy levels, multi-cultural and linguistic backgrounds and factors may limit access to information and services.

Overall stakeholder groups at different stages of the project, that is at the preparation, implementation and closing stage are presented in **Table 1**. However, considering that stakeholders are likely to change in the course of the project, the stakeholder list will be revised and updated continuously to include new stakeholders with access to additional information.

Table 1: Summary of Project Stakeholder Needs

Stakeholder	Stakeholder group (PAP, OIP, Vulnerable, etc)	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs of the stakeholder (e.g., accessibility, large print, child care, daytime meetings)
Africa CDC	Staff (Africa CDC HQ and RCCs)	Limited resources for capacity building	Official AU languages	Written information - email, phone, letter	Technical knowhow, accessibility, & availability
NPHIs and MoH	A variety of health professionals	Limited resources for capacity building	Official AU languages	Meetings, formal letter, email, phone	Technical knowhow, accessibility, & availability
Government agencies and development partners collaborating on the project e.g., on environmental, social, inclusion, and financial matters	Government	Supporting the project within their mandate	Official AU languages	Official AU languages	Regular and timely reporting
Vulnerable groups	Those who may be more likely to be adversely affected by project impacts and/or more limited than others to access benefits	Low awareness Limited access	Official AU languages	Meetings, local media, local community leaders, marketplaces, local government, CSOs, NGOs, CBOs and FBOs	Daytime meetings, local languages, accessibility, and affordability. Gender and culturally appropriate consultations.
Civil societies and organisations	CSOs, NGOs, CBOs and FBOs	Advocacy and holding governments to account	Official AU languages	Meetings, formal letter, print media	Accessibility, timing, participation by stakeholders.
General Public and media	Media and general Public	Information on COVID-19	Official AU languages	Print, local and digital media	Local languages, timely simple and clear messages

CHAPTER THREE

Stakeholder Engagement Plan

3.1. Purpose and timing of stakeholder engagement program

The main goal of the stakeholder engagement plan is to ensure that project stakeholders are consulted, and their concerns and issues are considered in project design, implementation and monitoring and evaluation. SEP is used to formulate schedules, strategies and general plan that can be used to effectively engage stakeholders and ensure there is participation from the beginning to the end of the project. All this helps in the realization of stakeholder needs and expectations for effective implementation of project components. The stakeholder consultation for the project aims to create awareness and increase understanding, improve project decision making, mobilize support and forge collaboration and clarify roles and responsibilities. Stakeholder consultations will serve as a platform for the dissemination of project information and receive feedback. Stakeholder engagement that started at the project design stage will continue throughout the project cycle and will be updated on regular basis to promptly include new developments and issues that may arise. The sequencing of the project components makes it possible for stakeholders to provide input into assessments, studies and decision-making processes. The SEP also outlines how consultations are to be carried out and the scope of work to be achieved. This may include the techniques to be used in the engagement of stakeholders to reduce stakeholders' resistance and enhance ownership.

Table 2: ESS 10: Stakeholder Engagement and Information Disclosure

Material Measures and Actions	Time Frame	Responsible Entity/Responsibility
<p><i>STAKEHOLDER ENGAGEMENT PLAN PREPARATION & IMPLEMENTATION:</i></p> <p>The Africa CDC has prepared a Stakeholder Engagement Plan (SEP) as part of Project appraisal consistent with ESS10, and, and shall implement it in a manner acceptable to the Association. The SEP shall be updated as required throughout Project implementation.</p>	<p>SEP prepared and disclosed prior to appraisal</p> <p>Throughout project implementation</p>	<p>Project Implementation Unit in the Africa CDC.</p>
<p><i>PROJECT GRIEVANCE MECHANISM:</i></p> <p>The Africa CDC shall operationalize the grievance redress mechanism to receive and facilitate timely resolution of Project concerns from stakeholders as provided in the SEP.</p>	<p>GRM shall be operationalized no later than 60 days after Project effectiveness and implemented throughout Project implementation.</p>	<p>Project Implementation Unit in the Africa CDC.</p>

3.2. Proposed strategy for information disclosure

The project strategies for information disclosure will be tailored to the different stakeholders at all levels of the implementing institutions and partners. Appropriate formats and methods of disclosure and information sharing will be used. A central/national depository of all disclosed information will be maintained with the project implementing agency website. Information on the different project components will be disclosed on the websites of the respective project implanting partners. Other means of communication including print media, radio, television, public events, brochures, fliers, social media will be used.

Project Launch: The project implementing agency (**Africa CDC**) and implementing partners will organize a project launch workshop at Africa CDC/central, sub-regional and national levels, the purpose of which is to clarify the roles and responsibilities, implementation arrangements, project time frame and sequencing, and the prioritization of activities. The workshops will be accompanied by disclosure of key project documents and other relevant strategies and regulations. Input will be solicited on strategies for lower-level consultations, stakeholder implementation schedules and grievance mechanisms. The NPHI will organize the national workshops in collaboration with respective bureaus of implementing partners and participants will be from stakeholder institutions (e.g., MoH), local administration, civil society, NGOs, CBOs, FBOs and local communities.

Project Implementation: Periodic review of project implementation (bi-annual) will be conducted at the PIU (Africa CDC) and national levels. Implementing agencies and partners share information on the overall project progress with stakeholders, lay out the plans for a subsequent period and receive feedback and recommendations.

Stakeholder engagement activities should be tailored to the different components and implementation stages. Consultation for specific project activities and with specific stakeholders will be conducted to solicit input for project implementation, for instance selection of institutions for implementation of specific project activities, capacity building training at various levels and soliciting feedback on studies and assessments to be conducted as part of project implementation.

Project Evaluation: Project stakeholders will be engaged in both baseline data collection, midterm and end line project evaluation activities based on the results framework for the project.

Project closing: Stakeholder consultation on project closure and post closure concerns are also considered at the end of the project to inform project achievements, share lessons learnt and make recommendations for possible future engagements.

Table 3: Proposed Strategy for Information Disclosure

Project Stage	List of information to be disclosed	Method Used	Time/ When?	Target Stakeholder	Responsibilities
Project preparation	Project activities, Implementation time frame, Labour Management Procedure, GRM and other relevant procedures	Focus group discussion, virtual meetings, Workshops	Project design	Implementing partners PAPS, OIP, Vulnerable and disadvantaged people	Africa CDC/NPHI
	Stakeholder Engagement Plan (SEP)	Focus group discussion, virtual meetings, Workshops	Project design	Representatives of implementing institutions and other interested parties	Africa CDC in directly developing the SEP, and stakeholders providing their input
Project Launch	Project activities, Implementation time frame, Labour Management Procedures, Grievance redress mechanism and other relevant procedures	Workshop, media	Project Launch	Implementing partners, other interested parties	Africa CDC
	Stakeholder Engagement Plan (SEP)	Workshop, media	Project Launch	Implementing partners, other interested parties	Africa CDC/NPHI/MoH
Implementation	Grievance Mechanisms, Project activities status	Community meetings, focus group discussion	Bi-annually (every six months)	All stakeholders/representatives	Africa CDC/NPHI/MoH
	Stakeholder Engagement Plan (SEP)	Community meetings, focus group discussion, virtual meetings, Workshops	Continuous	Representatives of implementing institutions and other interested parties	Africa CDC/NPHI/MoH
Project Closing	Achievements, lessons learnt, future plans	Workshops	End of project	All stakeholders/representatives	Africa CDC

3.3. Proposed Strategy for Consultation

As discussed above, a variety of methods will be used to disclose information to project stakeholders. Disclosed information will allow stakeholders to understand the risks and impacts of the project, and potential opportunities. They will also provide stakeholders with access to information: (a) the purpose, nature and scale of the project; (b) the duration of proposed project activities; (c) potential risks and impacts of the project on local communities, and the proposals for mitigating these; (d) the proposed stakeholder engagement process highlighting the ways in which stakeholders can participate; (e) time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and (f) the process and means by which grievances can be raised and will be addressed.

The information will be disclosed in a variety of ways including on relevant Africa CDC, Regional agencies such as RCC, NPHI, pertinent national ministry websites (ministries that will be implementing the project), and local offices, in a manner that is accessible and culturally appropriate, taking into account any specific needs of groups that may be differentially or disproportionately affected by the project or groups of the population with specific information needs (such as, disability, literacy, gender, mobility, differences in language or accessibility).

Considering the geographic scale of the project implementation area, i.e., Africa-wide, the following methods will also be considered for future consultations:

- Make a short video (that can be transmitted by WhatsApp). The video should present the objectives of the project and the main risks and benefits.
- Share the link from where the documents are available on the Client website.
- Distribute a feedback form on participants' opinions on the main risks and benefits - from the perspective of the stakeholders.
- Conduct feedback collection directly over the phone - especially for people who do not have Internet access.
- Prepare the summary of the comments received and actions taken to address the comments.

Moreover, methods used may vary according to target audience, for example:

- Interviews with stakeholders and relevant organization;
- Surveys, polls, and questionnaires;
- Public meetings, workshops, and/or focus groups on specific topics;
- Participatory methods; and
- Other traditional mechanisms for consultation and decision making.

The table below summarizes the strategy for consultation at the different stages of the project.

Table 4: Proposed Strategy for Consultation

Project Stage	Topics for Consultation	Methods of Consultation	Time Frame	Target Stakeholder	Responsibilities
Project preparation	Project activities, Implementation time frame, GRM	Focus group discussions, virtual meetings, & Workshops.	One-off activity as part of project preparation	Implementing partners PAPS, OIP Vulnerable and disadvantaged people Communication expert, media experts and information users	Africa CDC/NPHI
	Stakeholder Engagement Plan (SEP)	Focus group discussions, virtual meetings, & workshops.	Continuous	Representatives of implementing institutions and other interested parties	Community meeting Focus group discussion virtual meetings, Workshops
Project Launch	Project activities, Implementation time frame, GRM	Workshops, media	One-off activity as part of project launch activity	Implementing partners, other interested parties	Africa CDC
	Stakeholder Engagement Plan (SEP)	Workshop, media	One-off activity as part of project launch activity	Implementing partners, other interested parties	Africa CDC/NPHI/MoH
Implementation	Project activities GRM,	Community meetings and focus group discussions	Bi-annually (every six months)	All stakeholders/ representatives	Africa CDC/NPHI/MoH

	GBV prevention and complaint mechanism				
	Stakeholder Engagement Plan (SEP)	Community meetings, focus group discussions, virtual meetings, & Workshops.	Continuous	Representatives of implementing institutions and Other interested parties	Africa CDC/NPHI/MoH
Project Closing	Achievements, lessons learnt, and future plans	Workshops	One-off activity as part of project closing activity	All stakeholders/representatives	Africa CDC

3.4. Proposed strategy to incorporate the view of vulnerable groups

Incorporating the views of disadvantaged and vulnerable groups at various stages in project implementation should be done using appropriate communication methods. Information on consultation should be provided in advance and appropriate venues and times (taking into account mobility calendars) should be selected in consultation with local community leaders who have local knowledge. The use of local language and translation is critical. Focus group discussions, interviews and other participatory methods should be used. Meeting places should consider mobility and other physical constraints for participants and person to person interviews at convenient locations should be considered. Local institutions including schools, NGOs, community-based and faith-based organizations and community leaders should be approached to facilitate consultations.

Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders. Special arrangements should be made for child-care, transportation, interpretation as needed. Demonstrations and visual aids should be used where necessary and separate meetings could be held with women and girls depending on local norms.

Community consultations should be well documented and kept for reference. Where consultations are done through local administrations, basic guidelines and reporting formats should be provided by implementing agencies. Where possible, community facilitators from local NGOs could be called to assist the consultation process.

Regular Africa CDC project implementation reviews and discussion with member states which will be conducted through the NPHIs coordinated by RCCs, will also serve as a channel to incorporating views of disadvantaged and vulnerable groups at various stages in project implementation. These forums create an opportunity for NPHIs to bring country and context specific views of vulnerable and disadvantage groups to be discussed at higher project implementation level and provide feedback to address the needs.

3.5. Review of comments

Upon disclosure of project information, a provision will be made for websites of implementing agencies where dedicated space in their portal will be provided for the general public and concerned stakeholders to submit their comments, observations and questions regarding the projects and various studies, assessments, proposals and draft regulations.

For information disclosed through meetings, instant feedback will be collected through designated rapporteurs who will be available during the meetings. Participating stakeholders shall also be given the freedom to take their own minutes of the proceedings and share a copy with the rapporteurs.

The project will conduct a survey at least bi-annually and receive feedback on various aspects of the project from the targeted project stakeholders, vulnerable and disadvantaged groups and the general public and integrate the result into the project annual planning and review cycle. The results of the surveys will be disclosed through the websites of implementing agencies.

CHAPTER FOUR

RESOURCE IMPLEMENTATION ARRANGEMENTS OF THE SEP

4.1 Human and Budgetary Resources

The Project Implementation Unit will oversee managing and implementing the Stakeholder Engagement Plan. The project will facilitate the team to effectively perform and deliver. Adequate resources will be provided to facilitate the required stakeholder engagement and implement the GRM. Both human and material resources will be required to implement the plan at all levels.

4.2. Human Resources

The Africa CDC will be responsible for observation and monitoring of all project components that will be undertaken by project implementing institutions; and will report results of this monitoring to the World Bank. As briefly discussed above (Chapter 1 sec.5), overall Coordination of the Project shall be by the Africa CDC. The Africa CDC will hire an E&S specialist to support management of ESHS risks and impacts of the Project including overseeing and coordinating SEP/GRM implementation..

4.3. Budgetary Resources

Sub-component 3c. Project management and coordination⁴ will be the source of the required budget for the activities related to SEP, including grievance management. It reads “*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.*” Regarding budgetary information, Africa CDC will factor in a budget to support SEP/GRM implementation in the lifetime of the project.

⁴ As one of the three sub-components of **Component 3: Enhancing institutional capacity at central and sub-regional levels** (US\$10 million IDA) will adequately finance the SEP.

CHAPTER FIVE

Grievance Redress Mechanism (GRM)

5.1. Objective of the GRM

The objective of this GRM is to address and resolve any project related issues and concerns promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all project-affected parties and interested parties, at no cost and without retribution. The GRM, process, or procedure does not prevent access to judicial or administrative remedies.

Grievances may take the form of specific complaints about actual damages or injury, general concerns about project activities, incidents and impacts, or perceived impacts. The project provides a grievance redress mechanism that would provide opportunity for all stakeholders to report and seek redress for project related complaints. Grievances that relate to project workers will be handled by a separate mechanism which is included as part of the project's LMP. The establishment of project level Grievance Redress (GR) will integrate with existing GR structures in the respective communities and the implementing agencies and maintained and strengthened throughout the project lifecycle. Application of the standard will be closely monitored and reported throughout the project life cycle.

Specifically, the objectives of the GRM are as follows:

- Ensure that the World Bank Environmental and Social Standards are adhered to in all subprojects and activities;
- Address any negative environmental and social impacts of all sub-projects and activities;
- Resolve all grievances emanating from the project activities in a timely manner;
- Establish relationships of trust between project staff and stakeholders;
- Create transparency among stakeholders including affected persons through an established communication system;
- Bolster the relationship trust amongst the project staff and the affected parties.

Grievances arising with the implementation of the project could typically include access and quality of services, issues about targeting for services and availability of facilities and resources. Since the project involves no civil works, complaints related to resettlement are unlikely to arise.

5.2. Structure of the GRM

The implementing agency of the project is the African CDC (AUC) with its Head Quarters (HQ) in Addis Ababa, Ethiopia and will house the Project Implementation Unit (PIU), comprising a Project Coordinator, Procurement Specialist, Financial Management Specialist and Environment and Social Specialist. The PIU will have overall responsibility for the day-to-day implementation of the of the project, including management of the GRM.

5.3. Procedure for the GRM

Information about the GRM will be publicized as part of the initial programme consultations and disclosure in all the participating agencies. Brochures will be distributed during meetings, training, workshops. Information about the GRM will also be posted online at the Africa CDC website and NPHI/MoH of member states in which the project will be implemented. The overall grievance resolution framework will include five steps described below.

Step 1: Receipt of complaint

- A verbal or written complaint from any individual or group will be received by the project coordinator, and complaint will be recorded and kept.
- Grievances may be lodged through a variety of different means, including direct reporting in person, by phone calls, by mail or on the web, WhatsApp, etc.
- All grievances will be recorded on a standard Grievance Form which will include the date recorded, the name of the complainant and the name of the person that received the grievance and details of the grievance.
- All complainants will be required to complete (or assisted to complete) a grievance form and grievances will be logged in a grievance log file.
- The Grievances would also be lodged at any time directly to the office of the project coordinator.

The process for lodging a complaint:

- Project coordinator receives complaint(s) and records it in log sheet.
- Project coordinator reviews the recorded complaint.

All incoming inquiries and grievances will be reflected in a dedicated grievance register and assigned an individual reference number. The grievance register will also be used to track the status of an inquiry/grievance, analyse the frequency of complaints arising, their distribution, typical sources and causes of complaints, as well as to identify prevailing topics and any recurrent trends.

Step 2: Determination of corrective action

- A grievance can be solved at this stage. The project coordinator will determine corrective action in consultation with the person who lodged the grievance. Remedial action(s) and timeframe within which decision must be made, and the party responsible for implementing them must be recorded in the complaint log.
- Grievances will be resolved, and status reported back to the person or entity that lodged the complaint **within a week**, depending on the priority and severity of the issue. If more time is required, this will be communicated clearly and in advance to the affected entity or individual. For cases that are not resolved within the time stipulated, detailed investigations will need to be undertaken and results would be notified within **one month** from lodging a grievance. Once a complaint has been investigated, a letter will

be sent to the complainant, explaining the outcome of the investigation and the proposed course of action to resolve the grievance.

- The grievance beyond the capacity of the project coordinator, or if the project coordinator himself/herself is the reason of the complaint, the case will be communicated to a higher level; in this case the Office of Strategic Planning and Partnerships Management at the African Union will be responsible to investigate the case and provide final decision and feedback.

Step 3: Grievance Examination and Propose Response.

- In addition to the immediate written or verbal submission of the grievances, further private discussion with complainant will be made personally or over the telephone (audio/video) to have clear understanding and get proper sense of the issue. The proposed corrective action and the timeframe in which it is to be implemented would also be discussed to proceed with the corrective action required to explain the results of the investigation and the proposed course of action.

Step 4: Grievance Closure

- If the complainant is satisfied that the complaint has been resolved, he/she will be required to sign a statement confirming that the complaint has been resolved. If the complaint has not been resolved by mutual agreement, a re-assessment may be undertaken if new information becomes available in support of the claim/complaint.
- If the complainant is still not satisfied with the resolution, the grievance will then go into mediation. If applicable, the grievance committee will monitor the implementation of the resolution and the claimant's satisfaction with this implementation. Resolution and sign-off on the grievance captured will be noted in the grievance issues database. All grievances, regardless of their status, will be kept since it will provide proof in case of litigation.

Step 5: Appeal

- Unresolved grievances will be investigated by a grievance committee formed at the Africa CDC/AUC Grievance Redress Panel. This panel will only meet to resolve problems that cannot be resolved during steps one to four.

5.3.1 The GRM on Addressing GBV

The established GRM will also receive GBV/sexual exploitation, abuse, and harassment (GBV/SEA/SH) related complaints of the project, communicate through referral systems as necessary with stakeholders and authorities who are working on the cases and work on provision of response and follow up on the outcome. Special attention will be given to SEA/SH grievances (marked as confidential) to ensure confidentiality and the survivor will be given the options to seek legal redress, health care or psycho-social support as per their preference.

Africa CDC/AUC will develop and implement GRM guideline with detail information about the procedure, timing, referral system. The guideline will establish a clear and safe SEA/SH reporting protocol and referral system that facilitates safe access & referrals, handles data confidentially and defines accountability mechanism to handle SEA/SH allegations properly. Africa CDC/AUC will use a simple, anonymous, and confidential tracking system that GRM can use to document when they observe/support and refer GBV incidents.

5.1.5 Monitoring of GRM

Effectiveness of the GRM should be monitored on regular basis. This is important because it helps find solutions to challenges as they arise and dealing with them promptly. Some of the measures put in place for this include a quarterly report on the number of grievances received, those resolved and the ones outstanding to ensure there is a continuous flow of the project. This will be undertaken and reported to PIUs. As part of stakeholder engagement and consultation, involving the views of the stakeholders for whom the Grievance Mechanism is designed will be part of PIU Monitoring.

CHAPTER SIX

MONITORING AND REPORTING

Inclusive and participatory monitoring and evaluation is also necessary to minimize misconceptions and misunderstandings about the programme and maintain a positive perception about the programme and projects.

Stakeholder Engagement monitoring will entail collecting data, assessing the level of engagement and using insights from the data collection to adjust strategies and tactics for engaging effectively with stakeholders. This will be responsibility of PIU at the secretariate in collaboration with NSOs in the partner states.

Monitoring will verify:

- i). The socio-economic and environmental impacts of the programme, if any; and
- ii). compliance and effectiveness of the SEP and the ESCP and application of the recommended standards including stakeholder engagement and implementation of the grievances/complaint's mechanism.

Annual reviews of the project and the implementation of the environment and social safeguards will be conducted at the end of each year. The compliance assessment and performance review reports will be produced by the PIU and will be used as a monitoring and review tool to track effectiveness. In the review process, the PIU and partner states will play the lead role in coordinating the process with key stakeholders.

6.1 Monitoring

The programme will establish and maintain a database and activity file detailing public consultation, disclosure information and grievances collected throughout the program, which will be available for public review on request. Stakeholder engagement shall be periodically evaluated by the PIU. The following indicators will be used for evaluation:

- 1) Bi-annual grievances received by type of grievance, speed of resolution and how they have been addressed;
- 2) Level of involvement and participation of stakeholders including project affected people (disaggregated by gender and vulnerable groups); and
- 3) Incidents and accidents.

6.2. Reporting

The PIU will prepare and bi-annually (every six-months) avail important information on project status to stakeholders (based on information need) including project implementation progress, actions on commitments made to various stakeholders and any new or corrected information since the previous report.

6.3. SEP Monitoring Plan

Stakeholders' engagement plan shall be developed and implemented in the project, and shall aim at identifying the key stakeholders, their roles in the program, and form and frequency of

engagement over the project cycle. Further, monitoring will be done to assess overall progress in implementation, and if implementation is as per the plan, any challenges and lessons learnt in the process of implementation and possible corrections. The monitoring results will be made available to the stakeholders for review and comments in an accessible place, mainly at the project level for transparency

7. Central Point of Contact

As alluded to in the foregoing paragraphs, this project is evolving and will soon take a final shape, with clear structures and duties and responsibilities yet to be defined. In the meantime, the following will be the Central point of contact for the project:

Mr. George Momanyi, Africa CDC

Tel: +251 (0) 940 398 359

+254 720 550 358

Email: MomanyiG@africa-union.org

Annex

Table: Summary of Stakeholder Engagement Activities:

National Public Health Institutes (direct beneficiary)	
Objectives	<ul style="list-style-type: none"> -Review the initial design of the project - Understand the priorities of the National Public Health Institutes in terms of their capacity building needs to inform prioritization of regional and sub-regional activities under the proposed operation.
Methodology and Participants	Zoom meetings coordinated through the division of NPHI and Research at Africa CDC HQ coordinated by Mr Haftom Taame. Direct engagement with NPHIs – Zambia, Gabon, Ethiopia, Morocco and Nigeria which represent different socioeconomic and public health emergency preparedness and response needs in the African continent. The meetings also involved three RCC Coordinators: Dr Riek Lul - Southern Africa RCC; Dr Marguarite Loembe – Central RCC and Dr Achamyesh Kifle Debele – Eastern RCC; and the Africa CDC Health Workforce Team - Dr Elvis Temfack and Faith Nekabari.
Recommendations	Africa CDC should take into account regional needs to inform the design of the program
Outcomes	<ul style="list-style-type: none"> - The discussions have informed the prioritization of subcomponent 2.2, in particular the financing of the Kofi Annan Program and the FETP and the AES programming - Informed prioritization of RCC activities under the project
African Union Member States (Indirect beneficiaries)	
Africa CDC Strategy Development Consultation Process	
Objectives	Validate the Africa CDC’s strategic plans in alignment with the continental challenges, priorities, and needs in terms of public health
Methodology and Participants	In-person meeting with the Africa CDC Governing Board ahead of the Africa CDC 55 th Anniversary celebration in Addis Ababa. Participants included the HE Dr Nsanzabaganwa, the Deputy Chairperson of Africa Union Commission; Africa CDC Board Chair – Prof. Moustafa Mijiyawa, Minister for Health Togo; Principal Secretary, Ministry of Health Kenya, Susan Mochache; AMREF Health Africa CEO Dr Githinji Gitahi and Africa CD leadership – Director-General Dr John Nkengasong and Deputy Director-General Dr Ahmed Ouma Ogwel.
Recommendations	New investments to align with Africa CDC strategic direction as outlined in the Africa CDC’s Strategic Plan 2023-2027 and in line with the Africa Union New Public Health Order. Emphasized the need to strengthen Africa CDC as the institution transitions to an autonomous agency of the Africa Union
Outcomes	Validation process of the Africa CDC’s strategic plan 2023-2027 which informs the scope, vision, and activities under the project, in particular: <ul style="list-style-type: none"> - Identification and alignment of technical areas and activities based on the current needs and objectives informed by member state consultations
African Union Summit February 2022	
Objectives	<ul style="list-style-type: none"> - Discuss overall structure and function of ACDC structure and future functions as an autonomous entity of the African Union - Identify sources of financing and partnership modalities with development partners that would support operationalization of transition - Discuss key priority near-term actions that could be supported under new investments for the operationalization of the transition

Methodology and Participants	High level Face-to-face meeting facilitated by the Africa CDC Director General Dr John Nkengasong directly with Heads of States (HE Mr. Matamela Cyril Ramaphosa, President of the Republic of Southern Africa, AU Champion on COVID-19 Pandemic Response and Ministers of Health taking part in the AU Summit.
Recommendations	<ul style="list-style-type: none"> • Revise Africa CDC's organizational structure and re-define institutional and operational functions and capacity needs to directly mobilize financing from development partners for building public health capacity and disease prevention and control in the continent. • There is a need to strengthen the Africa CDC's capacity to effectively respond to current and future health risks on the continent
Outcomes	The outcomes of this consultation have directly informed the design of subcomponent 3.1 of the project in particular the focus on establishing the governance structure of the Africa CDC, the partnerships unit and Africa CDC transition management
	Meeting in Zambia (PTSC) stakeholders
Objectives	Discuss areas of focus to complementarity of current Africa CDC project and proposed operation
Methodology and Participants	In-person meeting in Zambia attended by Hon Sylvia T. Maesebo, Minister for Health Zambia; Prof. Lackson Kasonka, Permanent Secretary Ministry of Health Zambia; Prof. Roma Chilengi, Director-General ZNPHI; Mr. Aschalew Abayneh Workneh, Deputy Director Ethiopia EPHI, Mr Fikadu Yadeta Muleta, Chief of Staff State Minister office, Ethiopia, Dr Ahmed Ouma Ogwel, Deputy Director-General Africa CDC, Dr Taj Tajudeen, Head of Division NPHI and Research, Africa CDC and Dr Mohammed Abdulaziz, Head of Division Disease Control and Prevention.
Recommendations	Lessons learned on design and implementation to inform implementation arrangements under new project
Outcomes	These lessons directly informed procurement and fiduciary arrangements as well as the PIU capacity support needs in component 3 of the proposed operation
	ECOWAS and WAHO (stakeholders)
Objectives	<ul style="list-style-type: none"> - To understand lessons learned under REDISSE and the COVID-19 response from the perspective of the regional economic committee and WAHO who have been central to implementation of REDISSE and in the COVID-19 sub-regional response
Methodology and Participants	Zoom meeting. Please add some participants and we can add REDISSE team members
Recommendations	<ul style="list-style-type: none"> - The discussions have informed challenges, entry points, and way forward in terms of preparedness-related technical areas and the impact that the support of regional institutions have in terms of countries building these capacities. - Discussions suggested enhanced coordination among central and distributed levels of the Africa CDC and the Regional Economic Communities (RECs) such as ECOWAS, which will inform how the technical capacities within the project will also be enhanced at RCC level. - Multisectoral health security platforms, One Health approaches, and interoperable data systems have also been part of the ongoing discussions, and have highlighted how the Africa CDC can lead in these agendas.
Outcomes	<ul style="list-style-type: none"> - Informed design of component 2
	Partners (stakeholders)

Objectives	<ul style="list-style-type: none"> - To update key partners and stakeholders on the forthcoming preparation - To discuss areas of complementarity, duplication, gaps and areas where there could be catalytic investment from WB operation on the preparedness agenda.
Methodology and Participants	Zoom Meetings. Dan Peters and Jamie Attard, Gates Foundation; WHO; Carrie Carnevale, US CDC; Ramanan from the One Health Project; Kinuko Saito, JAICA
Recommendations	<ul style="list-style-type: none"> - Africa CDC should focus on capacity building efforts - Enhanced coordination mechanisms for regions and countries for key public health agendas - Focus on cutting areas such as One Health and AMR which are currently underfunded - Ensuring complementarity in project implementation
Outcomes	Informed design of the new investment