



The World Bank

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

Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/12/2022 | Report No: ESRSA02204



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	6/15/2022
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 Member States in preventing, detecting, and responding to current and future public health threats.

Financing (in USD Million)	Amount
Total Project Cost	50.00

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

No

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

The proposed operation will include four components: i) COVID-19 response; ii) strengthening regional and sub-regional preparedness and response capacities; iii) enhancing institutional capacity at central and sub-regional levels; and iv) a Contingent Emergency Response Component (CERC).



Component 1: COVID-19 Response (Estimated Financing: US\$3 million IDA).

This component seeks to provide highly, focused support to the Africa CDC’s COVID-19 response in complementarity to other donor resources. It is important to note that 80% of partner resources given to Africa CDC are for COVID-19 response, and a significant portion of these resources are going through to member states to directly support country-level activities. As such, the team at Africa CDC and the programmatic budget to support COVID-19 response remain 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 near-term support to help mitigate the spread of COVID-19 and minimize the impact of new and re-surgent variant outbreaks. 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 the COVID-19 health and vaccine system strengthening efforts (US\$ 2.0 million): Under this sub-component, the project will finance Africa CDC’s ongoing efforts to support member states in enhancing their COVID-19 health and vaccine systems strengthening by i) providing harmonized and regulatory guidance for COVID-19 vaccines; ii) Africa CDC’s direct technical assistance to member states to adapt the latest guidance on 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. As a complement to conventional modes of data collection, artificial intelligence driven predictive platforms will also be integrated into analysis and decision-making efforts. This will help to further ensure that technical assistance is focused on areas across the continent that may need it the most.

Sub-component 1.2 Continental communications to improve health literacy around COVID-19 for increased vaccine uptake (US\$1.0 million): Of particular importance is the need to increase the general population’s awareness of the continued pandemic, the measures that could be taken to prevent disease, and the increase demand and uptake of the COVID-19 vaccine. Support will include the refinement and expansion of effective platforms established by Africa CDC during the COVID-19 pandemic, including risk-communication platforms and the Africa CDC Rumor-Tracker. The needed support to ensure that the critical, continent-wide science and media briefings continue to take place frequently will be financed under this project. Ensuring there is investment in the maintenance and evolution of mechanisms and platforms created during COVID-19 are important for addressing the current pandemic but are also dual-use mechanisms that have the potential to be hugely useful for 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: additional human resources, training and capacity building activities including workshops, conferences, and virtual capacity building 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 firms and individuals with specialized skills related to project activities. In addition, this sub-component might include the procurement of ancillary supplies for COVID-19 response staff at the sub-regional level of Africa CDC such as protective personal equipment (PPE). No civil works or



infrastructure development are envisioned under this sub-component. The project will not finance vaccine acquisition or in-country deployment activities under this-component.

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:

Sub-component 2a: Strengthening prevention, detection, and response capacities to public health threats at continental and sub-regional levels: 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, and in case of a health emergency, provision of an immediate and effective response. Proposed activities include, but will not be limited to:

- i. Strengthening regional and sub-regional prevention resources and initiatives by harmonizing standards for preventive measures within and beyond country borders, providing the tools for enhanced data capturing, monitoring, and early warning and information systems, and facilitating cross-border simulation exercises. Currently, Africa CDC lacks a back-up data center, centralized data management system and data sharing agreements. The project can address these deficiencies through a unified, interoperable digital data system designed to leverage insights at the regional and sub-regional levels.
- ii. Supporting and expanding the existing detection and surveillance infrastructure in the region such as the RISLNET including their accreditation processes, reference laboratory networking functions, data and specimen management, and subregional coordination with Africa CDC RCCs as well as NPHIs. Activities may include but are not limited to i) assessing existing laboratory facilities and network and their capacity; ii) improving supply chain management; iii) streamlining referral processes and interoperable information systems; iv) setting guidelines for quality assurance systems and related human resource functions; and v) establishing guidelines for surveillance mechanisms of emerging priorities such as anti-microbial resistance. Innovative surveillance activities and approaches will be explored and supported by the project to maximize surveillance and detections capacities (e.g., African Pathogens Genomic Initiative, waste-water surveillance, artificial intelligence tools, etc.).

Maximizing prevention and detection preparedness efforts through the One Health approach. Operationalizing and ensuring cross-sectoral coordination across human and animal health under the One Health approach to maximize the region’s ability to prevent and detect potential threats. Activities under the One Health approach will include but are not limited to i) assessing human and animal health surveillance systems; 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 are established.

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



Sub-component 2b: Developing and sustaining a continental public health workforce: This sub-component is envisioned as crosscutting given that trained and sufficient human resources form the backbone of the activities proposed under the other components and sub-components of the project. Activities under this sub-component will support the Africa CDC to i) develop a mapping and gap analysis and with these inputs develop a ten-year human resources plan outlining the needs at central and sub-regional level; ii) recruit and/or train more human resources in public health; and iii) ensure emerging priorities are included in training modules (e.g., Field Epidemiology Training Programs (FETP)) in addition to new priority topics such as AMR and gender in preparedness. Furthermore, this sub-component will explore collaboration with ongoing regional initiatives for higher education (e.g., Africa Centers of Excellence ACE) and tertiary education institutions, to increase the number of continuing-education programs in epidemiology and public health and ensuring that the program’s curricula include a comprehensive vision through the One Health approach, and other emerging priorities with a short- and longer-term perspective. For this subcomponent, the project will consider tech-enabled models for efficient two-way mass communication and training platforms that allow for more frequent touchpoints for continuous and more effective capacity building. The project will also explore Africa CDC serving as a “hub” for hosting these communications and facilitate learnings across various “spokes” including the RCCs and potentially external partners working at regional level.

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

The project will finance the procurement of goods, services, supplies, and commodities under these sub-components. Namely, office supplies, technology and equipment, software, and other goods needed for the technical and administrative tasks of the institution. Human resources will also be financed as well as training activities. No civil works or infrastructure development are envisioned under this sub-component at any level of the institution.

Component 3: Strengthening Africa CDC’s institutional capacity and operational structure (Estimated Financing: US\$10 million IDA).

As noted previously, Africa CDC will be transitioning to a specialized autonomous agency of the African Union, an evolution that comes with the backing of the AU’s 55 member states. A significant part of this component aims to contribute support to the operationalization of the transition roadmap for the institution to successfully evolve and grow into its larger role on the continent through building on the experiences and lessons learned over the last five years since the institution’s inception. There are two core sub-components envisioned under this component:



Sub-component 3.1: Operationalizing Africa CDC’s transition to a specialized autonomous agency. (Estimated Financing: US\$ 6 million IDA). The objective of this sub-component will be to ensure that financial resources are provided to operationalize the legal, governance, and institutional roadmap that Africa CDC is developing and will implement to transition to a specialized autonomous agency under the AU. Africa CDC, currently, is in early stages of setting up organizational structures, including M&E systems. digital and other technological infrastructure. Financing in this subcomponent will support the needed technical assistance to develop internal structures and standard operational procedures (SOPs). This subcomponent will finance the design and refinement of an ongoing training capacity building program to implement the policies and fiduciary arrangements that would ensure full operationalization of Africa CDC as an autonomous entity. In this context, there will be support to set up a very responsive M&E systems including a solid M&E policy and M&E implementation plan. In addition, financing to help strengthen Africa CDC’s partnership coordination will be provided through catalytic resources for the establishment of the organization’s first partnership unit.

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 on strategy development and organizational management.

Sub-component 3.2: Project management and coordination (Estimated Financing: US\$4 million IDA): This component will primarily finance operational costs and capacity building to ensure effective coordination, management, and implementation of the project. As Africa CDC transitions to a fully autonomous institution, the vision is to have a more integrated PIU into the Africa CD structure over the medium term that could be manage additional projects in addition to the WB portfolio. In order to help realize this vision, core challenges around current low staffing levels at Africa CDC and 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.

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. 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.

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.



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 ESAs (Ethiopia and Zambia), and delay in E&S auditing

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(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.

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As it is the case for Component 1, no major environmental risk is anticipated under Component 2. Therefore, activities 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.

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

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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. If the CERC component will be activated, potential E&S risks of activities to be financed by the CERC component shall be evaluated and relevant risk mitigation measures will be proposed.

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

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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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The World Bank

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

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Borrower: The African Union

Implementing Agency(ies)

Implementing Agency: Africa Centres for Disease Control and Prevention

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Public Disclosure