
GRANT NUMBER IDA-E313-BI

Financing Agreement

**(Burundi Health Emergency Preparedness, Response and Resilience Program
Using the Multiphase Programmatic Approach)**

between

REPUBLIC OF BURUNDI

and

INTERNATIONAL DEVELOPMENT ASSOCIATION

GRANT NUMBER IDA-E313-BI

FINANCING AGREEMENT

AGREEMENT dated as of the Signature Date between REPUBLIC OF BURUNDI (“Recipient”) and INTERNATIONAL DEVELOPMENT ASSOCIATION (“Association”).

WHEREAS:

- A. the Participating Countries, including the Recipient, and the Regional Bodies, have agreed to participate in the MPA Program;
- B. under Phase I of the MPA Program, the Association extended financing to the Federal Democratic Republic of Ethiopia, Republic of Kenya, Democratic Republic of Sao Tome and Principe, and the Regional Bodies respectively, for the financing of activities related to the MPA Program;
- C. under subsequent phases of the MPA Program, the Association will extend financing to the Recipient and other Participating Countries;
- D. the Recipient, having satisfied itself as to the feasibility and priority of the Project, has requested the Association to assist in the financing of the project described in Schedule 1 to this Agreement (“Project”); and

WHEREAS: the Association has also agreed, on the basis, *inter alia*, of the foregoing, to extend the financing provided for in Article II of this Agreement to the Recipient upon the terms and conditions set forth in this Agreement.

NOW THEREFORE, the Association and the Recipient hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

- 1.01. The General Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.
- 1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the General Conditions or in the Appendix to this Agreement.

ARTICLE II — FINANCING

- 2.01. The Association agrees to extend to the Recipient a grant, which is deemed as Concessional Financing for purposes of the General Conditions, in an amount equivalent to thirty-seven million seven hundred thousand Special Drawing Rights

(SDR 37,700,000) (“Financing”), to assist in financing the project described in Schedule 1 to this Agreement (“Project”).

- 2.02. The Recipient may withdraw the proceeds of the Financing in accordance with Section III of Schedule 2 to this Agreement.
- 2.03. The Maximum Commitment Charge Rate is one-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance.
- 2.04. The Payment Dates are April 15 and October 15 in each year.
- 2.05. The Payment Currency is Dollar.

ARTICLE III — PROJECT

- 3.01. The Recipient declares its commitment to the objectives of the Project and the MPA Program. To this end, the Recipient shall, through the Ministry of Health, carry out the Project in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV — EFFECTIVENESS; TERMINATION

- 4.01. The Additional Condition of Effectiveness consist of the following, namely, that the Recipient has prepared and adopted the Project Operations Manual, in form and substance satisfactory to the Association and in accordance with the provisions of the ESCP.
- 4.02. The Effectiveness Deadline is the date one hundred twenty (120) days after the Signature Date.
- 4.03. For purposes of Section 10.05(b) of the General Conditions, the date on which the obligations of the Recipient under this Agreement (other than those providing for payment obligations) shall terminate is twenty (20) years after the Signature Date.

ARTICLE V — REPRESENTATIVE; ADDRESSES

- 5.01. The Recipient’s Representative is its minister responsible for finance.
- 5.02. For purposes of Section 11.01 of the General Conditions:
 - (a) the Recipient’s address is:

Ministry of Finance, Budget and Economic Planning
B.P. 1830,
Bujumbura,
Republic of Burundi; and

(b) the Recipient's Electronic Address is:

Telex: E-mail:

MINIFINBDI finances@finances.gov.bi

5.03. For purposes of Section 11.01 of the General Conditions:

(a) the Association's address is:

International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Association's Electronic Address is:

Telex: Facsimile:

248423 (MCI) 1-202-477-6391

AGREED as of the Signature Date.

REPUBLIC OF BURUNDI

By



Authorized Representative

Name: Audace Niyonzima

Title: Minister of Finance, Budget and Economic Planning

Date: 22-Apr-2024

INTERNATIONAL DEVELOPMENT ASSOCIATION

By



Authorized Representative

Name: Hawa Wagué

Title: Country Manager

Date: 13-Apr-2024

SCHEDULE 1

Project Description

The objective of the Project is to strengthen health system resilience and multisectoral preparedness and response to Health Emergencies in the Republic of Burundi.

The Project constitutes a phase of the MPA Program and consists of the following parts:

Part 1: Strengthening the Preparedness and Resilience of the Health System to manage Health Emergencies (HEs)

- 1.1. Supporting multisectoral and cross-border planning, financing, and governance for improved resilience to HEs, including, provision of technical advisory services to: (a) establish a One Health implementation committee; (b) support coordination meetings for the intersectoral and cross-border response; (c) update the 2018 National Action Plan for Health Security; (d) develop a national multisectoral costed action plan for One Health, national clinical case management guidelines for priority health events with focus on gender gaps, a gender-specific health risk map, and the strategic plan for the Public Health Emergencies Operations Center (PHEOC); (e) update annually the health and nutrition contingency plan; (f) strengthen the implementation of formal coordination and communication mechanisms between the human health/public health, animal health, and environmental health sectors for multisectoral response to zoonotic diseases focusing on One Health; (g) conduct non-communicable disease (NCD) risk factor assessments using World Health Organization (WHO)'s stepwise approach to NCD risk factor surveillance approach; and (h) strengthen capacity of point of entry screening, isolation, and quarantine.
- 1.2. Supporting health workforce skills development, including: (a) provision of technical advisory services to strengthen the capacity of the health workforce in field epidemiology (basic, intermediate and advanced), Integrated Disease Surveillance and Response (IDSR) guidelines, HE preparedness and response, monitoring of maternal and perinatal deaths and response, emergency obstetric and neonatal care, nutrition and food security, antimicrobial resistance, maintenance of biomedical equipment, health informatics, human resources management, and occupational health and safety of health workers during emergencies (including IPC measures); (b) provision of technical advisory services to strengthen the capacity of animal workforce; (c) provision of training of professionals taking into account gender equity considerations (*i.e.*, addressing gender gaps in the selection/recruitment and deployment of personnel); (d) providing Scholarships to selected key medical specialties, and expanding quality of laboratory professionals; (e) developing or updating a multisectoral national strategy for

human resources development; and (f) developing regulatory and management mechanisms to facilitate mobilization and deployment of health workers in times of crisis.

- 1.3. Provision of health commodities, including (a) acquisition and deployment of well-developed vaccines approved by WHO for routine immunization, mass vaccination campaign and supplementary vaccination activities, and drugs to treat HEs, including NCDs; (b) provision of micronutrient powder, other nutritional products and auto-injectable contraceptives; (c) acquisition of energy efficient equipment for health facilities and veterinary services; (d) renovating gender-sensitive isolation areas in health facilities, including Water, Sanitation and Hygiene (WASH); (e) strengthening the capacity of the national regulatory authority for drugs and food (ABREMA); (f) strengthening the capacity of the Recipient's regulatory authority for veterinary medicines, pesticides, and foods (ABREVPA); (g) enhancing capacities for drug and food quality analysis at national level; (h) establishing strategic stockpile of commodities and framework contracts to ensure prompt deliveries of HE commodities during emergencies.
- 1.4. Supporting information systems for HEs and the digitalization of health sector, including: (a) extending the digitalization of health facilities and community health information system, and ensuring the interoperability of applications used, with the national health information system (DHIS2) and ensuring consistent data sharing; (b) developing a multisectoral epidemiological surveillance system to improve the integration of critical public health, laboratory, healthcare services disruption, environment, port health, and veterinary data; (c) monitoring human and animal health risks, public health events, NCDs, climate shocks, and their impacts on health systems and services, disaggregated by gender and other measures of vulnerability; (d) developing media screening software; (e) strengthening the call center developed by the PHEOC.

Part 2: Improving early detection of and response to HEs through a multisectoral approach

- 2.1. Supporting collaborative multisectoral surveillance and laboratory diagnostics, including: (a) expanding IDSR at the national and intermediate levels; (b) expanding routine indicator and event-based surveillance at health facilities and community health structures; (c) ensuring timely verification, investigation, and risk assessment of alerts; (d) strengthening rapid response teams capacities and functionality; (e) strengthening laboratory and testing capacity for human, animal, environmental and climate health threats, including adherence to quality standards WHO Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA), as well as provision of reagents, commodities and energy efficient laboratory equipment; (f) acquiring mobile laboratories; (g) renovating the national veterinary laboratory; (h) acquiring and installing solar power energy equipment to the national laboratory of the National Institute of Public Health, the

national veterinary laboratory, the national immunization program and the PHEOC; (i) enhancing five laboratories for WHO SLIPTA accreditation.

- 2.2. Supporting emergency management, coordination, and essential service continuity, including: (a) developing or updating a package of essential health services and plans for continuity of essential health services that include reproductive, maternal, new born, child and adolescent health (RMNCAH) services and supplies, and NCDs in emergencies at national/intermediate levels; (b) conducting multi-sectoral simulation exercises and intra- or after-action reviews for a public HE that has occurred; (c) assessing the national PHEOC performance for activation of a coordinated response after receiving notification of an event or other relevant emergency; (d) advocacy for mobilizing public financing to respond to HEs; (e) supporting implementation or coordination of JEEs, State Party Self-Assessment Annual Reports (SPARs), the performance of veterinary services, environmental assessments and other peer to peer IHR capacity assessment tools, including the gender equality JEE core capacities; (f) implementing interventions to support equitable and inclusive NCD prevention and treatment; (g) strengthening PHEOC, the national immunization program, the National Institute of Public Health, the national veterinary laboratory and the IHR focal point; ; (h) acquisition of energy efficient equipment and strengthening of three selected one stop centers and support to gender-based violence survivors to reimburse transport fees used to attend one stop centers.
- 2.3. Supporting risk communication and community engagement (RCCE), empowerment, and social protection for all HEs, including: (a) developing multisectoral RCCE plans, standard operating procedure, guidelines, policies, and procedures for routine and emergency contexts at national and subnational level; (b) strengthening capacities of community health workers (CHWs) and health promotion technicians on community based surveillance and response IPC, WASH, and equipping CHWs with designated kits; and (c) developing mechanisms for real-time information exchange, advice, and opinions during HEs;.
- 2.4. Supporting climate change adaptation and resilience, including provision of technical advisory services to: (a) conduct a climate and health vulnerability assessment for the country; (b) develop a national climate and health adaptation plan, with attention to gender and other equity and inclusion measures; (c) develop and operationalize a platform for integrating meteorological data with health data to improve understanding of, and planning for the impacts of climate change on relevant diseases; (d) develop a climate and health emergency preparedness and response curriculum for health workers and conduct training on climate emergency preparedness and response for health workers; (e) assess health system performance against floods, droughts, and high heat; (f) develop climate resilient infrastructure construction and rehabilitation guidelines to prepare facilities for flooding, high heat, and flood-induced mud and landslides; and (g) develop

mechanisms for engaging CHWs in climate emergency preparedness and response, including appropriate training.

Part 3: Project Management

Strengthening the capacity for monitoring and evaluation and Project management, including: (a) supporting the MPA Program learning agenda (*i.e.*, analysis and studies on multisectoral preparedness, prevention and response and the One Health agenda, burden of NCDs, gender-based differences in risks and exposure, climate-related and other emerging threats to the health system); (b) procurement, financial management, environmental and social aspects, monitoring and evaluation, and reporting, all through the acquisition of goods, provision of technical advisory services, training, operating costs; and (c) support for cross border related administrative activities and collaboration with the Regional Bodies.

Part 4: Contingent Emergency Response

Provision of immediate response to an Eligible Crisis or Emergency, as needed.

SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements.

1. Ministry of Health

The Ministry of Health (MoH), through the general directorates in charge of health, resources and planning, shall be responsible for overall Project implementation and management in accordance with the institutional arrangements that follow in the sections below.

2. Project Technical Unit

(a) The Recipient shall throughout the Project implementation maintain the Project Technical Unit (PTU) within the MoH, with resources, terms of reference, staffing, satisfactory to the Association including: (i) a Technical Director, responsible for the day-to-day running of the Project; (ii) a financial management specialist; (iii) two senior procurement specialists and one junior procurement specialist; (iv) two accountants; (v) a monitoring and evaluation specialist; (vi) a communication specialist; (vii) a laboratory specialist; (viii) information technology specialists; (ix) environmental and social staff as required under the ESCP; (x) a chief accountant; and (xi) any other staff as provided in the Project Operations Manual.

(b) The PTU shall be responsible for day-to-day management and administration of the Project, preparation of and consolidation of the Annual Work Plans and Budgets, fiduciary aspects (financial management and procurement), environmental aspects, coordination and communication of Project activities, and monitoring and evaluation.

3. Multisectoral Steering Committee; and Multisectoral Technical Committee

(a) Not later than two (2) months after the Effective Date, the Recipient shall establish and maintain throughout the Project implementation, a multisectoral steering committee (Multisectoral Steering Committee), and a multisectoral technical committee (Multisectoral Technical Committee), all with a mandate, resources, terms of reference and functions, satisfactory to the Association as further detailed in the Project Operations Manual.

- (b) Without limitation to the provisions of paragraph 3(a) immediately above, the Multisectoral Steering Committee shall be responsible (i) providing guidance to the PTU, and facilitating dialogue with participating stakeholders; (ii) reviewing and approving the Annual Work Plans and Budgets; (iii) reviewing progress in Project implementation and monitoring progress towards achievement of Project objective; and (iv) identifying challenges and agreeing on actions to address such challenges in Project implementation.
- (c) Without limitation to the provisions of paragraph 3(a) immediately above, the Multisectoral Technical Committee shall be responsible for, inter alia, technical issues related to the Project, facilitating coordination with related projects, and harmonization.

4. Regional Advisory Committee

The Recipient shall, at all times during Project implementation designate representative(s) to participate in the Regional Advisory Committee, under terms of reference and with qualified and experienced members in adequate number, all satisfactory to the Association and as further set out in the Project Operations Manual.

B. Project Operations Manual

- 1. The Recipient shall prepare and adopt an implementation manual acceptable to the Association (“Project Operations Manual” or “POM”), which shall contain detailed work flow, methods and procedures for the implementation of the Project, including but not limited to: (i) administration and coordination arrangements, including placement of necessary human resources for Project implementation; (ii) performance indicators of the Project; (iii) procurement arrangements; (iv) disbursement arrangements, reporting requirements, financial management procedures and audit procedures; (v) monitoring and evaluation; (vi) corruption and fraud prevention measures; (vii) roles and responsibilities of the PTU and the Multisectoral Steering Committee; and Multisectoral Technical Committee in the implementation of the Project; (viii) Personal Data collection and processing requirements in accordance with applicable national law and good international practice; (ix) environmental and social framework aspects, including a detailed description of the grievance redress mechanism process as well as any process for recording and reporting project-related accidents and incidents; (x) details on the composition and working arrangements of the Regional Advisory Committee; (xi) the eligibility criteria and procedures for the provision of Scholarships under Part 1.2.(d) of the Project; and (xii) such other arrangements and procedures as shall be required for the effective implementation of the Project.

2. The Recipient shall exchange views with the Association on the POM prior to its adoption, and thereafter ensure that the Project is carried out in accordance with the POM.
3. The Recipient shall ensure that the Project is carried out in accordance with the POM; provided, however, that in case of any conflict between the provisions of the POM and the provisions of this Agreement, the provisions of this Agreement shall prevail. Except as the Association shall otherwise agree, the Recipient shall not amend, abrogate or waive any provision of the POM.

C. Annual Work Plan and Budget

1. The Recipient shall carry out the Project in accordance with annual work plans and budgets to be prepared by the PTU and furnished to the Association not later than May 31 of each year during the implementation of the Project (the first such Annual Work Plan and Budget being due two (2) months after the Effective Date), or any later date as agreed upon with the Association, and containing all activities proposed for inclusion in the Project for the next Fiscal Year, including: (a) detailed timetables for the sequencing and implementation of proposed Project activities; (b) types of expenditures required for such activities and a proposed financing plan; and (c) any Operating Costs, and Training that may be required under the Project.
2. The Recipient shall ensure that in preparing any training plan proposed for inclusion in an annual work plan and budget it shall identify in the training plan: (i) the objective and content of the Training envisaged; (ii) the selection method of the institutions or individuals conducting such Training, and said institutions if already known; (iii) the expected duration and an estimate of the cost of said Training; and (iv) the selection method of the personnel who will attend the Training, and number and names of such personnel if already known.
3. The Recipient shall exchange views with the Association on each such proposed consolidated annual work plan and budget and take into account comments which the Association may have before approval by the Multisectoral Steering Committee of the final annual work plan and budget not later than one (1) month after the date referred to in Section I.C.1 of this Schedule (once approved by the Association and finalized, an “Annual Work Plan and Budget”).
4. The Recipient shall carry out the activities included in each of the Annual Work Plan and Budget during the Fiscal Year to which they related. The Annual Work Plan and Budget may be revised during the Fiscal Year to which it relates, with the prior written agreement of the Association.

D. Environmental and Social Standards

1. The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Association.
2. Without limitation upon paragraph 1 above, the Recipient shall ensure that the Project is implemented in accordance with the Environmental and Social Commitment Plan (“ESCP”), in a manner acceptable to the Association. To this end, the Recipient shall ensure that:
 - (a) the measures and actions specified in the ESCP are implemented with due diligence and efficiency, as provided in the ESCP;
 - (b) sufficient funds are available to cover the costs of implementing the ESCP;
 - (c) policies and procedures are maintained, and qualified and experienced staff in adequate numbers are retained to implement the ESCP, as provided in the ESCP; and
 - (d) the ESCP, or any provision thereof, is not amended, repealed, suspended or waived, except as the Association shall otherwise agree in writing, as specified in the ESCP, and ensure that the revised ESCP is disclosed promptly thereafter.
3. Without limitation upon the provisions of paragraph 2 above, if sixty (60) days prior to the Closing Date, the Association determines that there are measures and actions specified in the ESCP which will not be completed by the Closing Date, the Recipient shall: (a) not later than thirty (30) days before the Closing Date, prepare and present to the Association, an action plan satisfactory to the Association on the outstanding measures and actions, including a timetable and budget allocation for such measures and actions (which action plan shall be deemed to be considered an amendment of the ESCP); and (b) thereafter, carry out said action plan in accordance with its terms and in a manner acceptable to the Association.
4. In case of any inconsistencies between the ESCP and the provisions of this Agreement, the provisions of this Agreement shall prevail.
5. The Recipient shall ensure that:
 - (a) all measures necessary are taken to collect, compile, and furnish to the Association through regular reports, with the frequency specified in the ESCP, and promptly in a separate report or reports, if so requested by the Association, information on the status of compliance with the ESCP and the environmental and social instruments referred to therein, all such reports in form and substance acceptable to the Association, setting out,

inter alia: (i) the status of implementation of the ESCP; (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions; and

- (b) the Association is promptly notified of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, in accordance with the ESCP, the environmental and social instruments referenced therein and the Environmental and Social Standards.
- 6. The Recipient shall establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Association.
 - 7. The Recipient shall ensure that all bidding documents and contracts for civil works under the Project include the obligation of contractors, subcontractors and supervising entities to: (a) comply with the relevant aspects of ESCP and the environmental and social instruments referred to therein; and (b) adopt and enforce codes of conduct that should be provided to and signed by all workers, detailing measures to address environmental, social, health and safety risks, and the risks of sexual exploitation and abuse, sexual harassment and violence against children, all as applicable to such civil works commissioned or carried out pursuant to said contracts.

E. Contingent Emergency Response

- 1. In order to ensure the proper implementation of contingent emergency response activities under Part 4 of the Project (“Contingent Emergency Response Part”), the Recipient shall ensure that:
 - (a) a manual (“CERC Manual”) is prepared and adopted in form and substance acceptable to the Association, which shall set forth detailed implementation arrangements for the Contingent Emergency Response Part, including: (i) any structures or institutional arrangements for coordinating and implementing the Contingent Emergency Response Part; (ii) specific activities which may be included in the Contingent Emergency Response Part, Eligible Expenditures required therefor (“Emergency Expenditures”), and any procedures for such inclusion; (iii) financial management arrangements for the Contingent Emergency Response Part; (iv) procurement methods and procedures for the Contingent Emergency Response Part; (v) documentation required for withdrawals of Financing

amounts to finance Emergency Expenditures; (vi) a description of the environmental and social assessment and management arrangements for the Contingent Emergency Response Part; and (vii) a template Emergency Action Plan;

- (b) the Emergency Action Plan is prepared and adopted in form and substance acceptable to the Association;
 - (c) the Emergency Response Part is carried out in accordance with the CERC Manual and the Emergency Action Plan; provided, however, that in the event of any inconsistency between the provisions of the CERC Manual or the Emergency Action Plan and this Agreement, the provisions of this Agreement shall prevail; and
 - (d) neither the CERC Manual or the Emergency Action Plan is amended, suspended, abrogated, repealed or waived without the prior written approval by the Association.
2. The Recipient shall ensure that the structures and arrangements referred to in the CERC Manual are maintained throughout the implementation of the Contingent Emergency Response Part, with adequate staff and resources satisfactory to Association.
3. The Recipient shall ensure that:
- (a) the environmental and social instruments required for the Contingent Emergency Response Part are prepared, disclosed and adopted in accordance with the CERC Manual and the ESCP, and in form and substance acceptable to the Association; and
 - (b) the Contingent Emergency Response Part is carried out in accordance with the environmental and social instruments in a manner acceptable to the Association.
4. Activities under the Contingency Emergency Response Part shall be undertaken only after an Eligible Crisis or Emergency has occurred.

F. Memoranda of Understanding with the Regional Bodies

1. In order to maximize the benefits of regional harmonization for purposes of the Project, no later than three (3) months after the Effective Date, the Recipient shall enter into a separate memorandum of understanding with each of the Regional Bodies (the “MOU”, or in the case of separate memoranda, each an “MOU”), in form and substance satisfactory to the Association, as such MOU shall include provisions to the effect of ensuring that the Recipient shall participate in any

activity carried out by the Regional Bodies under the MPA, including *inter alia* training events, workshops, data collection and analysis or knowledge-sharing.

2. The Recipient shall exercise its rights and obligations under the MOU(s) in such manner as to protect the interests of the Recipient and the Association and to accomplish the purposes of the Financing. Except as the Association shall otherwise agree, the Recipient shall not assign, amend, abrogate or waive the MOU(s) or any provision contained therein (whether in whole or in part).
3. In the event of any conflict between the provisions of the MOU(s) and those of this Agreement the provisions of this Agreement shall prevail.

Section II. Project Monitoring, Reporting and Evaluation

1. The Recipient shall furnish to the Association each Project Report not later than forty-five days after the end of each calendar semester, covering the calendar semester.
2. Except as may otherwise be explicitly required or permitted under this Agreement or as may be explicitly requested by the Association, in sharing any information, report or document related to the activities described in Schedule 1 of this Agreement, the Recipient shall ensure that such information, report or document does not include Personal Data.

Section III. Withdrawal of the Proceeds of the Financing

A. General

Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Recipient may withdraw the proceeds of the Financing to finance Eligible Expenditures in the amount allocated and, if applicable, up to the percentage set forth against each Category of the following table:

Category	Amount of the Financing Allocated (expressed in SDR)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, works, non-consulting services, and consulting services, Scholarships, Training and Operating Costs	37,700,000	100%

under Parts, 1, 2 and 3 of the Project		
(2) Emergency Expenditures under Part 4 of the Project	0	100%
TOTAL AMOUNT	37,700,000	

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:
 - (a) for payments made prior to the Signature Date; or
 - (b) for Emergency Expenditures under Category (2), unless and until all of the following conditions have been met in respect of said expenditures:
 - (i) (A) the Recipient has determined that an Eligible Crisis or Emergency has occurred, and has furnished to the Association a request to withdraw Financing amounts under Category (2); and (B) the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and
 - (ii) the Recipient has adopted the CERC Manual and Emergency Action Plan, in form and substance acceptable to the Association.
2. The Closing Date is June 30, 2029.

APPENDIX

Definitions

1. “ABREMA” means the “*Autorité Burundaise de Régulation des Médicaments à Usage Humain et des Aliments* », the national regulatory authority for drugs and food established and operating pursuant to Decret No 100/039 of February 26, 2021, as amended from time to time, or any successor thereto acceptable to the Association.
2. “ABREVPA” means the “*Autorité Burundaise de Régulation des Produits Vétérinaires, des Pesticides et des Aliments*”, the regulatory authority for veterinary medicines, pesticides, and foods established and operating pursuant to Decret No. 100/083 dated July 18, 2022, as amended from time to time, or any successor thereto acceptable to the Association.
3. “Annual Work Plan and Budget” or “AWP&B” means the work plan and budget prepared annually by the Recipient in accordance with the provisions of Section I.C. of Schedule 2 to this Agreement.
4. “Anti-Corruption Guidelines” means, for purposes of paragraph 5 of the Appendix to the General Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants”, dated October 15, 2006, and revised in January 2011 and as of July 1, 2016.
5. “Category” means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.
6. “CERC Manual” means the manual referred to in Section I.E. of Schedule 2 to this Agreement, as such manual may be updated from time to time with the agreement of the Association, and which is an integral part of the Project Operations Manual.
7. “CHWs” means community health workers.
8. “Contingent Emergency Response Part” means any activity or activities to be carried out under Part 4 of the Project to respond to an Eligible Crisis or Emergency.
9. “ECSA-HC” means East, Central and Southern Africa Health Community, a regional organization established and operating under the ECSA Convention.
10. “ECSA Convention” means the Convention of the East, Central and Southern Africa Health Community dated November 22, 2002, which entered into force and effect as of July 1, 1980, in accordance with Article 17 of the Convention, pursuant to which ECSA-HC was established and is operating.

11. “Eligible Crisis or Emergency” means an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster.
12. “Emergency Action Plan” means the plan referred to in Section I.E. of Schedule 2 to this Agreement, detailing the activities, budget, implementation plan, and monitoring and evaluation arrangements, to respond to the Eligible Crisis or Emergency.
13. “Emergency Expenditures” means any of the eligible expenditures set forth in the CERC Manual referred to in Section I.E. of Schedule 2 to this Agreement and required for the Contingent Emergency Response Part.
14. “Environmental and Social Commitment Plan” or “ESCP” means the environmental and social commitment plan for the Project, dated March 14, 2024 as the same may be amended from time to time in accordance with the provisions thereof, which sets out the material measures and actions that the Recipient shall carry out or cause to be carried out to address the potential environmental and social risks and impacts of the Project, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any environmental and social instruments to be prepared thereunder.
15. “Environmental and Social Standards” or “ESSs” means, collectively: (i) “Environmental and Social Standard 1: Assessment and Management of Environmental and Social Risks and Impacts”; (ii) “Environmental and Social Standard 2: Labor and Working Conditions”; (iii) “Environmental and Social Standard 3: Resource Efficiency and Pollution Prevention and Management”; (iv) “Environmental and Social Standard 4: Community Health and Safety”; (v) “Environmental and Social Standard 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement”; (vi) “Environmental and Social Standard 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources”; (vii) “Environmental and Social Standard 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities”; (viii) “Environmental and Social Standard 8: Cultural Heritage”; (ix) “Environmental and Social Standard 9: Financial Intermediaries”; (x) “Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure”; effective on October 1, 2018, as published by the Association.
16. “Fiscal Year” means the twelve (12) month period corresponding to any of the Recipient’s fiscal years, which period commences in July and ends in June in each calendar year.
17. “General Conditions” means the “International Development Association General Conditions for IDA Financing, Investment Project Financing”, dated December 14, 2018 (Last revised on July 15, 2023).

18. “Health Emergencies” or “HEs” means any acute or chronic shocks to health systems that by virtue of scale, timing, or unpredictability overwhelm routine capabilities and hinder the provision of essential health services.
19. “IDSR” means Integrated Disease Surveillance and Response Technical Guidelines, Booklet One: Introduction Section. Brazzaville: WHO Regional Office for Africa; 2019 (Third edition). Licence: CC BY-NC-SA 3.0 IGO, as amended from time to time.
20. “IGAD” means Intergovernmental Authority on Development, a regional economic community set up through IGAD Constitutive Agreement, responsible for carrying out the Project.
21. “IGAD Constitutive Agreement” means the agreement establishing the Intergovernmental Authority on Development of March 21, 1996.
22. “IHR” means the World Health Organization’s International Health Regulations (2005) as amended from time to time.
23. “IPC” means infection prevention and control.
24. “Joint External Evaluations” or “JEEs” means a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events.
25. “Ministry of Health” or “MoH” means the Recipient’s ministry in charge of health and any successors thereto.
26. “MOU” means the memorandum of understanding in accordance with section I.F. of Schedule 2 to this Agreement.
27. “MPA Program” means the multiphase programmatic approach program designed to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Eastern and Southern Africa.
28. “Multisectoral Steering Committee” means the steering committee to be established in accordance with Section I.A.3 of Schedule 2 to this Agreement.
29. “Multisectoral Technical Committee” means the technical committee to be established in accordance with Section I.A.3 of Schedule 2 to this Agreement.
30. “National Institute of Public Health” means the *Institute National the Sante Publique* established and operating pursuant to *Decret No. 100/263 du 18 November 2021 portant revision du Decret No. 100/090 du 30 Mai 1991 portant Creation, Organisation et Fonctionnement de L’Institute National de Sante*

Publique (INSP) as amended from time to time, or any successor thereto acceptable to the Association.

31. “2018 National Action Plan for Health Security” means a multi-year plan on national priorities for health security and based on the One Health approach adopted by the Recipient as amended from time to time.
32. “NCD” means non-communicable disease.
33. “One Health” means an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment and demands collaboration across three interdependent sectors—animal health (agriculture sector), human health (health sector) and ecosystems (environmental sector)—to prevent, detect and respond to disease threats.
34. “Operating Costs” means the reasonable incremental expenses incurred by the Recipient in connection with Project implementation, including consumable materials and supplies, communications, mass media and printing services, vehicle insurance, rental, operation and maintenance, utilities, office rental and maintenance, charges for the opening and operation of bank accounts required for the Project, travel, lodging and per diems, and salaries of contractual staff working on the Project (other than consulting services), but excluding salaries of officials of the Recipient.
35. “Participating Countries” means the countries participating: (i) in Phase I of the MPA Program, namely Federal Democratic Republic of Ethiopia, Republic of Kenya, and Democratic Republic of Sao Tome and Principe; (ii) in subsequent phases of the MPA Program, including the Recipient under this phase of the MPA Program. “Participating Country” means any one of the Participating Countries.
36. “Personal Data” means any information relating to an identified or identifiable individual. An identifiable individual is one who can be identified by reasonable means, directly or indirectly, by reference to an attribute or combination of attributes within the data, or combination of the data with other available information. Attributes that can be used to identify an identifiable individual include, but are not limited to, name, identification, number, location data, online identifier, metadata and factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of an individual.
37. “Project Operations Manual” or “POM” means the Project’s implementation manual referred to in Section I.B. of Schedule 2 to this Agreement.
38. “Project Technical Unit” or “PTU” means the unit to be maintained by the Recipient in accordance with Section I.A.2 of Schedule 2 to this Agreement and established by the Recipient with respect to the Financing Agreement between the

Recipient and the Association (Grant No. D514-BI) for the “Investing in Early Years and Fertility in Burundi Project “NKURIZA”” and maintained under the Financing Agreement between the Recipient and the Association for the COVID-19 Preparedness and Response Project (Grant No D616-BI).

39. “Procurement Regulations” means, for purposes of paragraph 85 of the Appendix to the General Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated September 2023.
40. “Public Health Emergencies Operations Center” or “PHEOC” means a center in charge of prevention and response to Health Emergencies.
41. “RCCE” means risk communication and community engagement.
42. “Regional Advisory Committee” or “RAC” means the committee to be co-convened by the Regional Bodies that shall: (a) be responsible for interregional-level coordination of Project implementation among the Participating Countries and the Regional Bodies including, *inter alia*: (i) providing strategic guidance and oversight; (ii) act as the main mechanism for interregional knowledge exchange and planning, and exploring opportunities for partnerships; and (iii) monitoring and evaluation of Project implementation, and reporting and record keeping; (b) meet semi-annually in the first year of Project implementation and annually thereafter; and (c) include representatives of all Participating Countries and Regional Bodies, as well as representatives of the Association and other entities as further described in the POM.
43. “Regional Bodies” means the regional and sub-regional organizations participating in this MPA Program, namely IGAD and ECSA-HC. “Regional Body” means any one of the Regional Bodies.
44. “RMNCAH” means reproductive, maternal, neonatal, child and adolescent health.
45. “Scholarships” means the tuition and/or scholarship stipends to be provided under Part 1.2(d) of the Project to selected beneficiaries, in accordance with the eligibility criteria and procedures established in the Project Operations Manual.
46. “Signature Date” means the later of the two dates on which the Recipient and the Association signed this Agreement and such definition applies to all references to “the date of the Financing Agreement” in the General Conditions.
47. “State Party Self-Assessment Annual Reports” or “SPARs” means a questionnaire consisting of indicators and IHR capacities needed to detect, assess, notify, report and respond to public health risks and acute events of domestic and international concern.

48. “Training” means the training of persons involved in Project-supported activities, based on the Annual Work Plan and Budget approved by the Association, such as, tuitions, seminars, workshops, and study tours, and costs associated with such activities including travel and subsistence costs for training participants, costs associated with securing the services of trainers, rental of training facilities, preparation and reproduction of training materials, and other costs directly related to training preparation and implementation.
49. “WASH” means water, sanitation and hygiene.
50. “WHO” means the World Health Organization.
51. “WHO Stepwise Laboratory Improvement Process Towards Accreditation” or “SLIPTA” means a framework developed by WHO to strengthen national laboratory services through fulfilment of the requirements in the ISO 15189 standard.