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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 13-Mar-2024 | Report No: PIDIA00454

Public Disclosure Authorized

BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies)	Region	Operation ID	Operation Name
Burundi	EASTERN AND SOUTHERN AFRICA	P504531	Burundi Health Emergency Preparedness, Response, and Resilience Project
Financing Instrument	**Estimated Appraisal Date**	**Estimated Approval Date**	**Practice Area (Lead)**
Investment Project Financing (IPF)	27-Feb-2024	29-Mar-2024	Health, Nutrition & Population
Borrower(s)	**Implementing Agency**		
Republic of Burundi	Ministry of Health		

Proposed Development Objective(s)

The Development Objective (DO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in the Republic of Burundi

Components

Strengthening the Preparedness and Resilience of the Health System to Manage Health Emergencies
Improving Early Detection of and Response to HEs through a multisectoral approach
Project Management
CERC

PROJECT FINANCING DATA (US$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?	No
Is this project Private Capital Enabling (PCE)?	No

SUMMARY

Total Operation Cost	**50.00**
Total Financing	**50.00**
of which IBRD/IDA	**50.00**
Financing Gap	**0.00**

DETAILS

World Bank Group Financing

International Development Association (IDA)	50.00
IDA Grant	50.00

Environmental And Social Risk Classification

Moderate

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Burundi is a densely populated low-income country, with low and volatile economic growth and a weak human capital outlook.** An estimated 71 percent of its population lived below the poverty line in 2022.[1] With an estimated 463 inhabitants per square kilometer, Burundi faces serious pressures on arable land contributing to high prevalence of food insecurity and malnutrition, compounded by poverty, vulnerability to climate shocks, lack of access to basic health and other social services, as well as rapid population growth. The country has the seventh highest fertility rate in the world (5.5 children per woman), and its population is expected to double by 2040.

2. **Per capita Gross Domestic Product (GDP) is among the lowest in the world**, at US$303.9.[2] The recent shocks of COVID-19 and the Russian invasion of Ukraine have intensified macroeconomic imbalances through the widening of the fiscal and current account deficits and weakening of foreign exchange reserves. GDP growth was estimated at 2.9 percent in 2023 and is projected to 4.2 percent in 2024. Despite some progress in education and health sectors, a child born in 2020 in Burundi is expected to be only 39 percent as productive as an adult as she would have been with optimal education and health, according to the World Bank's Human Capital Index. Low levels of learning and a high stunting rate (55.8 percent in 2022)[3] are among the contributing factors to this human capital trajectory.

[1] Based on an international poverty line of $2.15 a day, 2017 PPP (World Bank Macro Poverty Outlook, October 2023)
[2] World Bank Macro Poverty Outlook, October 2023
[3] National survey on the nutritional and mortality situation in Burundi based on SMART methodology 2022

3. **Burundi is highly vulnerable to climate change, particularly floods, high heat, and droughts, which are becoming more frequent and more intense. Climate shocks account for 75 percent of all natural hazards in Burundi between 1980 and 2020, underlining the major impact they have on the country.**[4] Further, Burundi has limited capacity to deal with the impacts of climate change, ranking 169th out of 185 countries in the Notre Dame Global Adaptation Initiative Index for climate vulnerability.[5]. The occurrence and intensity of extreme rainfall has significantly increased events inducing severe flooding and associated landslides, particularly in the northwestern and the western regions. These climate shocks have a disproportionate impact on the poor and most vulnerable. In contrast, Burundi's contribution to greenhouse gas (GHGs) emissions is negligible, with the lowest per capita greenhouse gas emissions in the world, amounting to less than 0.02% of the world's GHGs.

Sectoral and Institutional Context

4. **While Burundi has made strides in improving key health indicators related to under-5 and maternal mortality, it grapples with some persistent challenges which are likely to worsen further during HEs.** The country has seen positive trends, with 94 out of 100 children surviving from birth to school age, and a decline in maternal mortality from 499 (2010) to 299 (2023) per 100,000 live births. These achievements are attributed to improved healthcare outputs during the 2012-2022 period, such as increased skilled attendance at births (from 78.4 percent to 97.2 percent) and higher rates of complete vaccination among children aged 12-23 months (from 70.3 percent to 78.9 percent). However, Burundi faces one of the world's highest and worsening rates of child stunting, which rose from 52.6 percent to 55.8 percent between 2020 and 2022, necessitating urgent community-level interventions. The exacerbating factors include the COVID-19 pandemic, high inflation, fuel and sugar shortages, and severe food insecurity. The use of modern contraceptives increased marginally from 18 percent to 21 percent among married women, leaving a 30 percent unmet need for family planning. The country's high fertility rate has only slightly decreased, from 6.4 in 2010 to 5.5 children in 2022. Non-Communicable Diseases (NCDs) constitute a heavy burden but remain poorly documented. According to the WHO country outlook 2023, the age-standardized mortality rate across four major NCDs (cardiovascular disease, chronic respiratory disease, cancer, and diabetes) was 720 per 100,000 in males and 582 in females in 2021. It is estimated that non communicable diseases have caused 37% of deaths in 2019.

5. **Climate change is having a significant impact on health and the health system in Burundi and is a major concern of the Government.** Evidence from Burundi demonstrated that malaria, which is the fourth leading cause of morbidity and mortality in the country, is increasing with changes in precipitation and temperature increases.[14,17,18]. The Government has identified many concerns about public health in the context of climate change. Similarly, diarrheal diseases, which are the cause of nine percent of all deaths among children under 5 years of age[20,21], and 11.86 percent of the country's total burden of disease[6], have been found to increase in incidence among children following flooding[22]. Climate change is also having a negative impact on the health system, with facilities and service delivery at risk from high heat and extreme weather events. For example, in October of 2019 a storm damaged a health center in Rusunu village in Southeastern Burundi and in Mach 2020 flooding damaged health centers in Gatumba village in Western Burundi. The poorest

[4] World Bank, Climate Change Knowledge Portal, Natural Hazard Statistics: Burundi, 2024
[5] Notre Dame Global Adaptation Initiative, Country Rankings
[6] Institute for Health Metrics and Evaluation, Global Burden of Disease, Burundi, 2019

households and communities, Internally Displaced Persons (IDPs), people with chronic illness or disabilities, the elderly, and children are particularly vulnerable to the health impacts of climate change.[7]

6. **National health priorities emphasize the need of health system strengthening and preparedness and response to health emergencies**. The Burundi health sector strategy 2021-2027 includes, as priorities, the strengthening of the health system by addressing issues related to quality of health services, communicable and non-communicable diseases, human resources production and management, health financing mechanisms and gradual evolution towards universal health coverage. The strategy also emphasizes the need to enhance the integrated disease surveillance system and management of public health emergencies and natural disasters. All these priorities are in line with the project objective.

7. **Burundi has tried to strengthen its health system and build capacity for collaborative action in the face of HEs.** Burundi's response to COVID-19, supported by, among others, the World Bank-financed Burundi COVID-19 Preparedness and Response Project (P173845) under the Bank's global response to COVID-19, the Health System Support Project (KIRA/P156012) as well as other efforts by the Government and other partners have laid the foundation for increased investments in health systems and health security enhancements. Prior investments aimed at strengthening the health system pillars, have been made by the Government supported by partners, to increase the use and quality of health services. These include (i) improvement of financial access to care, mainly for the most vulnerable through the national free health care policy for children under 5 years and pregnant women, the establishment of insurance scheme for the rural informal sector, the free health care for indigent people; which both led to an increase in the use of health services from 29% to 163% from 2006 to 2022; (ii) enhancement of community-based interventions; (iii) improvement of health information system through DHIS2 and digitalization; (iv) training in field epidemiology, state of the art laboratories, and modern equipment and cold chain facilities, as well as established oxygen plants . While these activities have yielded important successes, there are still challenges and room for improvement, and they need to be scaled to achieve transformative and longer-term outcomes. Achieving this objective requires sustained multisectoral collaboration, which can only be achieved through a consistent, sustained, and structured support in the medium term.

8. **Multiple assessments, including by the World Bank, find that Burundi remains insufficiently prepared to prevent, detect, and respond to HEs.** The Global Health Security Index (GHSI) indicates that Burundi scored 22.1/100 in 2021 and decreased by 0.6 compared to 2019, ranking Burundi 181/195 globally and 47/54 in Africa. The scores for the distinct categories are as follows: 14.2/100 for prevention, 14.2/100 for detection and reporting, 21.5/100 for rapid response, 9.1/100 for health system, 34.4/100 for compliance with international norms and 39.4/100 for risk environment.

9. **The World Health Organization Joint External Evaluation 2023 indicates some progress in response to outbreaks, but several gaps**. Burundi has made some progress compared to the previous assessment carried out in 2018 which gave an overall score of 33%, but many gaps remain. In fact, many capacities had scores less than or equal to 2 out of 5. It is the case for 19 capacities out of 22 in the prevent axis, 9 capacities out of 11 in the detect axis and 13 capacities out of 16 in the respond axis. Improvements have been made in the legal framework of the International Health Regulations (IHR), the setting up of a budget line dedicated to HEs, the development of a national plan for anti-microbial resistance (AMR), and the development of a national vaccination strategy. However, several weaknesses remain: the country has not yet ratified the IHR (2005) and the existing legal instruments do not cover all the areas concerned by the IHR (2005), the absence of a "One Health" platform, the irregularity of simulation exercises, an inadequate health epidemic information system, and the absence of officially designated entry points.

7 Tackling Climate change, Land degradation and Fragility: Diagnosing Drivers of Climate and Environmental Fragility in Burundi's Colline Landscapes: Towards a Multi-Sector Investment Plan to Scale Up Climate Resilience; World Bank Advisory Services and Analytics (ASA) Final Report,2022

10. **The 2021 Cold chain assessment notes a satisfactory situation even if needs remain**. In fact, a cold chain assessment carried out in July 2021 by UNICEF shows that approximately 95% of the cold chain equipment (CCE) is functional. However, projections of CCE needs in Burundi between 2021 and 2025 indicate a need, at the central level, for approved positive cold rooms and freezers. At the district and health centers level, there is a need for solar refrigerators of various categories and freezers.

11. **A World Bank ASA[8] carried out in 2022 highlights that the country is not sufficiently prepared to prevent and respond to epidemics and pandemics**. In terms of ***institutional organization***, the "One Health" approach is not yet operational, as ministries of Health, Agriculture, Environment, and Water do not collaborate in a coordinated manner to tackle epidemics and pandemics. The national budget dedicated to emergencies is both limited and difficult to mobilize. In terms of ***prevention and detection***, rapid response teams are available at district level but lack skills and training, especially in field epidemiology. Laboratories at facility level need equipment and qualified laboratory technicians. Epidemiological surveillance needs to be enhanced, digitalized, and made interoperable with the national health information system platform (DHIS2). Burundi faces a shortage of qualified medical and paramedical staff, as well some of the equipment needed to **effectively treat** diseases and epidemics.

12. **The burden of zoonotic diseases is not well known in Burundi, while it represents a significant share of infectious diseases worldwide.** According to the JEE 2018, there is no zoonotic disease management policy in Burundi, except for bird flu, which is a contingency plan. The report also states that the Ministry of Agriculture and Livestock has established a list of 6 zoonotic diseases which are a risk to public health: rabies, tuberculosis, toxoplasmosis, brucellosis, anthrax, and avian influenza. In the East African region, a review of 771 publications (from 1920-2017) conducted in 2018 (Burundi, Kenya, Tanzania, Uganda, Ethiopia, and Rwanda) has identified 22 zoonotic diseases[9]. Across the world, many emerging and re-emerging diseases are zoonotic in origin, causing a significant threat to global health security. Approximately 60% of all human infectious diseases recognized so far, and about 75% of emerging infectious diseases that have affected people over the past three decades, have originated from animals. Therefore, cross-sectoral collaboration through a one health approach is key to understand and manage the possible risks zoonoses pose.

13. **Gender inequalities persist in Burundi's health sector**. Most frontline health workers are women while higher-trained and paid health staff are typically male. Only 26 percent of medical doctors are women, compared to 54 percent of nurses. Women are exposed to gender-based violence and high fertility limits their participation in the workforce. Poverty is gender based in Burundi, with more men (18.6 percent) than women (7.2 percent) engaged in paid jobs. The long conflict in Burundi has adversely affected women's access to maternal health services; recent analyses also indicate that overall access to maternal and reproductive health is highly unequal, with significantly lower use by women from poorer households[10]. Yet, even though maternal death notification is integrated into IDSR, there remains room for improvement in the completeness of coverage.[11] In 2021, a majority (58.6% of at least one dose of COVID-19 vaccinations had been provided to men (globalhealth5050.org).

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

[8] Analyse Institutionnelle et organisationnelle des capacités du Burundi à prévenir, détecter et répondre efficacement aux épidémies/pandémies

[9] Naomi Kemunto and al, Zoonotic disease research in East Africa, BMC infectious diseases, 2018

[10] Ziegler, Bianca R., et al. "Antenatal care and skilled birth in the fragile and conflict-affected situation of Burundi." The International Journal of Health Planning and Management 36.4 (2021): 1081-1106; Habonimana, D., Batura, N. Empirical analysis of socio-economic determinants of maternal health services utilisation in Burundi. BMC Pregnancy Childbirth 21, 684 (2021). https://doi.org/10.1186/s12884-021-04162-0

[11] Kouanda, Seni, et al. "Maternal and neonatal death surveillance and response is implemented in Burundi but needs improvement." International Journal of Gynecology & Obstetrics 158 (2022): 54-60.

The Development Objective (DO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in the Republic of Burundi

Key Results

The following key results are expected from the project:

- Average score of 3.5 in at least 3 JEE core capacity areas in Prevent axis
- Average score of 3.5 in at least 3 JEE core capacity in Detect axis
- Average score in at least 3 JEE core capacity in Respond axis
- Percentage of project-supported laboratories that have achieved a 3-star rating or higher during a Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) audit

D. Project Description

The project has four components:

14. **Component 1**: **Strengthening the Preparedness and Resilience of the Health System to Manage Health Emergencies (US$ 28.9 million equivalent).** This component will support the strengthening of essential institutions and activities that directly contribute to the resilience of the health system to cope with HEs and complement other HSS activities conducted by the Government, other World Bank operations and development partners. The component has four sub-components.

15. ***Sub-component 1.1. Supporting multisectoral cross-border planning, financing, and governance for improved resilience to HEs (US$ 2.1 million equivalent)*** by: (a) establishing a "One Health" implementation committee to serve as a mechanism for collaboration among the relevant ministries, ensure accountability and sustain political commitment; (b) supporting coordination meetings for the intersectoral and cross-border response; (c) updating the 2018 National Action Plan for Health Security (NAPHS); (d) developing a national multisectoral costed action plan for One Health with focused investments in veterinary and other animal health services, a national clinical case management guidelines for priority health events with focus on gender gaps, a gender-specific health risk map and multi-risk plan; (e) updating annually the health and nutrition contingency plan; (f) providing technical assistance to 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 with a One Health focus. Climate change is a major focus and driver of this activity and given critical impact of climate change on zoonotic diseases, vector borne diseases, and water borne diseases, the impacts of climate change on animal, human, and environmental health will be purposively integrated throughout all activities using specific tools and materials. The activity will also finance: (g) conducting non-communicable disease risk factor assessments using World health Organization (WHO)'s Stepwise approach to NCD risk factor surveillance (STEPS) approach; and (h) strengthening capacity of point of entry screening, isolation, and quarantine.

16. ***Sub-component 1.2. Supporting health workforce skills development (US$ 6.7 million equivalent)*** by: (a) strengthening the capacity of the health workforce in field epidemiology (basic, intermediate and advanced) with a One Health focus, IDSR guidelines, HE preparedness and response, monitoring of maternal and perinatal deaths and response, Emergency Obstetric and Neonatal care (EONC), nutrition and food security, antimicrobial resistance, maintenance of biomedical equipment, health informatics, human resources management, occupational health and safety of health workers during emergencies (including IPC measures); (b) strengthening the capacity of animal workforce; (c) ensuring gender equity in the training of professionals, by addressing existing gaps in the selection/recruitment and deployment of personnel; (d) providing scholarships for key medical specialties in short supply in the country, including for expanding

cadre of and laboratory professionals, prioritizing people from climate vulnerable areas; (e) developing a multisectoral national strategy for human resources for health, including animal and environmental health to manage events according to IHR provisions and addressing gender gaps, with focus on surge workforce needs for HEs; (f) developing regulatory and management mechanisms to enable the swift mobilization and deployment of health workers in times of crisis. Ensuring adequate health workforce for climate vulnerable locations and to deploy health workers during climate shocks is a is a primary impetus and focus of scholarships for medical specialties, updating the human resource development strategy, and developing mechanisms for rapidly deploying health workers during crises.

17. ***Sub-component 1.3 Provision of health commodities (US$ 16.5 million equivalent)*** by: (a) purchasing and deploying of well-developed vaccines approved by WHO for routine immunization and response campaign vaccination, as well as drugs to treat HEs, including NCDs; (b) providing micronutrient powder, other nutritional products and auto-injectable contraceptive Sayana Press to contribute to address malnutrition and high fertility issues; (c) procuring 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 capacities of the Burundian regulatory authority for veterinary medicines, pesticides, and foods (ABREVPA) in terms of quality control of veterinary medicines and pesticides; (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, with a primary focus on stockpiling for climate shocks.

18. ***Sub-component 1.4. Supporting Information systems for HEs and the digitalization of the health sector (US$ 3.6 million equivalent)*** by: (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 including during health emergencies to improve ability to respond to these shocks; (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, that disaggregates all data by sex, age (for women 15-49 years of age) and pregnancy status; (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 allowing early detection of HEs alerts in the media; (e) supporting the call center developed by the Public Health Emergencies Operations Center (PHEOC). Climate change related shocks are primary focus and impetus of the latter three activities.

19. **Component 2**: **Improving Early Detection of and Response to HEs through a multisectoral approach (US$ 17.1 million equivalent).** This component will finance expenditures related to strengthening operational readiness and capacities across the critical subsystems to respond to HEs. This will have three subcomponents:

Sub-component 2.1. Supporting collaborative multisectoral surveillance and laboratory diagnostics (US$ 5.2 million equivalent) by: (a) expanding IDSR third edition at the national and intermediate levels, including incorporation of data on sex, age, and pregnancy status; (b) expanding routine indicator and event-based surveillance (EBS) at health facilities and community health structures, with data disaggregated by sex, age, and pregnancy status; (c) ensuring timely verification, investigation, and risk assessment of alerts (feeding from the early warning and alert systems); (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), provision of reagents, commodities and energy efficient laboratory equipment; (f) acquiring mobile laboratories; (g) renovating the PHEOC and the national veterinary laboratory; (h) enhancing five laboratories for WHO SLIPTA accreditation. Climate change emergency preparedness, response, and climate sensitive diseases will be incorporated throughout the subcomponent.

20. ***Sub-component 2.2. Supporting emergency management, coordination, and essential service continuity (US$ 7.8 million equivalent).*** Climate change preparedness and response is a primary impetus and focal area of the following activities: (a) developing/updating a package of essential health services (EHS) and plans for continuity of EHS that includes 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 health emergency 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) conducting advocacy for increasing the public financing for responding to HEs and development of swift mechanisms to mobilize these funds. The subcomponent will also finance: (e) supporting implementation/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) providing support to the PHEOC, the national immunization program, the national institute of public health, the national veterinary laboratory and the IHR focal point; (h) providing energy efficient equipment and support to three one stop centers initiated by the Great Lakes Gender Based Violence (GBV) and Women's Health Project (P147489), closed in December 2019, as well as support to GBV survivors by reimbursing transport fees used to attend the one stop center.

21. ***Sub-component 2.3. Supporting*** **Risk Communication and Community Engagement (*RCCE), empowerment, and social protection for all HEs (US$ 1.6 million equivalen*t).** Climate change preparedness and response is a primary impetus and focal area of the following activities: (a) developing multisectoral RCCE plans, SOPs, guidelines, policies, and procedures for routine and emergency contexts at national and subnational level, to inform decision-making, as well as appropriate safety nets for the most vulnerable; (b) strengthening capacities of Community Health Workers (CHWs) and health promotion technicians on community based surveillance and response IPC, WASH, including equipping CHWs and "parents lumière" (CHWs in charge of malnutrition at community level) with designated kits; (c) developing mechanism for real-time information exchange, advice, and opinions during unusual and unexpected events/emergencies.

22. ***Sub-component 2.4. Climate change adaptation and resilience (US$2.5 million equivalent).*** Climate change is mainstreamed throughout the project and in addition, the project will make targeted investments to address the impact of flooding, droughts, and climate sensitive diseases on health and the health system in Burundi. The subcomponent will finance: (a) a climate and health vulnerability assessment for the country; (b) development of a national climate and health adaptation plan, with attention to gender and other equity and inclusion measures; (c) development and operations of 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) development of a climate and health emergency preparedness and response curriculum for health workers and execute trainings on climate emergency preparedness and response for health workers; (e) assessment of health system performance against floods, droughts, and high heat; (f) development of a climate resilient infrastructure construction and rehabilitation guidelines to prepare facilities for flooding, high heat, and flood-induced mud and landslides; and (h) developing mechanisms for engaging community health workers in climate emergency preparedness and response, including trainings, and designated roles and responsibilities.

23. **Component 3**: **Project Management (US$ 4 million equivalent).** This will finance 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.

24. **Component 4**: **CERC (US$0)**. This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. Following an eligible crisis or emergency, the government may request that the World Bank reallocates project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project components to cover emergency response. A CERC Manual and an Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Area OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

25. **The project implementation arrangements are described in detail in the Project Operational Manual (POM).** The existing Project Technical Unit (PTU) embedded within the Burundi Ministry of Health, will implement the project. The technical, fiduciary, and monitoring and evaluation functions of the PTU are under the Director General of Health, the Director General of Resources, and the Director General of Planning, respectively. The PTU has a long-standing track record of implementing several World Bank-financed health sector operations, including regional projects, namely the East Africa Public Health Laboratory Networking Project which closed in 2019 (P111556), and the Great Lakes Emergency Sexual and Gender-based Violence and Women's Health Project (P147489) which closed in 2020. The PTU is currently implementing the Investing in Early Years and Fertility in Burundi project/Nkuriza (P165253), and the COVID-19 Preparedness and Response project (P173845). The PTU will be reinforced with additional staff, namely a Monitoring and Evaluation expert, a Health System/Health Emergencies expert, and a Senior Accountant. The PTU has a Technical Director in charge of the COVID-19 Project (P173845). He will also be responsible for the day-to-day running of the project while ensuring the continuous alignment of project activities with the pursuit PDO.

26. **A multisectoral steering committee and a multisectoral technical committee will assure strategic and technical coordination, respectively**. A multisectoral steering committee will be set up and include representatives from human, animal and environment health sectors and will be chaired by the Permanent Secretary of the MOH. It will be responsible for(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. Likewise, a multisectoral technical committee will be established and comprise representatives from the same sectors as the steering committee and will be chaired by the Director General of health services and fight

against AIDS. It will be responsible for, inter alia, technical issues related to the Project, facilitating coordination with related projects, and harmonization.

27. **At the regional level, IGAD and ECSA-HC, both of whom meet the eligibility criteria under the IDA regional window, were selected to implement regional activities**, based on their working relationship with countries and technical institutions in the region, and their track record of implementing World Bank financed projects. IGAD will be responsible for the multisectoral, regional aspects of the MPA and will convene political stakeholders beyond the health sector, while ECSA-HC will be responsible for the health aspects and convening of relevant health sector stakeholders. To influence national and regional policies and processes, the HEPRR Program will leverage the convening power of IGAD and ECSA-HC. Directly partnering with these two regional entities, the HEPRR Program will liaise with the RECs, such as the EAC and SADC, and technical agencies such as the New Partnership for Africa's Development (NEPAD), Africa CDC, and WHO Regional Office for Africa (AFRO). For ECSA-HC and IGAD, PTUs will be financed to coordinate work on the HEPRR Program.

28. **The Regional Advisory Committee (RAC) will serve as the bridge between the HEPRR Program and the overall regional agenda and priorities.** The RAC will consist of representatives of all participating countries and regional bodies that support project implementation, as well as global experts, representatives of the Association, and other entities, as described in the Program Operations Manual. The RAC will provide a forum for broader technical and regional engagement beyond the specific focus of the MPA, with an emphasis on ensuring program alignment with the broader regional agenda and strategic direction.

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Practice Manager/Manager:		
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