Central African Republic

Ministry of Health and Population (MoHP)

Health Security Program in Western and Central Africa - Phase III (P508837)

ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

Negotiated

August 7, 2025

ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN

1. The Central African Republic (the Recipient) will implement the Health Security Program in Western and Central Africa- Phase III (P508837) (the Project) with the involvement of the Ministry of Health and Population (MoHP), as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide the financing for the Project, as set out in the Agreement.

2. The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards (ESSs) and this Environmental and Social Commitment Plan (ESCP), in a manner acceptable to the Association. The ESCP is a part of the Agreement. Unless otherwise defined in this ESCP, capitalized terms used in this ESCP have the meanings ascribed to them in the referred Agreement.

3. Without limitation to the foregoing, this ESCP sets out material measures and actions that the Recipient shall carry out or cause to be carried out, including, as applicable, their respective timeframes; institutional, staffing, training, monitoring and reporting arrangements; and grievance management. The ESCP also sets out the environmental and social (E&S) documents that shall be prepared or updated, consulted, disclosed and implemented under the Project, consistent with the ESSs, in form and substance acceptable to the Association. Said E&S documents may be revised from time to time with prior written agreement by the Association. As provided under the referred Agreement, the Recipient shall ensure that there are sufficient funds available to cover the costs of implementing ESCP.

4. As agreed by the Association and the Recipient, this ESCP will be revised from time to time, if necessary, to reflect adaptive management of Project changes or unforeseen circumstances or in response to Project performance. In such circumstances, the Association and the Recipient agree to update the ESCP to reflect these changes through an exchange of letters signed between the Association and official with signature authority. The Recipient shall promptly disclose the updated ESCP.

5. The subsection on “Indicators for Implementation Readiness” below identifies the actions and measures to be monitored to assess Project readiness to begin implementation in accordance with this ESCP. Nevertheless, all actions and measures in this ESCP shall be implemented as set out in the “Timeframe” column below irrespective of whether they are listed in the referred subsection.

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
IMPLEMENTATION ARRANGEMENTS AND CAPACITY SUPPORT[1]			
A	**ORGANIZATIONAL STRUCTURE** a. Maintain the Project Implementation Unit (PIU) of REDISSE IV (P167817) with staff including one Environmental Specialist (with expertise in occupational health and safety), one Social Specialist, one Gender/ gender-based Violence (GBV) Specialist, and recruit one Security Specialist. b. Cause Contractors recruit social specialists with expertise in GBV and an environmental specialist with occupational health and safety (OHS) expertise among their staff, to implement project activities in compliance with their contracts.	a. Maintain the PIU including the Environmental Specialist, Social Specialist, Gender/GBV specialist, and recruit, no later than one month after the Project Effective Date, one Security specialist. Maintain the PIU and these positions throughout Project implementation. b. Cause contractors to hire E&S staff (Environment/OHS and Social/GBV) before the start of their performance	MoHP/PIU

B	**CAPACITY BUILDING PLAN/MEASURES** Prepare and implement the capacity building plan focused on: • Implementation and monitoring of the Environmental and Social Commitment Plan (ESCP) • Implementation of the Stakeholder Engagement Plan (SEP) and its monitoring & evaluation, • Development and implementation of Labor Management Procedures (LMP) • Mitigation, prevention and response on the sexual exploitation and abuse (SEA)/sexual harassment (SH) front, assessment, development and implementation of the SEA/SH Action Plan. • On SEA/SH training, an accent will be placed on incident reporting and case management • Health, safety and security risks, including risks related to road traffic in the zones surrounding schools with high pedestrian traffic safety related to transfer of biological materials (e.g. specimen sample transportation, etc. • Project Grievance Mechanism to enable Project-affected people to file complaints that could be quickly addressed should they have any grievance in relation to the Project. • Development and implementation of security risks assessment and security management plan · • HIV/AIDS, STIs and Hepatitis B control • Health and safety management (among others covering emergency response procedures, first aid administration, road safety in towns and villages, particularly for schoolchildren) • Waste management Training sessions shall be organized for contractors, laborers and other project workers working on project sites, inspectorates' officials and workers (from Environment, Works, etc.), and GM committees who shall be responsible for field level implementation of the Project and GM activities respectfully. In addition, sensitization programs shall be organized for Project and communities as relevant on the following aspects: • Personal Protective Equipment (PPE) • Work-site risk management • Occupational accident prevention • Grievance management • Solid and liquid waste management • STI/HIV AIDS sensitization • GBV/SEA/SH sensitization, Codes of Conduct, grievance mechanism (GM), SEA/SH services available and other mitigation measures put in place by the Project both for workers and the community.	Prepare the capacity building plan no later than 120 days after the Project Effective Date and thereafter implement it throughout Project implementation	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
MONITORING AND REPORTING			
C	**REGULAR REPORTING** Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (E&S) performance of the Project. The reports shall include: a. Status of preparation and implementation of E&S instruments required under the ESCP. b. Summary of stakeholder engagement activities carried out as per the Stakeholder Engagement Plan. c. Complaints submitted to the grievance mechanism(s), the grievance log, and progress made in resolving them, including number of claims resolved within the timeframe of the Project GM. d. E&S performance of contractors and subcontractors as reported through monthly contractor and supervision firm reports. e. Number of RAPs without claims completed in the time foreseen. f. Number and status of resolution of incidents and accidents reported under action E below. g. Number of E&S non-conformities recorded by the supervising engineer during project execution, outstanding issues, and closures.	Submit quarterly reports to the Association throughout Project implementation, commencing after the Project Effective Date. Submit each report to the Association no later than 15 days after the end of each reporting period.	MoHP/PIU
D	**CONTRACTORS' MONTHLY REPORTS** Require contractors and supervising firms to provide monthly monitoring reports on ESHS performance in accordance with the metrics specified in the respective bidding documents and contracts and submit such reports to the Association. This report should also include labor management and OHS performance	Submit the monthly reports to the Association upon request and as annexes to the reports to be submitted under action C above.	MoHP/PIU
E	**INCIDENTS AND ACCIDENTS** Promptly notify the Association of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, including, inter alia, cases of sexual exploitation and abuse (SEA), sexual harassment (SH), and accidents that result in death, serious or multiple injury [e.g., road accident, or work accident]. Provide sufficient details regarding the scope, severity, and possible causes of the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and/or supervising firm, as appropriate. Subsequently, at the Association's request, prepare a report which considers root-cause analysis on the incident or accident and propose any measures to address it and prevent its recurrence.	Notify the Association no later than 48 hours after learning about the incident or accident and ideally within 24 hours but no more than 48 hours in cases of SEA/SH and fatality.	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
	Note that for GBV incidents, confidentiality must be ensured for both the survivor and the alleged perpetrator without providing any identifying information. A report of the incident should be submitted by the Recipient, detailing the summary findings and the root cause analysis. A record of incidents shall be kept at the PIU.	Provide review report and Corrective Action Plan to the Association no later than 10 days following the submission of the initial notice, unless a different timeframe is agreed to in writing by the Association	
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			
1.1	**ENVIRONMENTAL AND SOCIAL ASSESSMENT** a. Prepare and implement an Umbrella Environmental and Social Management Framework (U-ESMF) for the Project, consistent with the relevant ESSs. b. Prepare, disclose, adopt, and implement any environmental and social impact assessments (ESIAs)/environmental and social management plans (ESMPs) or other E&S documents required for the respective Project activities based on the assessment process, in accordance with the ESSs, the UESMF, the WB EHSGs, and other relevant Good International Industry Practice (GIIP) in a manner acceptable to the Association. to, for inter alia, ensure access to and allocation of Project benefits in a fair, equitable and inclusive manner, taking into account the needs of individuals or groups who, because of their circumstances, may be disadvantaged or vulnerable.	a. The UESMF was disclosed by the Bank on 07/16/2025 and by CAR on 07/25/2025, and will be implemented throughout Project implementation. b. ESIAs/ESMPs/ E&S documents shall be prepared, consulted upon, disclosed, and adopted before carrying out Project activities for which such documents are required and before any procurement/ Request for Proposal (RFP) so that Project related E&S specifications are integrated in the bidding documents; thereafter implementation the ESIAs/ESMPs throughout Project implementation.	MoHP/PIU
1.2	**MANAGEMENT OF CONTRACTORS** Incorporate the relevant aspects of the ESCP, including, inter alia, the relevant E&S documents, the Labor Management Procedures, and code of conduct, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply and cause subcontractors to comply with the ESHS specifications of their respective contracts. Provide copies of the relevant contracts with contractors/subcontractors and supervision firms to the Association.	As part of the preparation of procurement documents and respective contracts. Supervise contractors throughout Project implementation.	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
		Copies of relevant contracts provided to the Association upon request.	
1.3	**TECHNICAL ASSISTANCE** Carry out the consultancy, studies (including feasibility studies, if applicable), capacity building, training, and any other technical assistance activities under the Project in accordance with terms of reference acceptable to the Association, that are consistent with the ESSs. Thereafter ensure that the output of such activities complies with the terms of reference	Throughout Project implementation.	MoHP/PIU
1.4	**CONTINGENT EMERGENCY RESPONSE FINANCING** a. Ensure that the CERC Manual includes a description of the ESHS assessment and management arrangements including, a standalone framework instrument for CERC (CERC ESMF) that will be included or referred to in the CERC Manual for the implementation of CERC Component, in accordance with the ESSs. b. Adopt any environmental and social (E&S) instruments which may be required for activities under CERC Part of the Project, in accordance with the CERC Manual and, a standalone framework instrument for CERC (CERC ESMF) and the ESSs, and thereafter implement the measures and actions required under said E&S instruments, within the timeframes specified in said E&S instruments.	The preparation of the CERC manual and, if applicable, other E&S documents, as relevant in form and substance acceptable to the Association is a withdrawal condition under Section III.B.1 of Schedule 2 to the Financing. Adopt any required E&S instrument and include it as part of the respective bidding process, if applicable, and in any case, before the carrying out of the relevant Project activities for which the E&S instrument is required. Implement the E&S instruments in accordance with their terms, throughout the life of the project.	MoHP/PIU
ESS 2: LABOR AND WORKING CONDITIONS			
2.1	**LABOR MANAGEMENT PROCEDURES**	Prepare, consult upon and disclose LMP no later than one month after the Project Effective Date and prior to engaging Project workers and thereafter adopt and	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
	Prepare and implement the Labor Management Procedures (LMP) for the Project, including, inter alia, provisions on working conditions, management of workers relationships, occupational health and safety (including personal protective equipment, and emergency preparedness and response), code of conduct (including relating to SEA and SH), forced labor, child labor, grievance arrangements for Project workers, and applicable requirements for contractors, subcontractors, and supervising firms.	implement the LMP throughout Project implementation	
2.2	Require contractors to prepare and implement an Occupational Health and Safety Plan (OHSP) following the World Bank Group Environmental Health and Safety Guidelines (for construction/rehabilitation activities) and site-specific ESMPs.	OHS Plan and Site-specific ESMPs to be prepared by Contractors and shared with the Project for its approval prior to commencement of any civil works under the Project. Thereafter implemented throughout Project implementation.	MoHP/PIU
2.3	**GRIEVANCE MECHANISM FOR PROJECT WORKERS** Establish and operate a grievance mechanism for Project workers, as described in the LMP and consistent with ESS2.	Establish grievance mechanism prior to engaging Project workers and thereafter maintain and operate it throughout Project implementation	MoHP/PIU
ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT			
3.1	**WASTE MANAGEMENT PLAN** Prepare and implement a Waste Management Plan (WMP), as part of the ESMP prepared for the Project, to manage hazardous and non-hazardous waste, consistent with ESS3.	Same timeframe as for the adoption and implementation of the ESMPs under action 1.1.	MoHP/PIU
3.2	**RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT** Incorporate resource efficiency and pollution prevention and management measures in the ESMF and site-specific ESMPs to be prepared under action 1.1 above.	Same timeframe as for the adoption and implementation of the UESMF and ESMPs under action 1.1.	MoHP/PIU
ESS 4: COMMUNITY HEALTH AND SAFETY			
4.1	**TRAFFIC AND ROAD SAFETY** Incorporate measures to manage traffic and road safety risks as required in the ESMF and all subproject ESMPs to be prepared under action 1.1 above.	Same timeframe as for the adoption and implementation of the UESMF and ESMPs under action 1.1.	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
4.2	**COMMUNITY HEALTH AND SAFETY** Assess and manage specific risks and impacts to the community arising from Project activities including risks related to labor influx such as traffic and road safety risks, community exposure to noise and dust from construction, sexual abuse and exploitation (SEA), and the emergency response plan, as specified in the ESMP in points 1.1 and the SEA/SH Prevention and Response Plan (see point 4.3 below). Include mitigation measures in the ESMPs/ESMP Checklists to be prepared in accordance with the UESMF.	Same timeframe as for the adoption and implementation of the UESMF and ESMPs under action 1.1.	MoHP/PIU
4.3	**SEA AND SH RISKS** a. Prepare and implement a SEA/SH Action Plan consistent with ESS4, to assess and manage the risks of SEA and SH. b. Ensure that measures related to community workers including vetting process and criteria when hiring community health workers are included in the Project Operations Manual (POM) and the implementation of these measures are monitored throughout Project implementation, all in a form and substance acceptable to the Association. c. Ensure recruitment of a Specialized GBV service provider, with qualifications and terms of reference acceptable to the Association, to provide technical assistance for the implementation of the SEA/SH Action Plan including aspects relating to case management and Project Grievance Mechanism (GM), as well as support for monitoring of related measures.	a. Prepare, consult upon, disclose and implement SEA/SH Action Plan no later than two months after the Effective Date and thereafter implement the SEA/SH Action Plan throughout Project implementation. b. At the same time as preparation and adoption of POM in accordance with the Financing Agreement and implemented throughout Project implementation. c. Before the start of field activities, and no later than 120 days after the Project Effective Date, and maintained throughout Project implementation.	MoHP/PIU
4.4	**OCCUPATIONAL HEALTH AND SAFETY (OHS) MEASURES** Incorporate OHS guidelines and Plans into all subproject ESMPs to be prepared under action 1.1 above	Same timeframe as for the adoption and implementation of the ESMPs under action 1.1.	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
4.5	**SECURITY MANAGEMENT** Prepare, consult upon, and disclose (executive summaries of),security risk assessment (SRA) and security management plan (SMP) that cover the assessment and implementation measures to manage the security risks of the Project, including the risks of engaging security personnel to safeguard Project workers, sites, assets, and activities, as set out in the Security Management Plan, guided by the principles of proportionality and GIIP, and by applicable law, in relation to hiring, rules of conduct, training, equipping, and monitoring of such personnel.	Prepare, consult upon, and disclose a Security Risk Assessment (SRA) and Security Management Plan (SMP) no later than 2 months after the Project Effective Date, and thereafter adopt and implement the SRA and SMP throughout Project implementation.	MoHP/PIU
4.6	**INVOLVEMENT OF SECURITY PERSONNEL** Ensure the following measures are carried out before deploying the security forces for the provision of security to Project workers, sites and/or assets, consistent with the ESSs: a. Assess and implement measures to manage the security risks of engaging the security personnel as set out in the Security Management Plan and consistent with ESS4, guided by the principles of proportionality and GIIP, and by applicable law, in relation to screening, hiring, rules of conduct, training, equipping, and monitoring of the security personnel. b. Adopt and implement standards, protocols, and codes of conduct, as relevant, for the selection and assignment of the security personnel to the Project, and make reasonable inquiries to verify that security forces that are employed have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force as set out in the SMP and consistent with ESS4; c. Ensure that adequate instruction and training is provided to security personnel, prior to deployment and on a regular basis, on the use of force and appropriate conduct (including in relation to civilian-military engagement, SEA and SH, and other relevant areas), as set out in the SMP and consistent with ESS4; d. Ensure that the stakeholder engagement activities under the Stakeholder Engagement Plan (SEP) include communication on the involvement of security personnel in the Project; e. Ensure that any concerns or grievances regarding the conduct of the security personnel are received, monitored, and documented (taking into account the need to protect confidentiality) by the Project's grievance mechanism (see action 10.2 below), which shall facilitate its	Carry out a., b., and c. before deploying security personnel under the Project and implement throughout Project implementation. d. and e. as set out under actions 10.1 and 10.2 respectively. Notify the Association after receiving a concern or grievance in the timeframe specified in action B above. f. within the timeframes requested by the Association.	MoHP

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
	resolution, in accordance with ESS4 and ESS10. Notify the Association after receiving the concern or grievance, as set out under action B above; and f. Where the Association so request in writing, after consultation with the Recipient: (i) promptly appoint a third- party monitor consultant, with terms of reference, qualifications and experience acceptable to the Association, to visit and monitor the Project area where security personnel are deployed, collect relevant data and communicate with Project stakeholders and beneficiaries; (ii) require the third-party monitor consultant to prepare and submit monitoring reports, which shall be promptly made available to and discussed with the Association; and (iii) promptly take any actions, as may be requested by the Association upon its review of the third-party monitor consultant reports.		
ESS 5: LAND ACQUISITION, RESTRICTIONS ON LAND USE AND INVOLUNTARY RESETTLEMENT			
5.1	**RESETTLEMENT PLANS** Prepare, disclose, consult upon, adopt and implement a resettlement action plan (RAP) including a Livelihood Restoration Plan (LRP) for each activity for which such RAP is needed, and consistent with ESS5.	Prepare, disclose, consult upon, adopt and implement once sites for project works are known, and before the start of related works, the respective RAP annexed with LRP, including ensuring that before taking possession of the land and related assets, full compensation has been provided and, as applicable, displaced people have been resettled and moving allowances have been provided. In addition, ensure that all measures planned in the Livelihood Restoration Plan shall be applied as necessary.	MoHP/PIU

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY
5.3	**GRIEVANCE MECHANISM** Develop and implement the arrangements for the grievance mechanism for resettlement in accordance with the grievance mechanism under ESS10. The grievance mechanism (GM) to address resettlement related complaints should be described in the RAPs and USEP. Ensure that the RAPs and USEP provide detailed information on the grievance mechanism (GM) to which complaints and feedback on involuntary resettlement under the Project can also be directed.	The GM shall be operational before the start of resettlement activities under each investment and maintained throughout Project implementation.	MoHP/PIU
ESS 6: BIODIVERSITY CONSERVATION AND SUSTAINABLE MANAGEMENT OF LIVING NATURAL RESOURCES Not currently relevant to the Project			
ESS 7: INDIGENOUS PEOPLES/SUB-SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL COMMUNITIES			
7.1	**INDIGENOUS PEOPLES PLANS** a. Conduct social assessment and identify measures to address risks as part of ESIA/ESMP, consistent with ESS7. b. Prepare and implement an Indigenous Peoples Plan (IPP) [for each activity under the Project for which such IPP is required, as set out in ESIA/ESMP and SEP consistent with ESS7.	a. 1.Same timeframe as the ESIA/ESMP and SEP and once adopted, implement required actions throughout Project implementation. b. Prepare, consult upon, and disclose IPP before the start of activities in zones with IP presence.	MoHP/PIU
7.2	**GRIEVANCE MECHANISM** The grievance mechanism to address complaints submitted by Indigenous Peoples shall be described in the SEP and based on consultation with Indigenous Peoples and Indigenous Peoples representative organizations.	Same timeframe as section 10.3.	MoHP/PIU

	MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
ESS 8: CULTURAL HERITAGE			
8.1	**CULTURAL HERITAGE RISKS AND IMPACTS** Adopt and implement cultural heritage management measures as part of the UESMF and ESMPs, consistent with ESS8.	Adopt cultural heritage management measures as part of the UESMF and site specific ESMPs in accordance with the timeframes for the adoption and implementation of the UESMF and ESMPs under Action 1.1 and thereafter implement the CHMP throughout Project implementation.	MoHP/PIU
8.2	**CHANCE FINDS** Describe and implement the Chance Finds Procedures, as part of the UESMF and ESMPs of the Project.	Describe the chance find procedures in the UESMF and ESMPs. Implement the procedures throughout Project implementation.	MoHP/PIU
ESS 9: FINANCIAL INTERMEDIARIES [This standard is only relevant for Projects involving Financial Intermediaries (FIs).] Not currently relevant to the Project			
ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE			
10.1	**STAKEHOLDER ENGAGEMENT PLAN** a. Prepare and Implement an Umbrella Stakeholder Engagement Plan (SEP) for the Project, consistent with ESS10, which includes measures to, inter alia, provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. The communication activities of the Project, including citizen engagement, will align with the SEP's objectives, principles, procedures and implementation plan. b. Prepare and implement a country specific Stakeholder Engagement Plan (SEP) for the Project, consistent with ESS10	a. USEP was disclosed on 07/16/2025 by the Bank and on 07/25/2025 by CAR and shall be implemented throughout Project implementation. b. Prepare, consult upon, disclose and implement Country specific SEP no later than two months after the Effective Date and thereafter implement the SEP throughout Project implementation	MoHP/PIU

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY
10.2	**PROJECT GRIEVANCE MECHANISM** Establish, publicize, maintain, and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties, at no cost and without retribution, including concerns and grievances filed anonymously, in a manner consistent with ESS10. In the interim, adopt the GM of SENI plus (P181561) in line with SEP throughout project preparation until project GM is established and operational. The grievance mechanism shall be equipped to receive, register, and facilitate the resolution of SEA/SH complaints, including through the referral of survivors to relevant gender-based violence service providers, all in a safe, confidential, and survivor centered manner.	Establish the grievance mechanism before the start of field activities and thereafter maintain and operate the mechanism throughout Project implementation.	MoHP/PIU
INDICATORS FOR IMPLEMENTATION READINESS			
The following actions are indicators for implementation readiness: i. recruitment and training of E&S staff within Project Implementation Entities, ii. ES assessments and plans to be prepared by the Recipient at the onset of implementation.			

Climate Annex: CENTRAL AFRICA REPUBLIC

Abbreviations and acronyms

AMR	Antimicrobial Resistance
CAR	Central African Republic
CERC	Contingency Emergency Response Component
FELTP	Field Epidemiology and Laboratory Training Program
GHG	Greenhouse gas
IT	Information Technology
NAPHS	National Action Plans for Health Security
RCCE	Risk Communication and Community Engagement
SIMAR	Integrated Animal Disease Surveillance and Response Guide
SOP	Standard Operating Procedure

Climate Vulnerability and Contribution to Adaptation and Mitigation

The Project has been screened for short and long-term climate disasters and risks and has been found to be highly exposed, while the potential risk to project activities is moderate. While the mean annual temperature in the Central African Republic (CAR) is 25.1°C, it has increased at a rate of 0.35°C per decade since the 1970s, with an increased frequency and severity of extreme heat.[2] The CAR is already experiencing between 46.8 and 63 hot days (T-MAX>35°C) projected to increase to 49.2 to 114.4 hot days by 2059.[3] The south-western parts of the country in particular have experienced significant increases in maximum temperature. The mean annual precipitation for the CAR is 1369.6mm with significant rainfall and associated extreme flood events between May and October. The country has seen an increase in precipitation of 8% in the last three decades with increased intense and extreme rainfall events.[4]

Climate change is already contributing to increased health burdens and health emergencies in the CAR. As an example, heavy flooding took place in June and July 2022, causing the death of 11 people, as well as severe damage to homes, schools, health facilities, water points, latrines and submerged farmlands.[5] This contributed to elevating the risk of diarrheal diseases particularly in Bangui, Birao and Vakaga. It is estimated that at least 75% of health emergencies in the CAR are climate change related, between 1980 and 2020 natural risks constituted in floods (38%), epidemics (31%), storms (24%), wildfires (5%) and droughts (2%).[6] All those risks are expected to increase in frequency and severity because of climate change.[7]

In the CAR, climate change and related hazards are significantly increasing the transmission and spread of vector and water-borne diseases. While malaria already accounts for 40 percent of health visits in the CAR, the number of additional cases due to climate change is projected to reach 1 million between 2026 and 2030, and over 2.3 million

[2] WBG, Climate Risk Country Profile: Central African Republic (2021)
[3] Climate Change Knowledge Portal. N.d. Central African Republic – Heat Risk. https://climateknowledgeportal.worldbank.org/country/central-african-republic/heat-risk
[4] WBG, Climate Risk Country Profile: Central African Republic (2021)
[5] Davies. R. (2022 October, 3). Central African Republic – Floods in 12 Prefectures Leave Thousands Displaced, 11 Dead. https://floodlist.com/africa/central-african-republic-floods-june-october-2022
[6] *World Bank Climate Change Knowledge Portal*. Central African Republic. Retrieved March 21, 2025, from https://climateknowledgeportal.worldbank.org/
[7] Intergovernmental Panel On Climate Change (Ipcc). (2023). Climate Change 2022 – Impacts, Adaptation and Vulnerability: Working Group II Contribution to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change (1st ed.). Cambridge University Press. https://doi.org/10.1017/9781009325844

between 2031 and 2050.[8,9] The northern part of the CAR in particular is expected to experience an expansion of dengue fever incidence because of climate change due to increases in temperatures and rainfall.[10] In total, infectious diseases account for 70 percent of the economic cost of the health impacts of climate change due to years of life lost in the CAR, which is anticipated to reach almost US$1.4 billion between 2031 and 2050 (dengue, diarrhea and malaria).[11] The CAR is ranked 186 out of 187 countries by the ND-GAIN climate matrix, denoting high vulnerability and low readiness.[12] The vulnerability of the health sector is one of the main elements of that poor performance, due to projected changes in vector-borne diseases, dependency on external resources of health services, and low number of medical staff per 1,000 people.[13]

Climate change threatens to exacerbate AMR and zoonotic diseases in the CAR.[14] The African continent faces a high health burden related to climate-sensitive zoonotic outbreaks such as Ebola, Marburg, Lassa fever, and Rift Valley fever.[15] As climate change progresses the frequency of emerging zoonotic events is estimated to continue increasing, disproportionately impacting Africa.[16] Climate change hence strengthens the case for a One Health approach, aiming at addressing the interface between human and animal health, especially considering that it is estimated to cost less than 1/20th of the value of lives loss prevented each year.[17,18] In addition, climate change is also predicted to exacerbate antimicrobial resistance (AMR) risks in Africa.[19] For instance, rising aerosol levels in Africa—driven by shifts in climate and land use—have been linked to changes in the patterns of antibiotic resistance.[20]

The National Adaptation Plan elaborated by the CAR government in 2022 recognizes the threat of emerging diseases from vectors or pathogen agents as the most significant vulnerability factor posed by climate change on health at the national level.[21] The Country Climate Development Report developed by the World Bank in coordination with stakeholders from the Government of CAR also highlights opportunities to improve to adapt the healthcare system to the consequences of climate change through strategies aimed at strengthening infrastructure against extreme weather or improving disease surveillance.[22]

The project intends to implement measures to adapt to the impacts of climate change in the CAR while employing measures to mitigate greenhouse gas (GHG) emissions as outlined in the climate adaptation and mitigation table.

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[8] WBG, Country Climate & Development Report: Central African Republic (2024)

[9] WBG, Climate Change & Health Vulnerability Analysis: Central African Republic (2025)

[10] Attaway, D. F., Jacobsen, K. H., Falconer, A., Manca, G., & Waters, N. M. (2016). Risk analysis for dengue suitability in Africa using the ArcGIS predictive analysis tools (PA tools). *Acta Tropica*, *158*, 248–257. https://doi.org/10.1016/j.actatropica.2016.02.018

[11] WBG, Climate Change & Health Vulnerability Analysis: Central African Republic (2025)

[12] Dame, M. C. W. // U. of N. (n.d.). *Rankings // Notre Dame Global Adaptation Initiative // University of Notre Dame*. Notre Dame Global Adaptation Initiative. Retrieved March 28, 2025, from https://gain.nd.edu/our-work/country-index/rankings/

[13] Dame, M. C. W. // U. of N. (n.d.). *Rankings // Notre Dame Global Adaptation Initiative // University of Notre Dame*. Notre Dame Global Adaptation Initiative. Retrieved March 21, 2025, from https://gain.nd.edu/our-work/country-index/rankings/

[14] Regional evidence is displayed here considering (i) that AMR and zoonotic disease risks do not know borders and are better considered at the regional level; (ii) national level information was not available.

[15] Magiri, R., Muzandu, K., Gitau, G., Choongo, K., & Iji, P. (2020). Impact of Climate Change on Animal Health, Emerging and Re-emerging Diseases in Africa. In W. Leal Filho, N. Oguge, D. Ayal, L. Adelake, & I. Da Silva (Eds.), *African Handbook of Climate Change Adaptation* (pp. 1–18). Springer International Publishing. https://doi.org/10.1007/978-3-030-42091-8_19-1

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[21] Plan National Initial d'Adaptation aux Changements Climatiques de la République Centrafricaine, Ministère de l'Environnement et du Développement Durable, Programme des Nations Unies pour le Développement (UNDP) (2022)

[22] WBG, Country Climate & Development Report: Central African Republic (2024)

Table 1: Climate Action per Component

Subcomponent	Climate Action
Component 1: Prevention of Health Emergencies (US$2.14 million)	
Subcomponent: 1.1 Health Security Governance, Planning, and Stewardship (US$0.44 million)	Climate change is a primary driver of health emergencies in the CAR (estimated to be at least 75%). Accordingly, health security governance, planning, and stewardship for climate change and response is a primary focus for this subcomponent. Activities funded through this subcomponent will help the country address the additional burden of disease from climate sensitive diseases and the additional impacts of more frequent and intense climate shocks (floods, extreme heat) on the health system. Adequate, focused capacity for response to the health impacts of climate shocks is critical for adaptation to these. The subcomponent will purposively incorporate climate change throughout the activities to address the risk of climate change to health security: - The subcomponent will finance drafting and review of sectoral, multi-sectoral, and public health laws, policies, and regulations to ensure their contents support response to climate shocks relevant to the operations. The Integrated Animal Disease Surveillance and Response Guide (SIMAR) will include specific sections on climate emergency preparedness and response and surveillance of climate sensitive diseases. - Multi-sectoral plans for preparedness and response to public health events and National Action Plans for Health Security (NAPHS) will have specific sections on climate emergency preparedness and response and climate sensitive diseases. - The subcomponent will finance monitoring and evaluation of IHR implementation capacities for climate emergency preparedness and response. A specific tool to evaluate climate emergency preparedness will be identified. - Emergency preparedness will have a significant focus on interventions for climate change. Simulation exercises and cross-sectoral surveillance and response protocols will have specific focus on preparedness and response to climate shocks.
Subcomponent: 1.2 Scaling-up One Health Agenda and combatting AMR (US$1.7 million)	The subcomponent will finance activities to strengthen preparedness and response for public health emergencies, which are largely climate change driven, using a One Health approach. Climate change is a primary driver of the One Health agenda in the CAR, considering that most vector-borne and zoonotic diseases are climate-related, and is a primary driver of risk communication activities on climate shocks and climate-sensitive diseases. Activities related to AMR risk reduction contribute to climate resilience in the CAR. Climate change will be incorporated through specific mechanisms throughout the subcomponent: - Multi-sectoral national plans for preparedness and response to public health events will have specific sections on climate emergency preparedness and response and climate sensitive diseases, which is anticipated to be a significant part of the guidelines as these are estimated to comprise at least 75 percent of public health emergencies in the CAR. - The risk communication Standard Operating Procedures (SOPs) will have specific sections on communicating with the public on climate shocks and climate sensitive diseases. Risk Communication and Community Engagement (RCCE) training will have specific modules on communicating climate shocks and climate sensitive diseases. - The One Health Platform will coordinate sectorial work in preparing for and responding to climate shocks and outbreaks of climate sensitive diseases. Actors involved in climate change including meteorological services, environmental health, and emergency preparedness and response will be purposively engaged in platform meetings. - The national action plan to combat AMR will have specific sections on the impact of climate change on AMR and reducing these impacts, with a focus on climate shocks.
Component 2: Detection of Health Emergencies (US$31.66 million)	
Subcomponent: 2.1 Collaborative	Collaborative surveillance is a critical element of addressing and containing climate sensitive diseases. This subcomponent will purposively address climate change, as follows:

Surveillance (US$6.13 million)	- Strengthening of surveillance capacities will support early detection of outbreaks of climate sensitive diseases with specific modules on climate sensitive diseases in training and tools supported using meteorological data. - Community-based and event-based surveillance mechanisms will be updated to better prepare for and respond to climate-related health risks. Local linkages at the community level will enable to target the most vulnerable groups (children, women, elderly people, people with disabilities or pre-existing health conditions), in the context of health emergency response. - Cross border surveillance tools will have specific climate-change related components on transmission methods. Training and capacity assessments will include specific content on the impacts of climate change and climate shocks on climate sensitive diseases. Disease surveillance systems will be linked to early warning systems for climate shocks. Tools for event verification, investigation, and risk assessment will have a specific component on the climate-change related transmission methods of climate sensitive diseases to ensure these transmission dynamics are included during assessments. Digital and information technology (IT) equipment[23] purchased through this subcomponent will use energy efficiency criteria above national standards as a rated criteria in procurement for the equipment. Digital surveillance at a cost of US$3.55 million is expected to substantially reduce GHG emissions[24].
Subcomponent: 2.2 Laboratory Quality and Capacity (US$25.2 million).	Climate change is a significant driver of health emergencies in the CAR, including outbreaks of climate sensitive diseases. This subcomponent will purposively incorporate climate change with specific technical assistance for the activities, as follows: - Laboratory protocols developed will include specific modules on climate sensitive diseases to address climate change related transmission factors (i.e. flood water source testing). - Laboratory rehabilitation of key facilities will go beyond standard practice, such as extra drainage and raising laboratories to prevent flooding and passive cooling measures such as extra ventilation, among others identified by the vulnerabilities in the localities. - Training on biosafety and biosecurity guidelines will include specific modules on climate emergency preparedness during climate shocks. - Laboratory capacity strengthening will include specific modules on the impacts of climate change and climate shocks on climate sensitive diseases and on laboratory management. The budget dedicated to mitigation activities under this subcomponent is US$8.87 million, consisting of: i. Procurement of laboratory equipment[25] using energy-efficiency criteria above national standards as a rated criteria in procurement for the equipment.

[23] Digital and information technology (IT) equipment purchased through this subcomponent will apply energy efficiency standards to ensure substantial reduction of energy consumption, resource consumption, or CO_2e emissions compared to the current context in the CAR, where such guidelines are absent. The cost of this digital and IT equipment will be an estimated US$0.7 million from IDA. This demonstrates the greenhouse gas substantiality of this Project component as this introduces, and thereby surpasses, national standards. By introducing energy efficiency requirements into equipment specifications, the Project goes above and beyond current technology performance benchmarks. Energy Star efficiency standards and similar viable standards for digital and IT equipment will be used exceeding mandatory minimum energy performance standards set in the CAR, with particular reference to the energy star criteria. Rated criteria will be used in the procurement process to ensure that the highest energy efficiency rating or labelling that allows to perform digital and IT activities adequately will be pursued.

[24] Digital surveillance is expected to substantially reduce greenhouse gas (GHG) emissions by reducing paper use, storage and transport within the country (totaling 134.38 metric ton CO2eq fewer emissions per year, from 134.40 metric ton CO2eq per year generated with paper-based emissions to 0.02 metric ton CO2eq per year with digitization). This move to digital surveillance results in a greater than 20% reduction in GHG emissions compared to a baseline scenario, and it is projected to avert the printing of over 15 thousand paper sheets annually, which are transported by shared vans 42 times a year averaging 377 km per trip.

[25] Medical equipment purchased through this subcomponent for health facilities will apply energy efficiency standards to ensure substantial reduction of energy consumption, resource consumption, or CO_2e emissions compared to the current context in the CAR, where such guidelines are absent. The cost of the electric medical equipment will be an estimated US$7.0 million from IDA. This demonstrates the greenhouse gas substantiality, as this introduces, and thereby surpasses, national standards. By introducing energy efficiency requirements into equipment specifications, the Project goes above and beyond current technology performance benchmarks. Energy Star efficiency standards, IEC energy efficiency standards, and similar viable standards for medical equipment will be used exceeding mandatory minimum energy performance

	ii. Rehabilitation of laboratory buildings using EDGE post-rehabilitation certification[26]. Rehabilitation will incorporate climate change resilience measures going beyond standard practice, such as extra drainage and wall protection for floods and reflective paint for high heat.
Subcomponent: 2.3 Multi-disciplinary human resources for health emergencies (US$0.33 million).	The CAR faces severe shortages of health workers, hampering the country's ability to respond effectively to its health needs, even in the absence of shocks. This subcomponent finances strategic actions to ensure adequate workforce for health emergencies and strengthen workforce capacities required to prevent, detect, and respond to health emergencies, which climate change is a primary driver of in the CAR. Climate change will be reflected through specific materials and concrete activities and is expected to comprise a significant proportion of these activities, as follows: - Training in strengthening laboratory operational capacity for health emergencies will include specific modules addressing impact and response to climate shocks and outbreaks of climate sensitive diseases. - Climate change emergency preparedness and response, use of meteorological data, and climate change impacts on infectious disease will be specific training modules within all operation training and specific climate information will be provided at Field Epidemiology and Laboratory Training Program (FELTP). - National strategies for multisectoral workforce planning and surge capacity will have a primary focus on surge capacity for climate emergency preparedness and response, with specific deployment plans, guidelines, and procedures for deployment in climate shocks and in response to climate sensitive disease outbreaks.
Component 3: Health Emergency Response (US$20.2 million).	
Subcomponent: 3.1 Health Emergency Management (US$5.34 million)	The subcomponent will finance activities to strengthen preparedness and response for public health emergencies, of which at least 75% are estimated to be climate change related in CAR. CAR's National Health Development Plan recognizes climate change as a key vulnerability factor to consider as part of its efforts to ensure access to healthcare.[27] Climate change is one of the primary impetuses of activities and a significant proportion of the activities. Specific activities that the project will finance include: - Specific incident action plans will be developed for climate shocks and climate sensitive diseases. These are anticipated to be a significant percentage of overall incident action plans. Action plans for climate sensitive diseases will have a dedicated focus on climate change related transmission factors and the additional burden of disease due to climate change. - Immunizations during health emergencies will include immunizations during climate shocks and outbreaks of climate sensitive diseases, which are anticipated to comprise a significant percentage of overall health emergencies. - Community risk communication plans, guidelines, and policies will emphasize climate emergency preparedness, and the impacts of climate shocks on climate sensitive diseases, raising awareness of how infections are transmitted.

standards set in the CAR, with particular reference to IEC 60601-1-9, 'Medical Equipment - General requirements for basic safety and essential performance - Collateral Standard: Requirements for environmentally conscious design'. The highest energy efficiency rating or labelling that allows to perform medical services adequately will be pursued. Rated criteria will be used in the procurement process to ensure that the highest energy efficiency rating or labelling that allows to perform quality medical adequately will be pursued

[26] The Project commits to adopting measures that substantially reduce net energy consumption, resource consumption, and CO2e emissions of the laboratories and to securing post-construction EDGE level 1 certification for the rehabilitation of the laboratories. As there are currently no energy efficiency standards in the CAR, this goes beyond national standards for an estimated total of US$1.87 million, IDA. The Project will finance technical assistance for energy efficiency assessments and implementing the EDGE building criteria, which will center around low embedded greenhouse gas emissions in the building materials used, thermal protection and low emissivity of the building envelope and glazing and passive energy design with active or passive façade shading elements as appropriate for the laboratories. The design and construction of the energy-efficient laboratories will contribute to reductions in greenhouse gas emissions.

[27] Plan National de Développement Sanitaire (PNDS III), République Centrafricaine (2022-2026)

	- Emergency Operation Centers and their rapid response teams established under this subcomponent will be equipped to respond to climate shocks and outbreaks of climate sensitive diseases as a significant component of their work. Training will include specific modules on climate emergency preparedness and response with specific deployment plans, guidelines, and procedures for deployment in climate shocks and in response to climate sensitive disease outbreaks. - Tools for strengthening emergency logistics and clinical management will have specific content to support climate sensitive planning and use of meteorological data focusing on response to climate shocks and outbreaks of climate sensitive diseases.
Subcomponent: 3.2 Health service delivery for health emergencies (US$14.86 million)	This subcomponent focuses on preparing the health system to ensure the maintenance of essential health services during a health emergency. An estimated 75% of health emergencies in the CAR are driven by climate change. The CAR's National Health Development Plan recognizes climate change as a key vulnerability factor to consider as part of its efforts to ensure access to healthcare.[28] This subcomponent will purposively incorporate activities to address climate-driven health emergencies, as follows: - Acute climate shocks cause psychosocial distress (i.e. housing, water and income insecurity). This subcomponent will integrate mental health impacts related to climate shocks as a significant proportion of mental health and psychosocial activities. - Training for health workers on clinical care and infection prevention and control measures will have specific modules focusing on maintaining these interventions during climate driven health emergencies with specific attention to climate sensitive diseases (i.e. cholera). - Epidemic and epizootic response plans will include specific sections on climate emergency preparedness and response to outbreaks of climate sensitive diseases. Stockpiling of essential medical supplies will include pharmaceutical stockpiling for outbreaks of climate sensitive diseases. - Operational research to assess equity, effectiveness, and uptake of services during health emergencies will include specific assessment criteria for climate-driven health emergencies and outbreak of climate-sensitive diseases. - Installation of basic hygiene infrastructure in priority health facilities will go beyond standard practice such as investing in elevated or flood-proof latrines to mitigate health risks during climate-driven extreme weather events.
Component 4: Program Management and Institutional Capacity (US$6.0 million)	
This subcomponent will finance the management and implementation of the operation's climate activities and so should be prorated to the operation's other climate activities.	
Component 5: Contingency Emergency Response Component (CERC) (US$0.0 million)	

[28] Plan National de Développement Sanitaire (PNDS III), République Centrafricaine (2022-2026)