Financing Agreement

(Regional Disease Surveillance Systems Enhancement Project (REDISSE) in Central Africa – Chad Project under the Fourth Phase of REDISSE)

between

REPUBLIC OF CHAD

and

INTERNATIONAL DEVELOPMENT ASSOCIATION
AGREEMENT dated as of the Signature Date between the REPUBLIC OF CHAD ("Recipient") and the INTERNATIONAL DEVELOPMENT ASSOCIATION ("Association").

WHEREAS (A) the Association, by extending financial assistance: (i) in 2016, to the Republic of Guinea, the Republic of Senegal, the Republic of Sierra Leone and the Economic Community of West African States; (ii) thereafter, in 2017, to the Republic of Guinea Bissau, the Republic of Liberia, the Federal Republic of Nigeria and the Republic of Togo; and (iii) subsequently, in 2018, to the Republic of Benin, the Republic of Mali, the Islamic Republic of Mauritania and the Republic of Niger, has provided support to activities under the first, second and third phase, respectively, of a program designed to strengthen weak human health, animal health, and disaster response systems to improve the preparedness of the West Africa region to handle future epidemics, and thereby minimize the national, regional, and potential global effects of such disease outbreaks ("Regional Disease Surveillance Systems Enhancement Project" or "Program");

(B) the Recipient and certain Central African countries have agreed to participate in a fourth phase of the Program designed to extend the Program to Central Africa (as defined in the Appendix to this Agreement) by: (i) strengthening national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in the Economic Community of Central African States ("ECCAS", as further defined in the Appendix to this Agreement); and (ii) in the event of an eligible crisis or emergency, providing immediate and effective response to said eligible crisis or emergency;

(C) the Recipient, having satisfied itself as to the feasibility and priority of the project ("Project", as described in Schedule I hereto) under the fourth phase of the Program, has requested the Association to assist in the financing of the Project;

(D) by a financing agreement to be entered into between the Republic of Angola ("Angola") and the International Bank for Reconstruction and Development ("Bank") ("Angola Loan Agreement"), the Bank will extend to Angola a loan in an amount of sixty million Dollars ($60,000,000) to assist Angola in financing part of the cost of activities related to the Project on the terms and conditions set forth in the Angola Loan Agreement;

(E) by a financing agreement to be entered into between the Central African Republic ("Central African Republic") and the Association ("Central African Republic Financing Agreement"), the Association will extend to the Central African Republic a grant in an amount equivalent to ten million nine hundred thousand Special Drawing Rights (SDR 10,900,000) to assist the Central African Republic in financing part of the
cost of activities related to the Project on the terms and conditions set forth in the Central African Republic Financing Agreement;

(F) by a financing agreement to be entered into between the Republic of Congo ("Congo") and the Association ("Congo Financing Agreement"), the Association will extend to Congo a credit in the amount of thirteen million five hundred thousand Euros (EUR 13,500,000) to assist Congo in financing part of the cost of activities related to the Project on the terms and conditions set forth in the Congo Financing Agreement;

(G) by a financing agreement to be entered into between the Democratic Republic of Congo ("Democratic Republic of Congo") and the Association ("Democratic Republic of Congo Financing Agreement"), the Association will extend to the Democratic Republic of Congo a credit in the amount of seventy-five million Dollars ($75,000,000) and a grant in an amount equivalent to fifty-four million six hundred thousand Special Drawing Rights (SDR 54,600,000) to assist the Democratic Republic of Congo in financing part of the cost of activities related to the Project on the terms and conditions set forth in the Democratic Republic of Congo Financing Agreement; and

(H) by a financing agreement to be entered into between the Association and ECCAS ("ECCAS Financing Agreement"), the Association will extend to ECCAS a grant in an amount equivalent to seven million three hundred thousand Special Drawing Rights (SDR 7,300,000) to assist ECCAS in financing part of the cost of activities related to the Project on the terms and conditions set forth in the ECCAS Financing Agreement.

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

NOW THEREFORE the Recipient and the Association 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 — GRANT

2.01. The Association agrees to extend to the Recipient a grant, which is deemed as Concessional Financing for purposes of the General Conditions ("Grant") in an amount equivalent to twenty-one million eight hundred thousand Special
Drawing Rights (SDR 21,800,000) ("Grant") to assist in financing Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project.

2.02. The Recipient may withdraw the proceeds of the Grant 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 Grant Balance.

2.04. The Payment Dates are February 15 and August 15 in each year.

2.05. The Payment Currency is the Euro.

ARTICLE III — PROJECT

3.01. The Recipient declares its commitment to the objectives of the Project and the Program. To this end, the Recipient shall, through the Ministry of Public Health, carry out Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV — REMEDIES OF THE ASSOCIATION

4.01. The Additional Events of Suspension consist of the following:

(a) The ECCAS Financing Agreement shall have failed to become effective by June 30, 2020.

(b) The Association shall have suspended in whole or in part the right of a Participating Country or ECCAS, as the case may be, to make withdrawals, respectively, under the relevant Participating Country Legal Agreement or ECCAS Financing Agreement.

ARTICLE V — EFFECTIVENESS; TERMINATION

5.01. The Additional Conditions of Effectiveness consist of the following:

(a) The Recipient, through the PCU, shall have updated the Project Implementation Manual in form and substance satisfactory to the Association.

(b) The Recipient shall have developed a financial procedures manual, in form and substance satisfactory to the Association.
(c) The Recipient shall have customized the PCU’s multi-project accounting software to fit the Project accounting and reporting needs.

5.02. The Effectiveness Deadline is the date ninety (90) days after the Signature Date.

ARTICLE VI — REPRESENTATIVE; ADDRESSES

6.01. The Recipient’s Representative is its minister responsible for economy, planning and development.

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

(a) the Recipient’s address is:

Ministry of Economy, Planning and Development
B.P. 286
N’Djamena
Republic of Chad; and

(b) the Recipient’s Electronic Address is:

Telex: Facsimile:
5329 KD (235) 22 51 51 85
(235) 22 51 45 87

6.03. 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 CHAD

By

Authorized Representative

Name: Issa Doubragne
Title: Minister of Economy and Development Planning
Date: 08 November 2019

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Authorized Representative

Name: Deborah L. Wetzel
Title: Director of Regional Integration Africa and Middle East & North Africa
Date: October 18, 2019
SCHEDULE 1

Project Description

The objectives of the Project are: (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in the Participating Countries; and (ii) in the event of an Eligible Crisis or Emergency, to provide immediate and effective response to said Eligible Crisis or Emergency.

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

Part 1: Strengthening Surveillance and Laboratory Capacity to Rapidly detect Outbreaks

Carrying out by the Recipient of a program aimed at strengthening the human, animal, and environmental health surveillance system for early detection of disease outbreaks by means of enhanced planning and implementation of coordinated surveillance, laboratory, information, training and reporting systems in the human and animal sectors, and encompassing:

Part 1.1: National and Sub-National Surveillance System

Carrying out by the Recipient of a program to strengthen national and subnational level surveillance structures and processes where gaps exist for detecting events at all levels of the human and animal health systems, through the provision works, goods, consulting services, non-consulting services, training and the financing of Operational Costs required for:

(a) Strengthening by the Recipient of its national and subnational level surveillance structures and processes where there are gaps for detecting events at all levels of the human and animal systems, through the renovation and equipment of laboratories, health facilities, the delivery of training to health workers, laboratory technicians and animal and environmental health workers including veterinarians, and community-level workers, the elaboration of a plan to ensure national coverage for surveillance from community to national levels (national communicable disease surveillance strategy) and the carrying out of simulation exercises.

(b) Establishing by the Recipient of a system for capturing and reporting events at all levels of its systems and ensuring that reported cases or events with outbreak potential are investigated and linked to laboratory results, through the carrying out of a review and development of the required information communication and technology infrastructure to facilitate cross-sectoral interoperability of surveillance and reporting systems at national and sub-national levels.
Increasing the surveillance capacity of the Recipient at all levels of the animal and human health systems, for active, passive and rumor surveillance, including in cross-border areas, through the carrying out of assessment of training needs, elaboration of procedure manuals, the delivery of training and workshops for surveillance officers, and the establishment of a regional networking platform to improve collaboration.

Strengthening the Recipient’s surveillance and reporting action for Points of Entry and at land cross-border crossings, through the carrying out of rehabilitation and equipping of Points of Entry and the delivery of training of workers and simulation exercises.

Part 1.2: Health Information and Reporting Systems

Carrying out by the Recipient of a program to improve the availability of quality information with and among the Participating Countries through the development of the required information and communications technology infrastructure for cross-sectoral interoperability of surveillance and reporting systems at the country and regional level, and encompassing the provision of goods and consulting services required for:

(a) Developing by the Recipient of a strategy for an integrated paper-based and electronic real-time reporting system to link among the Participating Countries for public health surveillance, including operational plans and data standards.

(b) Developing by the Recipient of training materials and implementing of a training plan for surveillance and data management staff on health management information system and data management, analysis and use.

(c) Establishing by the Recipient of a process for routine monitoring, evaluation and quality improvement of national and sub-national surveillance system, entailing the development and dissemination of guidelines, tools and operating procedures.

(d) Implementing by the Recipient of interoperable, interconnected, electronic reporting systems at least at the national and sub-national level, entailing the elaboration of an integrated reporting strategy and the needed equipment.

(e) Establishing by the Recipient of a timely, high-quality reporting at community, facility, sub-national and national levels, encompassing identifying sentinel sites, provision of equipment, training and workshops for data collectors.

(f) Establishing by the Recipient of a process to ensure that data from case investigations is managed and reported in a standardized way in the Participating Country, through the development and dissemination of harmonized guidelines, protocols and tools, training and workshops, reviewing and updating the national disease priorities.
Linking by the Recipient of laboratory data management and reporting systems from the Participating Country with its surveillance reporting systems, through the development and dissemination of operating procedures, and the delivery of training and workshops for health workers in animal and human health and laboratory technicians.

Establishing linkages by the Recipient between the surveillance and reporting systems in the Participating Country to its national incident management systems, involving the provision of communication technology equipment and the development of guidelines, protocols and tools.

Part 1.3: Laboratory Diagnosis Capacity

Carrying out a program to develop the Recipient’s public health and veterinary laboratories ability to respond to disease outbreaks in a coordinated manner, and encompassing the provision works, goods (including reagents), consulting services, non-consulting services and training and the financing of Operational Costs required for:

Developing and upgrading by the Recipient of a functional country network of public health and veterinary laboratories aimed to strengthen capacities and collaboration of national veterinary and health laboratories and public health institutes, most notably in the areas of surveillance, pathology for the early identification and diagnosis of priority infectious disease pathogens, and antimicrobial resistance, and for sharing timely information across the Participating Countries and learn and share knowledge, consisting of the carrying out by the Recipient of an assessment of the existing human and animal health laboratories and networks and the provision of supplies and equipment to support for integrated laboratory information systems and the interoperability with disease surveillance and reporting systems, entailing: (i) the assessment of existing national human and animal health surveillance systems and networks for prioritization of interventions within and across key sectors; (ii) the review and update of the Recipient’s national and regional disease priorities, and the review and development of harmonized guidelines, protocols and tools to enhance surveillance and reporting processes at national and regional levels; (iii) the development at national and regional levels of common and harmonized methodologies and protocols (applicable to both public and private actors involved in disease surveillance) for efficient flow and utilization of surveillance data; (iv) the development of the required information communication and technology infrastructure to facilitate cross-sectoral interoperability of surveillance and reporting systems at the national and regional level; and (v) the improvement of procedures and of information and communications technology with a view to establish the necessary linkage of surveillance and reporting systems to national incidence management systems.
(b) Improving the Recipient’s data management and specimen management systems by linking national laboratory networks in each of the Participating Countries through the carrying out by the Recipient of a streamlining laboratory specimen referral process, the delivery of capacity building to laboratory technicians to analyze and use laboratory surveillance data and laboratory data management systems to report either “up or down”, and the strengthening of the quality assurance systems through training and workshops; and (ii) establishing by ECCAS of networks of human and animal regional reference laboratories through: (A) the strengthening by ECCAS of regional networking and information sharing among the Participating Countries through a common information platform; and (B) the harmonization by ECCAS of laboratory quality assurance policies across the Participating Countries on the basis of international standards, notably through the development of common standards, quality assurance systems, procedures and protocols, the introduction of peer review mechanisms, the application of the five-step accreditation process of the WHO’s regional office for Africa and support of the accreditation of laboratories, the carrying out of an external quality assessment on inter-laboratory, and the recruitment of additional personnel to provide mentorship to laboratories.

(c) Renovating and upgrading of the Recipient’s existing networking laboratories facilities, ensuring adequate supplies and strengthening supply chain management and improved capacity to diagnose diseases, identify public health threats, and conduct surveillance with a view to serve as effective platforms for learning and knowledge sharing.

(d) Developing and implementing by the Recipient of a national laboratory strategic plan for point-of-care and laboratory diagnosis of priority human pathogens aimed to establish regional and international networks for testing and reporting on specific pathogens, improving quality management and external quality assurance systems, including accreditation, and establishing laboratory specimen collection, referral and transportations systems at national, sub-national and facility levels.

Part 1.4: Supply Chain Management Systems

Carrying out by the Recipient of a program aimed at: (i) improving the supply chain management in the Participating Countries to support disease detection and diagnosis, including establishing efficient inventory tracking and management systems; and (ii) establishing public-private partnerships in the Participating Countries, to improve supply chain logistics management and planning, through, inter alia, the provision of logistic and supply chain management, training, and laboratory services.
Part 2: Strengthening Emergency Planning and Management Capacity to Rapidly Respond to Outbreaks

Carrying out by the Recipient of a program to improve the Recipient’s local, national and regional capacities to prepare for impending epidemics and respond effectively to human and animal disease outbreak threats including the resulting mortality risks posed by infectious diseases, and entailing:

Part 2.1: Emergency Management Systems

Carrying out by the Recipient of a program to strengthen coordination and communication in outbreak preparedness and response, including: (i) coordinating capacity building in risk reduction and emergency preparedness and response across clinical and public health systems; (ii) introducing regular testing of the systems through response to public health events and after-action reviews or through simulations exercises; and (iii) conducting risk analyses at national, sub-national and district/provincial levels including Ports of Entry and prioritizing public health risks, through the provision of works, goods, consulting services, non-consulting services and training and the financing of Operational Costs as required for:

(a) Establishing and/or strengthening of the Recipient’s management, technical and legal capacity to respond to a public health event including a longer-term health emergency, through the establishment and/or strengthening, as the case may be, of a national public health institute, including the construction or renovation/refurbishment and equipping of the required buildings and the hiring and/or training of personnel.

(b) Strengthening the Recipient’s Emergency Operations Centers and surge capacity at the national and regional levels, to ensure the implementation of established control measures under national and regional emergency response plans at the community, district, regional and national levels, and encompassing: (i) the establishment and management by the Recipient of a database of multidisciplinary rapid response teams for rapid deployment, ensuring they are adequately equipped and trained; (ii) the development and management by the Recipient of stockpiling mechanisms (virtual and physical) to ensure availability of supplies during an emergency response; and (iii) the study and testing by the Recipient of mechanisms for the swift mobilization and deployment of resources in response to major infectious disease outbreaks to limit the need for reallocation of resources and the consequent burden on the health system.

(c) Developing, upgrading, and testing of the Recipient’s operational communication mechanisms.

(d) Developing by the Recipient of risk communication strategies and training of
Preparation and test-running by the Recipient of communication materials prior to an outbreak to ensure local acceptance and understanding of contents.

Improving and harmonizing the Recipient’s policies, legislation, and operating procedures, ensuring the inclusion of representation from other relevant sectors such as environment, customs/immigration, education, and law enforcement.

Elaborating by the Recipient of the legal frameworks for disease surveillance systems strengthening to enhance collaboration with the private sector in order to maximize the impact of implementing the One Health approach.

Introducing by the Recipient of regular testing of the systems through response to public health events and after-action reviews or through simulations exercises;

Conducting of risk analyses by the Recipient at national, sub-national and district/provincial levels, including Points of Entry and prioritization of public health risks.

Coordinating by the Recipient of the capacity building in risk reduction and emergency preparedness and response across clinical and public health systems for animal and human, though developing, testing and updating the Recipient’s contingency plans for major predicted health hazards including infectious disease outbreak and other forms of public health events.

**Part 2.2: Medical Countermeasures**

Carrying out by the Recipient of a program to address the weaknesses in surge capacity of the Participating Countries’ healthcare system hindering the roll-out of effective response interventions during emergencies, encompassing the provision of goods, non-consulting services, consulting services and training as required for:

Developing by the Recipient of strategies for, and providing relevant vaccinations to, at risk populations during an infectious disease outbreak when appropriate and available.

Developing by the Recipient of strategies for, and providing relevant drugs for prophylactic use to, at risk populations during an infectious disease outbreak when appropriate and available.

Developing by the Recipient of strategies for recruitment, deploying and managing of regional and international surge staff.

Developing and managing by the Recipient of stockpiling mechanisms (virtual
and physical) to ensure availability of supplies in the Recipient’s territory during an emergency response.

Part 2.3: Non-Pharmaceutical Interventions

Provision of goods, consulting services, non-consulting services and training to assist the Recipient in:

(a) Developing risk communication and community sensitization strategies specific to cultural and language groups in the Recipient’s territory.

(b) Identifying of ethical strategies that limit personal and population movement but are sensitive to reducing personal, social and economic hardships, through the development and testing of culturally sensitive communication materials and the provision of nutrition supplements in case of outbreaks.

(c) Developing strategies to promote social distance in work, educational and social environments.

(d) Developing and assessment of plans for necessity for the closure of schools, daycare and other mass gathering locations during outbreaks.

(e) Identifying support mechanisms to provide home care for ill persons and inpatient care for household members.

Part 2.4: Research and Evaluation

Carrying out of a program by the Recipient to develop plans for implementing and managing research and evaluation activities in Recipient’s territory during an outbreak, develop protocols, and identify and train new staff to conduct research in emergency settings, entailing the provision of goods, consulting services, non-consulting services and training and the financing of Operational Costs as required for:

(a) Supporting the design and implementation of research of the Recipient, including the use of epidemic-surveillance surveys and use of surveillance data for risk management, the delivery of training of personnel and the provision of reagents, equipment and other laboratory materials.

(b) Strengthening the existing capacity of the Recipient for research and support to the management of operational research in public health emergencies in an outbreak setting, consisting of the training of personnel and the provision of reagents, equipment and other laboratory materials.
Part 2.5: Contingent Emergency Response

Provision by the Recipient of immediate response to an Eligible Emergency, as needed.

Part 3: Public Health Workforce Development

Carrying out of a program by the Recipient to develop its institutional capacity for planning and managing workforce training, leveraging existing training structures and programs, and entailing:

Part 3.1: Public Health Staffing

Strengthening of the Recipient’s capacity to plan, implement and monitor human resource interventions, building long-term capacity for improved management of human resources, and including the provision of goods, non-consulting services, consulting services and training required for:

(a) Implementing by the Recipient of a national human resource for health plan that includes multi-disciplinary technical and management public health cadres in surveillance, laboratory, emergency management and risk communications, through the assessment of current workforce (quantity, geographical distribution and capacity), the establishment and management of a database of multidisciplinary technical and management public health cadres; elaboration of an operation manual, guidelines, and evaluation tools.

(b) Assessment by the Recipient of its institutional capacity for planning and managing workforce training, and strengthening of the Recipient’s capacity building in its recruitment and retention of public health workers in the government sector.

(c) Establishing the Recipient’s surge capacity to respond to a public health event, including longer term emergencies, for clinical, epidemiological, laboratory, communications, social mobilization and management of surge staffing, through stock-taking of existing staff with the human and animal health systems, the development and dissemination of guidelines, protocols and tools (terms of reference) and the testing of the Recipient’s mechanism for swift mobilization and deployment of resources.

(d) Using private actors in the Recipient’s territory to deliver public sector activities through the delegation of power for planning and managing workforce training programs and, on the basis thereof, provision of the technical assistance required for improved efficiency for surveillance, preparedness and response from the human and animal health systems.
Part 3.2: Enhance Public Health Workforce Training

Provision of goods, non-consulting services, consulting services and training to the Recipient to enable it: (i) to assess needs of the Recipient and provide appropriate technical assistance to improve its institutional capacity for planning and managing continuing workforce training programs; and (ii) to deliver training to public health workers, veterinarians, laboratory technicians and clinicians to strengthen surveillance, preparedness and response at the various levels, including the Recipient's community, district, regional and national and regional level, specifically addressing training: (A) for One Health community agents in community-based surveillance and response, technical support and supervision of community agents; (B) to support to inter-sectoral interventions combining animal and human health service providers within the systems; and (C) to health workers in core skill sets.

Part 3.3: Regulations

Carrying out by the Recipient of regulatory mechanisms to oversee the public health workforce, consisting of elaboration or revision of legislation on workforce, on integration of training related to surveillance, preparedness and response to epidemics into curriculum of national training schools, and including the provision of goods, consulting services, non-consulting services and training and the financing of Operational Costs as required therefor.

Part 4: Institutional Capacity Building, Project Management, Coordination and Advocacy

Carrying out by the Recipient and ECCAS of a technical capacity program focused on all aspects of Project management, including, inter alia, financial management, procurement, monitoring and evaluation, knowledge generation, and social and environmental safeguard aspects, ensuring the delivery of technical capacity-building activities under Parts 1, 2 and 3 of the Project, critical cross-cutting institutional support, and capacity-building and training needs in the Participating Countries, encompassing:

Part 4.1: Project Coordination, Fiduciary Management, Monitoring and Evaluation, Data Generation, and Knowledge Management

Strengthening the PCU to support timely and efficient implementation of the Project, and encompassing the provision of works, goods, non-consulting services, consulting services and training and the financing of Operational Costs required for: (i) strengthening the capacities of the Recipient's national and regional institutions to efficiently perform core Project management functions including operational planning, financial management, procurement arrangements, and environmental and social safeguards policies; (ii) enhancing monitoring and evaluation systems, including routine health- and animal-management information systems and other data sources; (iii) managing the operational research program implemented by national and regional
institutions under Parts 1, 2 and 3 of the Project; (iv) promoting the design and carrying out of impact evaluation studies to measure impact of Project interventions; and (v) refurbishing and equipping of the PCT office space as needed.

Part 4.2: Institutional Support, Capacity building, Advocacy, and Communication at Regional Level

Enhancement of the services of the Regional Project Coordinating Unit, the RAHC and other cross-cutting regional and international institutions or organizations relevant to animal and human health sector development, and encompassing the provision of works, goods, non-consulting services, consulting services, training and the financing of Operational Costs required for: (i) establishing cross-border surveillance of diseases with epidemic potential in humans and animals, through the setting up of a “One Health” multi-sector regional committee, validating regional annual plan of work, and organizing cross-border meetings; (ii) designing regular consultation mechanisms for disease surveillance officers in the Participating Countries; (iii) developing a regional plan to respond to epidemics and other health emergencies; (iv) drafting and adopting common quality assurance standards, procedures and protocols for the regional human and animal health laboratories in the Participating Countries; (v) putting in place regional (virtual and physical) stock of medicines, vaccines and consumables for emergencies; (vi) developing with national central medical stores or other viable institutions at the regional level collaboration arrangements for the regional stockpiling platform for the effective management of essential stocks and supplies during an emergency response; (vii) harmonizing regional diagnostic procedures for epidemic-prone diseases among the Participating Countries; (viii) developing regional standards for laboratory accreditation, and quality assurance among the Participating Countries; (ix) conducting capacity gap analyses (including staffing, skills, equipment, systems, and other variables); (x) implementing advocacy and communication activities that sustain the One Health approach; (xi) organizing regional exchange of best practices and lessons learned in preparedness and response across the Participating Countries; (xii) studying and testing by ECCAS of mechanisms for the swift mobilization and deployment of resources in response to major infectious disease outbreaks; and (xiii) refurbishing and equipping of the Regional Project Coordination Unit and RAHC office space as needed.
SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements

1. National Steering Committee on Health

The Recipient shall establish, not later than three (3) months after the Effective Date, and thereafter maintain throughout Project implementation, the National Steering Committee on Health represented by the One Health platform in the Office of the Minister, Secretary General in the Recipient’s Presidency, with the objective of providing strategic and policy guidance to the PCU and approving the AWP&B. In order to ensure cross-cutting effectiveness, the National Steering Committee on Health shall be headed by the Minister of State, Secretary General of the Recipient’s Presidency and shall include ministers of the concerned departments and the Recipient’s Ministry of Planning.

2. Project Technical Committee

(a) The Recipient shall, not later than three (3) months after the Effective Date, establish, and thereafter maintain within the MoPH throughout Project implementation maintain, the Project Technical Committee to be responsible for reviewing and approving Progress Reports and providing guidance to the PCU. For such purpose, the PTC shall meet every three months.

(b) The PTC shall be chaired, in rotation, by the Recipient’s Director General of the Ministry of Public Health, Livestock and Environment and of the Recipient’s Territory Administration, and its composition shall comprise, inter alia, the Director General of the ministerial departments concerned by the Project, the heads of the Recipient’s national diagnostic laboratories and surveillance systems, the officers responsible for the monitoring and evaluation of the health projects and programs in the Recipient’s territory, and relevant technical and financial partners.

3. Ministry of Public Health – Project Coordination Unit

(a) The Recipient shall, through the PCU, assure overall and prompt oversight, implementation, including day-to-day management of Project activities, coordination, fiduciary management, procurement, environmental and social impact mitigation, and the preparation of
interim financial reports and Project Reports for Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project.

(b) To that end, the Recipient shall, at all times during Project implementation, maintain the existing PCU functioning under a mandate and with staffing and resources acceptable to the Association, headed by a Project Coordinator and with a composition including, inter alia, an administrative and financial manager, a procurement specialist, a senior accountant, an internal auditor, a communication specialist, a monitoring and evaluation specialist, and the following additional staff, each with terms of reference, qualifications and experience satisfactory to the Association, to be recruited not later than three months after the Effective Date: (i) a technical assistant coordinator; (ii) an expert in public health or education; (iii) a social and gender expert; (iv) an environmental expert; (v) a procurement assistant; and (vi) an accountant.

B. Implementation Modalities

1. Selection of Laboratories under Part 1.3 (c) of the Project

In order to maximize the benefits to be derived from Parts 1.3 (c) of the Project, the Recipient, through the PCU, shall:

(a) select the laboratory facilities proposed to be renovated and/or upgraded under Part 1.3 (c) of the Project, applying criterion satisfactory to the Association and on the basis of multisectoral consultations carried out by the Recipient during the preparation of the priority list of works and during the validation of the design of the works; and

(b) thereafter, furnish to the Association for approval for financing out of the proceeds of the Financing the list of the laboratories so selected.

2. Part 2.5 of the Project: Emergency Response

In order to ensure the proper and swift implementation of Part 2.5 of the Project which aims to provide immediate response to a potential Eligible Emergency, the Recipient shall take all actions required on its behalf to ensure Part 2.5 of the Project is carried out in accordance with the following provisions:

(a) The Recipient shall:

(i) prepare and furnish to the Association for its review and approval, a draft of the Emergency Response Operations Manual setting forth detailed implementation arrangements for
Part 2.5 of the Project, including: (A) designation of, terms of reference for, and resources to be allocated to, the entity to be responsible for coordinating and implementing Part 2.5 of the Project ("Coordinating Authority"); (B) specific activities which may be included under Part 2.5 of the Project, the Emergency Expenditures required therefor and the proposed procedures for such inclusion; (C) financial management arrangements under Part 2.5 of the Project; (D) procurement methods and eligibility procedures for Emergency Expenditures to be financed under Part 2.5 of the Project; (E) the documentation required for withdrawals of Emergency Expenditures; (F) environmental and social safeguard management frameworks for Part 2.5 of the Project, consistent with the Association’s policies on the matter and the provisions of Section C of this Section I; and (G) any other arrangements necessary to ensure proper coordination and implementation of Part 2.5 of the Project;

(ii) afford the Association a reasonable opportunity to review and comment on the Emergency Response Operations Manual;

(iii) thereafter, promptly adopt the Emergency Response Operations Manual as shall have been approved by the Association;

(iv) from time to time, submit recommendations to the Association for its consideration for changes and updates of the Emergency Response Operations Manual, as they may become necessary or advisable during Project implementation to allow, if and as necessary, the inclusion of activities under Part 2.5 of the Project to respond to an Eligible Emergency;

(v) ensure that Part 2.5 of the Project is carried out in accordance with the Emergency Response Operations Manual; provided, however, that in the event of any inconsistency between the provisions of the Emergency Response Operations Manual and this Agreement, the provisions of this Agreement shall prevail; and

(vi) not amend, suspend, abrogate, repeal or waive any provision of the Emergency Response Operations Manual without the prior approval by the Association.

(b) The Recipient shall, throughout the implementation of Part 2.5 of the Project, maintain the Coordinating Authority, with staff in adequate numbers and with qualifications and resources satisfactory to the Association.
The Recipient shall refrain from undertaking and/or financing any activities under Part 2.5 of the Project (nor any activities shall be included and/or financed under such Part) unless and until the following conditions have been met in respect of said activities:

(i) the Recipient has determined that an Eligible Emergency has occurred, has furnished to the Association a request to include said activities under Part 2.5 of the Project in order to respond to said Eligible Emergency, and the Association has: (A) agreed with such determination; (B) accepted said request; and (C) notified the Recipient thereof; and

(ii) the Recipient has prepared and disclosed all safeguards instruments required for said activities, in accordance with the Emergency Response Operations Manual, the Association has approved all such instruments, and the Recipient has implemented to the satisfaction of the Association any actions which are required to be taken under said instruments.

C. Environmental and Social Standards

1. The Recipient shall ensure that Parts 1.1, 1.2, 1.3(a), 1.3(b)(i), 1.3(c), 1.3(d), 1.4, 2, 3 and 4.1 of the Project are 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 Parts 1.1, 1.2, 1.3(a), 1.3(b)(i), 1.3(c), 1.3(d), 1.4, 2, 3 and 4.1 of the Project are 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 preventive measures and actions specified in the ESCP are implemented with due diligence and efficiency, and as further specified in the ESCP;

(b) sufficient funds are available to cover the costs of implementing the ESCP;

(c) policies, procedures and qualified staff are maintained to enable it to implement the ESCP, as further specified in the ESCP; and

(d) the ESCP or any provision thereof, is not amended, revised or waived, except as the Association shall otherwise agree in writing and the Recipient has, thereafter, disclosed the revised ESCP.
In case of any inconsistencies between the ESCP and the provisions of this Agreement, the provisions of this Agreement shall prevail.

3. The Recipient shall:

(a) take all measures necessary on its part 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 management tools and 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 with clear responsibilities and timeline taken or required to be taken to address such conditions; and

(b) no later than 48 hours of occurrence, promptly notify the Association 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, including without limitation any allegations of Project-related gender-based violence, in accordance with the ESCP, the instruments referenced therein and the Environmental and Social Standards.

4. The Recipient shall establish, not later than three (3) months after the Effective Date, and thereafter maintain and publicize throughout Project implementation, the availability of a grievance mechanism, in form and substance satisfactory to the Association, to hear and determine fairly and in good faith all complaints raised in relation to Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project, and take all measures necessary to implement the determinations made by such mechanism in a manner satisfactory to the Association.

D. Project Implementation Manual

The Recipient, through the PCU, shall:

(a) take all action required to carry out Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project in accordance with the provisions and requirements set forth or referred to in the Project Implementation Manual;

(b) submit recommendations to the Association for its consideration for changes and updates of the Project Implementation Manual as they may
become necessary or advisable during Project implementation in order to achieve the objectives of the Project; and

(c) not assign, amend, abrogate or waive the Project Implementation Manual or any of its provisions without the prior approval of the Association. Notwithstanding the foregoing, if any of the provisions of the Project Implementation Manual is inconsistent with the provisions of this Agreement, the provisions of this Agreement shall prevail and govern.

E. Annual Work Plan and Budget (AWP&B)

The Recipient, through the PCU, shall:

(a) prepare a draft AWP&B for each Fiscal Year, setting forth, *inter alia*: (i) a detailed description of planned Project activities for the following Fiscal Year; (ii) the sources and uses of funds therefor; and (iii) responsibility for execution of said Project activities, budgets, start and completion date, outputs, and monitoring indicators to track progress of each activity;

(b) on or about November 30 of each Fiscal Year and after considering the comments provided by the National Steering Committee on Health, furnish to the Association for its comments and approval, the draft AWP&B and, promptly thereafter, finalize the AWP&B, taking into account the Association’s views and recommendations thereon; and

(c) adopt and sign the final version of the AWP&B in the form approved by the Association not later than December 31 of such Fiscal Year.

F. Training

For the purposes of the training to be provided under Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project and to be delivered through study tours, workshops and conferences, the Recipient shall:

(a) furnish to the Association for its approval, not later than November 30 of each year, a training program including an explanation of how such training is consistent and conducive to the objectives of the Project and whether it offers the best price/quality ratio, as well as the schedule for its implementation;

(b) select the trainees in accordance with a transparent process and criteria satisfactory to the Association; and
furnish to the Association a report of such scope and detail as the Association shall reasonably request, on the results of each training and the benefits to be derived therefrom.

G. Financial Procedures Manual, Software Accounting System and Internal Audits

In order to ensure effective implementation of the Project, the Recipient shall:

(a) carry out the Project using the updated accounting software, referred to in Article 5.01 (c) of this Agreement and in accordance with the financial procedures manual. Said manual shall not be amended or abrogated without the prior written approval of the Association; and

(b) maintain an internal auditor for the Project under terms of reference and with experience and qualifications satisfactory to the Association.

Section II. Project Monitoring, Reporting and Evaluation

A. Project Reports

The Recipient shall furnish to the Association each Project Report for Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project not later than one (1) month after the end of each calendar semester, covering the calendar semester.

B. Mid-Term Review

The Recipient, through the PCU, shall:

(a) maintain policies and procedures adequate to enable it to monitor and evaluate on an ongoing basis, in accordance with the National Monitoring and Evaluation Indicators, the carrying out of Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project and the achievement of the objectives thereof;

(b) prepare, under terms of reference satisfactory to the Association, and furnish to the Association, on or about September 15, 2022, a report integrating the results of the monitoring and evaluation activities and setting out the measures recommended to ensure the efficient carrying out of Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of Project and the achievement of the objectives thereof during the period following such date; and

(c) review with the Association, on or about December 15, 2022, or such later date as the Association shall request, the report referred to in the
preceding paragraph (b), and, thereafter, take all measures required to ensure the efficient completion of Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project and the achievement of the objectives thereof, based on the conclusions and recommendations of the said report and the Association’s views on the matter.

Section III. Withdrawal of the Proceeds of the Grant

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 Grant to finance Eligible Expenditures, in the amount allocated and, if applicable, up to the percentage set forth against each Category of the following table:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount of the Grant Allocated (expressed in SDR)</th>
<th>Percentage of Expenditures to be Financed (inclusive of Taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Goods, works, non-consulting services, consulting services, Operating Cost, and training under Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2.1, 2.2, 2.3, 2.4, 3 and 4.1 of the Project</td>
<td>21,800,000</td>
<td>100%</td>
</tr>
<tr>
<td>(2) Emergency Expenditures under Part 2.5 of the Project</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL AMOUNT</td>
<td>21,800,000</td>
<td></td>
</tr>
</tbody>
</table>

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A above, no withdrawal shall be made:

   (a) for payments made prior to the Signature Date; or

   (b) under Category (2), for Emergency Expenditures under Part 2.5 of the Project, unless and until the Association is satisfied, and has notified the Recipient of its satisfaction, that all of the following conditions have been met in respect of said Emergency Expenditures:
the Recipient has determined that an Eligible Emergency has occurred, has furnished to the Association a request to include said Eligible Emergency under Part 2.5 of the Project in order to respond to said Eligible Emergency, and the Association has agreed with such determination, accepted said request and notified the Recipient thereof;

(ii) the Recipient has prepared and disclosed all safeguards instruments required for said Eligible Emergency, and the Recipient has implemented any actions which are required to be taken under said instruments, all in accordance with the provisions of Section I.B.2. (c)(ii) this Schedule;

(iii) the Coordinating Authority has adequate staff and resources, in accordance with the provisions of Section I.B.2(b) of this Schedule 2 to this Agreement, for the purposes of said activities; and

(iv) the Recipient has adopted the Emergency Response Operations Manual in form, substance and manner acceptable to the Association and the provisions of the Emergency Response Operations Manual are fully current in accordance with the provisions of Section I.B.2(a) (iv) of this Schedule 2 so as to be appropriate for the inclusion and implementation Part 2.5 of the Project.

2. The Closing Date is July 31, 2024.
APPENDIX

Definitions

1. "Annual Work Plan and Budget" and "AWP&B" means, each, the annual work plan and budget to be prepared on an annual basis by the Recipient for Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project.

2. "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.

3. "Category" means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.

4. "Central Africa" means the region comprising the territories of the Recipient, Angola, the Republic of Burundi, the Republic of Cameroon, the Central African Republic, Congo, the Democratic Republic of Congo, the Gabonese Republic, the Republic of Equatorial Guinea, the Rwandese Republic, and the Democratic Republic of São Tomé and Principe, the member states of ECCAS (as hereinafter further defined).

5. "ECCAS" means the Economic Community of Central African States (Communauté Économique des États de l'Afrique Centrale), the economic community of the African Union established by the Treaty (as hereinafter defined) with the aim of promoting and strengthening a harmonious cooperation in Central Africa in order to realize a balanced and self-sustained economic development.

6. "Coordinating Authority" means the entity or entities designated by the Recipient in the Emergency Response Operations Manual (as hereinafter defined) to be responsible for coordinating the emergency mitigation, response and recovery response activities under Part 2.5 of the Project and approved by the Association pursuant to the provisions of Section I.B.2(a) and (b) of Schedule 2 to this Agreement.

7. "Eligible Emergency" means an event that has caused, or is likely to imminently cause, a major health adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster.

8. "Emergency Expenditures" means the eligible expenditures required to finance the cost of the approved list of goods, works, and services necessary to support emergency mitigation, response and recovery under Part 2.5 of the Project and
set forth in the Emergency Response Implementation Manual (as hereinafter defined).

9. "Emergency Response Operations Manual" means the operations manual to be adopted by the Recipient for Part 2.5 of the Project in accordance with the provisions of Section I.B.2 (a) of Schedule 2 this Agreement.

10. "Emergency Operating Center" and "EOC" means, each, a place where highly trained multisectoral experts of a Participating Country monitor information, prepare for known (and unknown) public health events, exchange information and make decisions quickly.

11. "Environmental and Social Commitment Plan" and "ESCP" means, each, the Recipient’s environmental and social commitment plan, acceptable to the Association, dated June 18, 2019, which sets out a summary of the material measures and actions to address the potential environmental and social risks and impacts of the Project, including the timing of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any instruments to be prepared thereunder, as the ESCP may be revised from time to time with the prior written agreement of the Association, and such term includes any annexes or schedules to such plan.


13. "Fiscal Year" and "FY" means, each, the twelve (12) month period corresponding to any of the Recipient’s fiscal years, which period commences on January 1 and ends on December 31 in each calendar year.

15. "Monitoring and Evaluation Indicators" means the agreed monitoring and evaluation indicators set forth in the Project Implementation Manual (as hereinafter defined) to be utilized by the Recipient to measure the progress in the implementation of Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project and the degree to which the objectives thereof are being achieved.

16. "MoPH" means the Recipient's Ministère de la Santé Publique, the ministry in charge of public health, or any successor thereto.

17. "National Steering Committee on Health" means the guiding committee to be established by the Recipient pursuant to the provisions of Section I.A.1 of Schedule 2 to this Agreement.

18. "One Health" means the concept that the health of animals, the health of people, and the viability of ecosystems are inextricably linked.

19. "Operational Costs" means the expenditures incurred by the Recipient to finance: (i) the salaries of locally contracted support staff (excluding civil servants) for the PCU (as hereinafter defined) and state contributions thereon; (ii) per diem and travel expenses of the said staff to perform their responsibilities under Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project; (iii) fuel and vehicle maintenance and insurance; (iv) communication technology (including, without limitation, internet and telephone) and maintenance of equipment; (v) rental expenses and utilities; (vi) building security and maintenance; (vii) translation services, photocopies and publications; (viii) bank commissions; and (ix) utilities and office supplies.

20. "Participating Countries" mean collectively the Participating Countries, being the Recipient, Angola, the Central African Republic, Congo and the Democratic Republic of Congo; and "Participating Country" means individually each and any of the Participating Countries.

21. "Participating Country Legal Agreement" means a legal agreement between a Participating Country and the Association for activities related to the Project under the fourth phase of the Program, as such agreement may be amended from time to time, and including all appendices, schedules and agreements supplemental thereto; and "Participating Countries Legal Agreements" means collectively the Participating Countries Legal Agreements.
22. “Procurement Regulations” means, for purposes of paragraph 87 of the Appendix to the General Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated July 2016, revised November 2017 and August 2018.

23. “Point of Entry” means the existing infrastructure in either of the Recipient’s airports, ports or other terrestrial zones where the Recipient’s health officers undertake control of human beings and animals entering the Recipient’s territory to screen for infectious diseases harmful to human beings.

24. “Project Implementation Manual” means the Recipient’s set of guidelines and procedures dated September 5, 2014, to be updated by the Recipient for the purpose of implementing Parts 1.1, 1.2, 1.3 (a), 1.3 (b)(i), 1.3 (c), 1.3 (d), 1.4, 2, 3 and 4.1 of the Project, including in the areas of monitoring and evaluation, coordination, procurement, environment and social safeguards, a complaint handling mechanism, and other provisions related to the institutional organization of the Project, as such guidelines and procedures may be amended from time to time with the prior written agreement of the Association.

25. “Project Technical Committee” means the technical advisory committee to be established by the Recipient pursuant to the provisions of Section I.A.2 of Schedule 2 to this Agreement.

26. “Project Coordination Unit” and “PCU” means, each, the national CT-PBF technical unit created and housed within the MOH on April 10, 2014 pursuant to the Recipient’s Order (Arrêté) 118/PR/PM/MSP/SE/SG/DGAS/DOSS/2014, under the Financing Agreement between the Recipient and the Association (Mother and Child Health Services Strengthening Project) (Grant No. H961-TD), dated June 20, 2014.

27. “RAHC” means the Regional Animal Health Center (Centre Régional de Santé Animale) established in N’Djaména, Chad, as ECCAS’ technical agency for animal health, pursuant to the Decision of the Secretary General of ECCAS No. 41/CEEAC/XIV/CCEG/15 dated May 25, 2015 Portant Création d’un Centre Régional de Santé Animale pour l’Afrique Centrale and operating pursuant to the Headquarters Agreement concluded between Chad and the ECCAS on January 24, 2019.

28. “Regional Project Coordination Unit” and “RPCU” means the unit within ECCAS’ General Secretariat’s Health Division.

29. “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.