The member states of the Economic Community of West African States (ECOWAS) are at high-risk for infectious disease outbreaks including those of animal origins (zoonotic diseases). West Africa is both a hotspot for emerging infectious diseases and a region where the burden of zoonotic diseases is particularly high. In this region, emerging and re-emerging diseases at the human-animal-ecosystems interface are occurring with increased frequency. The World Health Organization (WHO) reports that of the 55 registered disease outbreaks that occurred in Africa over the last decade, 42 took place in West Africa. These include highly contagious diseases that cross borders easily and have the potential to rapidly evolve into pandemics.

The impacts of infectious disease outbreaks can be devastating to the fragile social and economic situation of countries in West Africa. The recent Ebola Virus Disease (EVD) outbreak clearly eroded hard won gains in the fight against poverty, and promoting human development and economic growth in Guinea, Liberia and Sierra Leone and the entire region. In these three countries, the estimated forgone output reached US$1.6 billion, which represented over 12 percent of the countries’ combined outputs. The outbreak also resulted in school closure for at least 6 months and the loss of one or both parents of over 16,600 children.

The expeditious spread of transmissible diseases in West Africa is accelerated by the limited capacities of individual country health systems for efficient surveillance, early detection and rapid response to infectious disease outbreaks that result in significant reversals in human development progress in the region including increased cases of morbidity and mortality, threats to food security, and substantial economic losses. Despite this, there are presently no significant sources of funding for disease surveillance and response in West Africa, and although there has recently been a sharp focus on this issue in the three countries most affected by Ebola, the emphasis has been on the response to the immediate EVD crisis rather than the systematic development of capacity to detect and respond to infectious disease outbreaks more broadly.

Given the transboundary nature of contagious diseases and the fact that a significant share of them can be transmitted between animals and humans (more than 60 percent), there is a critical need for coordination and exchange of knowledge and information among countries and between sectors. West Africa’s EVD epidemic could not be contained due to the absence of systematic collection, reporting and exchange of infectious disease information across country-borders in a timely manner. The EVD epidemic dramatically illustrates the need for a more harmonized approach to disease surveillance and response, and highly underscores the importance of regional cooperation among West African countries for the prevention and control of potential cross-border disease outbreaks, as a key component of the post-Ebola health systems recovery strategy, and overall health systems strengthening efforts in the region

Yet, important lessons have been learned and experience gained, and successful regional programs for the control of selected priority diseases, both within and outside the region have demonstrated the efficiency of a regionally coordinated approach to diseases surveillance and response.

In response to this situation, the World Bank is proposing a Regional Integration Program to strengthen cross-sectoral and regional capacity for integrated disease surveillance and response in West Africa. The Program is in line with the WB’s mission to end extreme poverty and promote shared prosperity. The Country Partnership Strategies (CPS) for the ECOWAS countries targeted by this Program emphasize the need to strengthen the capacity of health systems of which disease surveillance is a key pillar, in order to improve health outcomes and reduce

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1 There are three primary rationales for a regional approach to disease control and financing a RDSR network in West Africa: 1) disease outbreaks and epidemics have far reaching economic consequences, contributing to disease burden and curtailing the flow of goods, services and labor; 2) the control and prevention of cross-border spread of communicable diseases is a global public good, and 3) efficiency can be enhanced through resource sharing and collective

2 ECOWAS member states include Benin, Burkina Faso, Cape Verde, Cote d’Ivoire, The Gambia Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo.
vulnerability. The Program is being developed jointly by the Health, Nutrition and Population (GHNDR) and Agriculture (GFADR) Global Practices to ensure that the human-animal-environment interface is addressed and the One Health approach is respected. The project will contribute to the region’s progress in meeting obligations under the International Health Regulations (IHR 2005) and implementing the integrated disease surveillance and response strategy (IDSR) promoted by the WHO and the OIE animal health standards. The Program is also in line with the Global health Security Agenda (GHSA) objectives and is structured to contribute to four of the key action packages defined in the GHSA strategy: surveillance and reporting; laboratory capacity; health workforce; and, epidemic preparedness and response.

The World Bank’s convening power is highly instrumental to forging a coalition of national, regional, and global technical and financial institutions to support this neglected agenda in West Africa. The Bank is well placed to mobilize substantial financing for this multi-sector initiative and to convene premier technical and financial partners engaged in the field of disease surveillance including the U.S. Centers for Disease Control (CDC), the World Health Organization (WHO), the World Organization for Animal Health (OIE), the African Development Bank, bilateral development partners and private foundations, including Fondation Merieux and the Bill and Melinda Gates Foundation.

The Project will address systemic weaknesses within the animal and human health sectors that hinder effective disease surveillance and response. It will be comprised of four technical components: surveillance and early reporting; strengthened laboratory capacity; workforce training, deployment and retention; and; preparedness and rapid response. Ultimately, the Project will contribute towards significantly reducing the burden of diseases particularly among the poor and vulnerable populations, mitigating the public health and economic risks posed by infectious diseases in humans and animals, and decreasing the threats of future disease outbreaks thereby promoting global health security.

The REDISSE Programs will be implemented as an interdependent series of projects (iSOP) that will eventually engage and support all 15 ECOWAS member countries in an effective and sustainable regional surveillance network. The first project in the series (REDISSE iSOP1) provided US $110 million IDA finance to Guinea, Sierra Leone and the West Africa Health Organization. The second and third projects in the Series are under development. Regional coordination will be the primary responsibility of ECOWAS and its associated human and animal health institutions: The West Africa Health Organization (WAHO) in Burkina Faso and the Regional Animal Health Center (RAHC) in Mali.