




SUPPORT PROGRAM TO COMBAT CURRENT AND FUTURE PUBLIC HEALTH THREATS

LABOUR MANAGEMENT PROCEDURES (LMP) REPORT

AFRICA CENTRES FOR DISEASE
CONTROL AND PREVENTION

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Acronyms/Abbreviations

ACDC	Africa Centres for Disease Control and Prevention
AMR	Anti-microbial Resistance
AU	African Union
AVoHC	African Health Volunteers Corps
CDC	Centres for Disease Control and Prevention
CoC	Code of Conduct
EHS	Environmental Health and Safety
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
ESSS	Environmental and Social Safeguard Specialists
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
HCF	Health Care Facilities
IA	Implementing Agencies
IDA	International Development Association
IHR	International Health Regulations
ILO	International Labour Organization
LMP	Labour Management Procedures
NPHIs	National Public Health Institutes
OHS	Occupational Health and Safety
OPIM	other potential infectious materials
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
PRC	Permanent Representatives Committee
R&D	Resource and Development
RCCs	Regional Collaborating Centres
SA	Social Assessment
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholders Engagement Plan
SWAT	Special Weapons and Tactics
TA	Technical Assistance
TTL	Task Team Leaders
WB	World Bank
WBG	World Bank Group
WGM	Worker Grievance Mechanism
WHO AFRO	World Health Organization Africa Region

1. Introduction

Across the globe, the Coronavirus Disease 2019 (COVID-19) pandemic has revealed two distinct, but not mutually exclusive realities – a picture perhaps most pronounced in Africa. The pandemic has shone a light on the existing challenges at the global, regional, national, and community levels stemming from persistent disparities—with the most vulnerable people and places incurring the greatest social and economic burden. The pandemic has also triggered much-needed political will to accelerate long overdue progress in areas such as innovative financing and service delivery mechanisms, partnerships, and technology—from digital vaccine passports to genomic surveillance. Today, African institutions and stakeholders are demonstrating broad leadership across the technical and political dimensions of the public health agenda, setting the stage for the continent to lead on preparedness efforts in the future. In this context, the Africa Centres for Disease Control and Prevention (Africa CDC) has emerged as a visionary and technically sound public health institution from a regional and global perspective— setting an ambitious pace for an innovative agenda in the years ahead.

The fast-changing COVID-19 landscape thrust the AU and Africa CDC into a pivotal leadership role at a time when global health governance failed to deliver equitably. The AU and Africa CDC acted out of necessity to mitigate the impact of leaving the most vulnerable populations and places in a cycle of deprivation and recovery. Together, they acted innovatively and adaptively to ensure continental resilience in the face of significant, systemic disruption. This response fundamentally redefined the continent's role as a leader across many dimensions of public health. Working collaboratively with other regional and global actors, Africa CDC developed a cutting-edge and consequential agenda around vaccine acquisition and deployment to support member states and spearheaded unprecedented initiatives on areas such as manufacturing. Through these exemplary actions, the continent has shown what is possible with regional cooperation, and the importance of a strong health-focused regional integration agenda while highlighting the importance of the AU in terms of its mandate and coordination capabilities.

These investments paid off in the early response to the COVID-19 pandemic. Just days after the first case of COVID-19 was reported in mid-February 2020, the AU and the Africa CDC convened an emergency meeting of all ministers of health to agree on a Joint Continental Strategy. The strategy provided a coordinating framework whereby AU member states would cooperate, coordinate, and communicate their efforts; with implementation supported by a taskforce established by the Africa CDC. In early March 2020, as cases of COVID-19 spread across the continent, countries took immediate and pre-emptive actions, including implementing lockdowns and other social distancing measures to reduce transmission.

*Africa CDC has also seized the momentum to put forth a vision through the New Public Health Order for Africa and guide transformative investments for the continent's medium- to longer-term health security. There are five core areas: 1) **strong regional institutions** to guide priorities, coordinate policies and programs, and drive standard-setting and disease surveillance; 2) **local production of vaccines, therapeutics, and diagnostics** to drive down procurement costs and increase response speed; 3) **investment in the public health workforce** and leadership programs; 4) **strong, high-level partnerships**, including between donors and governments and the public and private sectors and with public health institutions; and 5) a **greater role for regional organizations in pandemic governance**, by decentralizing institutions, and, through regional representatives in key agencies, ensure that the specificities and needs of each sub-region are considered in the planning of central mechanisms such as surveillance systems.*

In recognizing the leadership and importance of the Africa CDC in safeguarding the health of the continent, member states agreed that it will become an autonomous specialized agency of the AU. This is a landmark step taken during the 35th African Union Summit in February 2022, as the continent continues to address the current pandemic while intensifying its focus on the ambitious agenda into the longer term.

In this context, the proposed operation is critically timed and a high value-add for Africa CDC in terms of a transformative investment that is poised to exceed the monetary value of the financing. This project will enable the Africa CDC to maximize its impact as a leading global public health institution today and into the future. The operation will support Africa CDC in intensifying its efforts to strengthen institutional framework to support countries in enhancing core preparedness and emergency response capacities. It will set the foundation to lead on frontier multi-sectoral public health issues including the One Health approach, anti-microbial resistance (AMR), and other areas.

Cognizant of the aforementioned project activities and goals, the purpose of the Labour Management Procedure (LMP) is to facilitate planning and implementation of the project. It identifies the main labour requirements and risks associated with the project and helps to determine the resources necessary to address project labour issues. LMP lays out the project's approach on Africa CDC's and AU Member States' requirements, as well as the objectives of the World Bank's Environmental and Social Framework (ESF), specifically "Environmental and Social Standard 2- "Labour and Working Conditions (ESS2)". This LMP sets out the terms and conditions of employment for employing or otherwise engaging workers on the project, specifies the requirements and standards to be met and policies and procedures to be followed, assesses risks, and proposes implementation of compliance measures.

The LMP is developed to help avoid, mitigate, and manage risks and impacts in relation to project workers and ensure non-discrimination, equal opportunity, protection, fair treatment, and safe and healthy working conditions. The LMP is a living document to facilitate project planning, preparation, and implementation. It is anticipated that the LMP will be updated as additional information becomes available during project implementation, including in relation to workforce numbers and requirements, timing of project activities, and associated due diligence and social risk management. Similarly, the OHS measures shall be reviewed annually and updated as needed. The project will ensure compliance with Africa CDC's and AU Member States' requirements as well as World Bank guidelines regarding the COVID-19 pandemic.

2. Project Description and Components

2.1. PDO/Results

A. Project Development Objective(s)

The Project Development Objective is to enhance the capacity of Africa Centres for Disease Control and Prevention (Africa CDC) to support AU Member States in preventing, detecting, and responding to current and future public health threats.

B. Key Results

- 1. The proposed PDO will contribute towards:** (i) catalyzing the ongoing continental-led efforts to respond to the COVID-19 pandemic, particularly emphasizing efforts to increase vaccine literacy and address vaccine hesitancy; (ii) strengthening continental and sub-regional capacities and public health assets to effectively prevent, detect, and respond to health emergencies in compliance with international standards; (iii) facilitating an enabling environment to enhance regional manufacturing and R&D capacities; and (iv) supporting the Africa CDC in becoming its own specialized health agency and updating its operational, management, and technical processes around this transition.

2. *The proposed PDO indicators are:*
 1. Number of reports using meta-analysis of hesitancy surveys to COVID-19 vaccination that include actionable policy recommendations for developing communication campaigns at the country level
 2. Number of regional laboratories that receive and/or maintain accreditation under WHO AFRO standards.
 3. Number of people that have been trained in basic, intermediate, and advanced epidemiologic surveillance.
 4. Number of sub-regional rapid response "SWAT" teams set up, equipped, and operational.
 5. Continental morbidity and mortality monitoring and data sharing system created and operational.
 6. Operational fiduciary and governance framework of Africa CDC as an autonomous agency of the African Union.¹

2.2. Project Description

The proposed operation will include three components: (i) COVID-19 response; (ii) strengthening regional and sub-regional preparedness and response capacities; and (iii) enhancing institutional capacity at central and sub-regional levels.

Component 1: COVID-19 Response (US\$2 million IDA): This component will provide focused support to the Africa CDC's COVID-19 response in complementarity to other donor resources. As previously mentioned, 80 percent of partner resources currently given to Africa CDC are for COVID-19 response, and a significant portion of these resources is directed to AU Member States to support country-level activities. As such, staffing and the programmatic budget to support the Africa CDC COVID-19 response are lean. Under this component, the project resources are targeted toward regional-wide activities that are either under-funded or not funded by other resources. In this regard, the component will provide short-term support to help mitigate the spread of COVID-19 and minimize the impact of new and re-surgent variant outbreaks on the continent. In addition, this component will help to ensure key platforms and mechanisms created during COVID-19 are sustained and amplified. This component is structured into two sub-components, which will include priority continental activities: namely, *Sub-component 1.1. Support to COVID-19 health and vaccine system strengthening efforts*, *Sub-component 1.2. Continental communications to improve health literacy around COVID-19 for increased vaccine uptake*.

Component 2: Enhancing Africa CDC's technical and programmatic functions to support AU Member States' preparedness capacities (US\$78 million IDA). This component will support continental and sub-regional efforts to enhance preparedness and response capacities at the regional, sub-regional, and country levels. Activities supported under this component will be structured under the "prevent, detect, and response" framework in alignment with international standards such as the IHR and the Global Health Security Agenda. This component will support existing and emerging priorities for both the Africa CDC and the continent including epidemic preparedness and response, surveillance, and laboratory capacity building; human resources for health; manufacturing and R&D. This component will also support cross-cutting issues such as strengthening IHR planning and monitoring, data digitization and interoperability, gender in preparedness, and adaptations to climate shocks and their impact on endemic diseases. This component is envisioned to be structured by three sub-components incorporating *Sub-component 2.1: Strengthening prevention, detection and response capacities to public health threats at continental and sub-regional levels*, *Sub-component 2.2: Developing and sustaining a continental public health workforce*, and *Sub-component 2.3: Accelerating the continent's manufacturing and R&D agenda*.

Component 3: Strengthening Africa CDC's institutional capacity and operational structure (Estimated Financing: US\$20 million IDA).

¹ Defined as meeting sound international practices.

Africa CDC's transition to a specialized autonomous agency of the African Union, is an evolution that comes with the backing of the AU's 55 Member States. A significant part of this component will contribute to the development and operationalization of the transition roadmap for the institution. This will set the foundation to successfully evolve into a more expansive role on the continent and globally in the coming years. Africa CDC has progressively garnered support in recent years, and with the recent declaration of autonomy, there will be a significant rise in the scope of operations and increased expectations. This requires a well-articulated vision as well as organizational framework, systems, structures, human resources, and ways of working to facilitate the organization and its people in meeting their objectives. Relatedly, it will be important to fast-track key milestones in the transition roadmap including strengthening the Africa CDC governance and management structures for effective transition.

This component will also finance operational costs and capacity building of the project's implementation unit to ensure effective coordination, management, and implementation of components 1, 2 and 3.1.

There are two sub-components envisioned under this component namely: *Sub-component 3.1. Operationalizing Africa CDC's transition to a specialized autonomous agency*, and *Sub-component 3.2. Project management and coordination*.

In line with the requirements of the ESF, amongst others, this Labour Management Procedures (LMP) is prepared as per the requirement under ESS2.

3. Rationale of the Labour Management Procedures

To deliver the project, the use of Africa CDC's and NPHIs' human resources is anticipated. Africa CDC recognizes that comprehensive management of the human resources is important to augmenting the positive outcomes of the project. These Labour Management Procedures (LMP) have, therefore, been developed to:

- i. Promote safety and health at work;
- ii. Promote the fair treatment, non-discrimination and equal opportunity for project workers;
- iii. Protect project workers, including vulnerable workers such as women, persons with disabilities, youth (of working age, in accordance with Africa CDC/AU legal provisions and WB's ESF-ESS2) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.
- iv. Prevent the use of all forms of forced labour and child labour;
- v. Support the principles of freedom of association and collective bargaining of project workers in a manner consistent with Federal law; and
- vi. Provide project workers with accessible means to raise workplace concerns.

4. Overview of Labour Use on the Project

Different categories of workers expected to be employed to work on the Project. It is not possible at this point to present the exact numbers of workers to be involved in the implementation of various Project activities over the Project's life span, but the figures can be estimated in several hundreds, including contracted workers. With the exception of a few international technical experts, the Project work will mainly involve male and female Africa CDC workers.

The majority of workers are expected to be existing Africa CDC and NPHIs' workers and will remain subject to the terms and conditions of their existing sector employment. Additional staff who may be directly engaged (direct workers) to support the Project will need to be contracted in line with

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the requirements of ESS2 in relation to labour and working conditions, non-discrimination and equal opportunities and occupational health and safety.

The Project will use direct workers and contracted workers. **However, the Project will not use community workers, primary supply workers or migrant workers.**

- i. Direct workers:** these include 'Africa Centres for Disease Control and Prevention Support Program to Combat Current and Future Public Health Threats' Project Implementation Unit (PIU) staff (e.g., Project Coordinator and Environmental and Social Safeguard Specialists) and NPHI staff of the AU Member States; consultants who work for the Project implementation/coordination unit; and civil servants assigned to work on the Project by the respective AU member states.-
- ii. Contracted workers:** are those who will be recruited by the PIU for the key implementation activities of the Project. If and when the contracted workers are going to be sourced through an employment agency (broker), information regarding the number, type and duration of contracts must be clearly communicated to the Bank.

Workforce requirement: the requirement of the work force at different levels will be determined by the scope of the Project activities operated by each implementing institution (Africa CDC and its implementing partners) which is variable over time. The Table below presents the estimated labour force numbers for each type of worker. Most of these workers are Africa CDC staff and civil servants working in NPHIs.² The information obtained from the lead implementing agency, i.e., Africa CDC, on the estimated number of workforces is shown in the table below, but subject to revision along the Project implementation phases. Nonetheless, it is important to emphasize that all contractors and sub-contractors that will be involved in this project shall adhere to the legal frameworks of both the Africa CDC/AU and the WB's provisions of ESS2 (Labour and Working Conditions) and ESS4 (Community Health and Safety).

Table 1: Number and types of workers to be employed on the Project

No.	Type of Worker by Job Classification	Estimated No.	Remarks
1	Direct Workers		
1.1	PIU		
	Project Coordinator	1	
	Finance Specialist	1	
	M&E Specialist	1	
	Procurement Specialist	1	
	Technical Officer	2	
	Program Management Officer	2	
	E&S Safeguard Specialist	1	
	Admin Assistant	1	
	Logistics Officer	1	
	IT Specialist	1	
1.2	Division of Emergency Response & Preparedness³		

² All government civil servants seconded to work on the project will remain subject to the terms and conditions of their existing public sector employment agreements/arrangements, as understood under ESS2, Scope of Application, paragraph 8.

³ "These are all proposed positions under this investment. Please note that we are still refining the priorities to identify key staff who may be needed to implement the planned activities. Therefore, it is anticipated that there might be a change." (ACDC, May 2022)

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No.	Type of Worker by Job Classification	Estimated No.	Remarks
	Principal Technical Officer PHE Preparedness and IHR Core capacity development	1	
	Technical Officer Country Preparedness Support	1	
	Technical Officer IHR Capacity Building Support	1	
	Senior Technical Officer Health Emergency and outbreak Response	1	
	Senior Technical Officer Public Health Emergency Operation Centres	1	
	Principal Technical Officer PHE Response and Recovery	1	
	Senior Technical Officer PHE Recovery and health systems-strengthening	1	
	Senior Technical Officer AVoHC ⁴ Programme Manager	1	
	Senior Technical Office- IT developer and database maintenance	1	
	Technical Officer AVoHC IT & Data base maintenance	1	
	Technical Officer AVoHC	1	
	Senior Technical Officer Knowledge Management, Data and Research	1	
	Technical Officer Knowledge Management, Data and Research	1	
	Technical Officer Operations Research, Learning and Documentation-	1	
1.3	Regional Collaborating Centres		
	Senior Technical Officers – Regional Knowledge Hub	5	
	Technical Officers – RISLNET Secretariat	10	
1.4	Health Economics		
	Senior Technical Officer – Health Economics	2	
	Technical Officers – Health Economics	3	
1.5	Administration and Management		
	Finance Officer	1	
	Procurement Officer	1	
	HR Officer	1	
	Risk Management Officer	1	
	IT Officer	1	
	Project Management Officer	1	
1.6	Division of Surveillance and Disease Intelligence		
1.6.1	Surveillance		
	Regional EBS Analysts	5	
	Technical Officer EBS	1	
	Administrative Officer	1	
1.6.2	Health Information Exchange (HIE)		

⁴ African Health Volunteers Corps.

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No.	Type of Worker by Job Classification	Estimated No.	Remarks
	Regional HIE Analysts	1	
	Technical Officer HIE	1	
1.6.3	Cross-Border Surveillance		
	Technical Officers- Cross-Border Surveillance	5	
	Senior Technical Officer – Cross Border Surveillance	1	
1.6.4	Mortality Surveillance		
	Senior Technical Officer – Mortality Surveillance	1	
	Technical Officer Mortality Surveillance HQ	1	
	Technical Officer Mortality Surveillance RCCs	5	
1.7	Health Policy, Diplomacy and Communication		
	Senior Policy officer	1	
1.8	National Public Health Institutes (NPHIs)		Only at HQ
	Program Manager AES	1	at HQ
	Administrative Assistant	1	at HQ
	Senior Technical Officer Research and Ethics	1	at HQ
	Senior Technical Officer Behavioural Sciences	1	at HQ
	Senior Technical Officer Biostatistician	1	at HQ
1.9	Disease Control and Prevention		
	Technical Officer Endemic Diseases	4	
	Technical Officer Neglected Tropical Diseases	2	
	Technical Officer Community Health Services	4	
	Senior Technical Officer Community Health Services	1	
	Technical Officer Non-Communicable Diseases	4	
	Senior Technical Officer Non-Communicable Diseases	1	
1.10	Laboratory Systems		
	Technical Officer Lab	2	
1.11	One Health/AMR	1	
	Senior Technical Officer One Health	1	
	Senior Technical Officer AMR	1	
	Senior Technical Officer Rabies Expert	1	
	Senior Technical Officer Flu and Surveillance	1	
	Senior Technical Officer VHFs and Others	1	
	Senior Technical Officer Advocacy and Campaign Officer	1	
	AMR/One Health Coordinator	1	
2	Contract Workers⁵		
3	Community workers		
	The project does not anticipate hiring community workers directly.		

Source: Africa CDC, May 2022

⁵ "For these ones, we will put the suggested consultants across the divisions once they are agreed upon" (ACDC, April 2022).

As reiterated throughout this document, the majority of workers are expected to be Africa CDC and NPHIs staff in the respective AU Member States who will remain subject to the terms and conditions of their existing sector employment. Direct workers who may be directly engaged as additional staff will need to be contracted in line with the requirements of ESS2, and also follow the guidelines laid down in the Bank's related Guidance Note in relation to labour and working conditions, non-discrimination and equal opportunities and occupational health and safety.

5. Potential Labour Risks

The main labour risks associated with the project are assessed to be related to: occupational health and safety (OHS) risks, specifically in Components 1 and 2. Technical Assistance under Sub-component 1.1 Support to COVID-19 health and vaccine system strengthening efforts (e.g., support to help mitigate the spread of COVID-19 and minimize the impact of new and re-surgent variant outbreaks on the continent) and Procurement under this component will include goods and supplies needed to facilitate the technical and administrative processes of Africa CDC and support efficient functioning (Sub-component 1.2); may involve occupational health and safety risks to consultants or project workers. Similarly, technical assistance activities (i.e., assessing existing laboratory facilities and network and their capacity; improving supply chain management; setting guidelines for quality assurance systems and human resources capacities; establishing guidelines and baseline for surveillance mechanisms of emerging priorities such as antimicrobial resistance (AMR); developing continental regulatory and safety standards for manufacturing capacities; and establishing a regional and integrated pharmacovigilance system) to be financed under **Component 2** can have environment, health and safety risks. Other than these, no OHS risk was likely to be associated with this project.

ESS2, therefore, is relevant due to potential risks to labour and working conditions for applicable direct and contracted workers including the consultants who will be engaged in the technical assistance activities. This Labour Management Procedure (LMP) will, among others, include:

- (i) Contracts of employment and terms and conditions of employment;
- (ii) Protection of workers including fair treatment, non-discrimination and equal opportunity for project workers;
- (iii) Occupation, health and safety issues which will be applicable to all project workers;
- (iv) OHS risks associated with use/management/disposal related to regional laboratory network;
- (v) Security provisions for workers involved in the distribution of innovative technologies; and
- (vi) Grievance mechanism for workers with accessible means to raise workplace concerns.

OHS measures will be designed and implemented to address: (a) identification of potential hazards to project workers; (b) provision of preventive and protective measures, including elimination of hazardous conditions or substances; (c) training of project workers and maintenance of training records; (d) documentation and reporting of occupational accidents, diseases and incidents; and (e) remedies for adverse impacts such as occupational injuries, disability and disease.

As indicated under 'Project Description' above, the activities to be financed by this project include: COVID-19 Response (Component 1); Enhancing Africa CDC's technical and programmatic functions to support AU Member States' preparedness capacities (Component 2); and Strengthening Africa CDC's institutional capacity and operational structure (Component 3). *This project is not financing activities for specific countries.* All inputs would be at this point for ACDC but geographically some items purchased (i.e., software, office equipment) may go to the regional Africa CDC offices which are outside the headquarters. With the activities being TA and centred in/from Addis, Labour Management Procedures (LMP), along with Environment and Social Commitment Plan (ESCP) and Stakeholders Engagement Plan (SEP), was required for project financing by the World Bank.

Risk of discrimination: includes potential inappropriate treatment or harassment of project workers related, for example, to gender, age, disability, ethnicity, or religion; potential exclusion or preferences with respect to recruitment, hiring, termination of employment, working conditions, or terms of employment made on the basis of personal characteristics unrelated to inherent work requirements; in training and development provision. In this project, however, no discrimination is anticipated nor is it acceptable per the AU '**Staff Regulations and Rules**'⁶, which defines the conditions of service, rights, duties and obligations of the Staff Members of the African Union (2010) and the **ESS2** which supports equal opportunities for women and men, with emphasis on equal criteria for selection, remuneration, and promotion, and equal application of those criteria. The aforementioned document under **Regulation 4.3** clearly states *AU's obligations* to staff members:

- (a) The Chairperson or the competent authority of any other organ shall ensure that the provisions relating to the enforcement of, and respect for, the rights and duties of staff members, as set out in the Constitutive Act, the Staff Regulations and Rules and in the relevant Decisions, Declarations and Regulations of the Assembly and Executive Council, are strictly adhered to.
- (b) In administering these Staff Regulations and Rules, the Union's organs or institutions shall be guided by the principles of justice, equity, transparency and accountability.

Furthermore, it states, "The recruitment process shall be competitive and conducted transparently without any form of discrimination such as and not limited to race, sex, nationality, political affiliation, religion and gender" (*Regulation 6.4(a)*).

Labour Influx: It is unlikely that the project will experience labour influx, as the majority of workers are expected to be existing Africa CDC, members states, and partners' professional workers. Labour migration/influx will be further limited in scope, due to limited contracted services and short windows of work. Yet, the project needs specific requirements to manage risks associated with interaction between project workers and local communities, which will be managed through contractual requirements, code of conduct and training. These procedures are guided by the ESS2 and AU *Staff Regulations and Rules (2010)*.

Child Labour: The risk of child labour use is non-existent because the Project does not anticipate hiring even workers between the minimum age & 18, leave alone children. As indicated above, the workers are expected to be Africa CDC, members states, and partners' staff. The data generated on the human resources expected to be mobilized for the project activities by the key implementing intuitions also confirm the same (see above Tables).

Gender-based violence: The likely occurrence of project related GBV risk is low and does not require a complementary SEA/SH Prevention and Response Action Plan.

Nevertheless, AU has a harassment policy in which sexual harassment, sexual exploitation and sexual abuse are clearly covered and any complaints of harassment are taken seriously and any conduct that is found to constitute harassment will be dealt with in a manner consistent with the severity of the misconduct, including appropriate administrative and disciplinary manners (AU, *Harassment Policy, 2016, Section 2: Policy Statement, 4th paragraph*).

Contractors will maintain labour relations through a code of conduct (**CoC**), sample is attached in Annex 2 of this LMP. The CoC commits all persons engaged by the contractor, including sub-contractors and suppliers, to acceptable standards of behaviour. The CoC shall include sanctions for noncompliance, including non-compliance with specific policies related to gender-based violence, sexual exploitation and sexual harassment (e.g., termination). The CoC shall be written in a language the worker better understands (for the expatriate worker, it will be usually in English) in a reader-friendly style and signed by each worker to indicate that they have:

6 These Regulations and Rules shall be interpreted and applied alongside AU relevant Treaties, Decisions Protocols, Regulations, Rules and Procedures as well as principles of International Law. The 'Regulations and Rules contained herein shall form an integral part of the contract of employment of every staff member, who shall receive a copy upon appointment' (p.1). It also states that 'every staff member shall be bound by the terms and conditions set out in the Staff Regulations and Rules.'

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- a. received a copy of the CoC as part of their contract;
- b. had the CoC explained to them as part of induction process;
- c. acknowledged that adherence to this CoC is a mandatory condition of employment;
and
- d. understood that violations of the CoC can result in serious consequences, up to and including dismissal, or referral to legal authorities.

A copy of the CoC shall be displayed in a location easily accessible to the project stakeholders.

COVID-19 Situation: The project will take necessary measures to address issues related with COVID-19 by using a systematic approach that emphasizes on the joint collaboration of project workers and all project implementing agencies through active engagement.

As a result of the Covid-19 pandemic, there is a risk of project workers contracting the virus. Consequently, proper measures in accordance with WB Interim Note on COVID-19, and international good practices will be applied. The project will also ensure that adherence is made to the WHO's specific guidelines on COVID-19, along with the World Bank's guidance note, "Covid-19 Considerations in Construction/ Civil Works Projects" as well as the Bank's guidance provided through "ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/ Civil Works Projects (April 1, 2020)", especially as it relates to the application of such guidance to project workers, contractors and subcontractors. The note recommends assessing the existing situation of the project, understanding the obligations of contractors under existing contracts, requiring contractors to put in place appropriate organizational structures and developing plans and procedures to address different aspects of COVID-19. The project will also adhere to the respective Member State's guidelines for Covid-19 prevention and control.

The Project will ensure the following:

- Project workers will be trained on hygiene and other OHS preventative measures.
- A two-way communication strategy where workers can receive regular updates on COVID-19 related issues and status of any workers that may be affected by the illness and report issues, pose questions, and submit requests.
- Where virtual sessions are not viable and sessions must be held in person, the project will ensure that the respective Member State's COVID-19 protocols are adhered to as well as those of the WHO and World Bank.
- Project workers will be provided with the adequate Personal Protective Equipment (PPE) required to safely carry out their duties.

PPE provides additional protection to workers exposed to workplace hazards in conjunction with other facility controls and safety systems. PPE is considered to be a last resort that is above and beyond the other facility controls and provides the worker with an extra level of personal protection. Recommended measures for use of PPE in the workplace include:

- Active use of PPE if alternative technologies, work plans or procedures cannot eliminate, or sufficiently reduce, a hazard or exposure.
- Identification and provision of appropriate PPE that offers adequate protection to the worker, co-workers, and occasional visitors, without incurring unnecessary inconvenience to the individual.
- Proper maintenance of PPE, including cleaning when dirty and replacement when damaged or worn out. Proper use of PPE should be part of the recurrent training programs for employees.
- Selection of PPE should be based on the hazard and risk ranking described earlier in this section and selected according to criteria on performance and testing established.

According to the ESCP developed for the Project, Africa CDC is required to develop, adopt, and implement standard procedures to prevent COVID-19 and other infectious diseases. Additionally, Africa CDC will engage in awareness-raising initiatives, like informing deployed employees about

vaccines available for endemic diseases in the country of deployment, while developing the capacity of the Project staff and other implementing entities. In principle, the National guidelines for COVID-19 prevention should be adhered to; however, **the National and Africa CDC's strictest guidelines will prevail.**

Special Considerations for Projects Supporting COVID-19 Response Activities

In such circumstances, some of whom will be engaged in activities that raise COVID-19 exposure concerns. The Project, on ongoing basis, will assess the risks posed by COVID-19 and define the required mitigation measures that will be adopted to respond to the specific risks to workers posed by COVID-19.

Specific procedures will be utilized to address the risks associated to COVID 19, from available resources. This would include:

- For health workers rights, roles and responsibilities, including on OHS, consult WHO COVID-19 interim guidance.
- For guidance on infection prevention and control (IPC) strategies for use when COVID-19 is suspected, consult WHO IPC interim guidance.
- For rational use of PPE, consult WHO interim guidance on use of PPE for COVID-19
- For workplace-related advice, consult WHO guidance getting your workplace ready for COVID-19.
- For guidance on water, sanitation and health care waste relevant to viruses, including COVID-19, consult WHO interim guidance.
- For projects requiring management of medical waste, consult guidance issued by WHO Safe management of wastes from health-care activities.
- For guidance on immunization and vaccine safety, consult WHO Immunization Safety guidance.
- For guidance on implementation of mass vaccination campaigns in the context of COVID-19, consult WHO framework for decision-making.

6. Overview of AU Staff Regulations and Rules and WB's ESS2

6.1. AU Staff Regulations and Rules

According to the AU ***Staff Regulations and Rules***, which provides for *Rights of Staff Members*,

The Union shall protect fundamental human rights, dignity, worth and equal rights of all its staff members as set out in these regulations and ***other legally binding international legal instruments*** as well as other administrative instruments. No staff member shall be discriminated against in pursuit of his or her career with the Union. It shall be the Union's responsibility to aid, protection and security for its staff members where appropriate against threats, abuse, harassment, violence, assault, insults or defamation to which they may be subjected by reason of, or in connection with, the performance of their duties (Regulation 3.2(a)). (Emphasis added)

Regarding its applicability, Regulation 2.3(a) states 'These Regulations shall apply to all employees of the Union, irrespective of their categories and/or duration of their appointments.'

6.1.1. Leaves

AU **Staff Regulation and Rules** (Regulation 7) states:

Subject to the recruitment category, staff members shall be entitled to Annual Leave, Home Leave, Special Leave, Medical Leave, Maternity Leave and other leave as stipulated in the Rules. No leave shall be valid until it is authorized by the Chairperson or any competent authority of any other organ.

6.1.1.1 Annual Leave

Pursuant to the provisions of Regulation 7 of the Staff Regulations:

- (i) All categories of staff shall be entitled to twenty-eight (28) working days leave per year of active service.
- (ii) Two (2) days over and above leave granted shall be added to the leave entitlements of all internationally recruited staff as travel days during annual and home leave.

6.1.1.2 Home Leave (Regulation 39.1)

Staff members who are internationally recruited and their eligible dependents, and are residing and serving outside their home country, shall be entitled once every two (2) years of qualifying service to visit their home country at the Union's expense.

6.1.1.3 Maternity Leave and Paternity Leave (Staff Rule 41)

6.1.1.3.1. Maternity Leave (Staff Rule 41.1)

- a) A female staff member on Continuing Regular or Regular appointment, including the probationary period, shall be entitled to ninety-eight (98) calendar days of maternity leave, on full pay upon presentation of a medical certificate. The leave shall commence and approved by the Chairperson or the competent authority of any other organ as determined by the Union's Medical Services or a registered Medical Practitioner. In case of maternity leave during probationary period, the probationary period shall be extended for equal duration of maternity leave absence.
- b) Female staff member on short-term contract and project staff shall be entitled to paid-maternity leave in the following manner:
 - For staff with up to six (6) months contract or service – Four (4) weeks;
 - For staff with up to one (1) year contract or service – Six (6) weeks; and
 - For staff with more than one (1) year contract or service – Ten (10) weeks.

A breast-feeding staff member shall be allowed up to one (1) hour free time per day to nurse her baby for up to a period of one (1) year (*Staff Rule 41.2*).

According to *Staff Rule 41.3 (a)*, sick leave shall not normally be granted during maternity leave except where serious relevant complications arise. Also, annual leave shall continue to accrue during the period of maternity leave (*Staff Rule 41.3 (b)*).

6.1.1.3.2. Paternity Leave

On the occasion of the confinement of eligible spouse, a male staff member shall be entitled to five (5) working days of leave with pay excluding travel days. Paternity Leave shall not be accrued, converted into annual leave or cash payment. Failure to take Paternity Leave within the maternity leave period shall result to forfeiture of the leave days (*Staff Rule 41.4*).

According to *Staff Rule 41.5*, maternity and paternity paid leave shall be granted for up to a maximum of four (4) occasions during a staff member's entire period of employment in the Union. However, in cases of child mortality following birth, the female staff member may apply to the Chairperson or competent authority of any other organ for concession to go on maternity leave after exhausting the four (4) statutory maternity leave benefits.

6.1.1.4 Sick Leave (Rule 42)

A staff member who is unable to perform his or her duties as a result of illness or injury shall be granted sick leave under the following terms and conditions (*Staff Rule 42.1*):

- a) Approval of Sick Leave – All sick leaves must be approved by the Chairperson or the competent authority of any other organ on the advice of the Union's Medical Services or, at duty station outside the Headquarters, by a physician recognized by the Union.
- b) A staff member on regular or continuing regular contract, whether confirmed or not, may be granted sick leave of up to three (3) months on full pay, and three (3) months on half pay in any period of twelve (12) consecutive months.
- c) A staff member who holds a regular or continuing regular appointment for three years or who has completed three years (3) or more of continuous service shall be granted sick leave of up to three (3) months on full pay and three (3) months on half pay in any period of three (3) consecutive years.
- d) Sick Leave for staff members on short-term contract, project staff and consultant shall be earned at the rate of four (4) working days per month. Such sick leave shall not be accrued or converted into annual leave or converted into cash payment.
 - i. It shall be the responsibility of Staff members to inform their supervisors as soon as possible of their absence due to illness or injury or as a result of public health requirements and shall submit a medical certification or report promptly as required under these Rules.
 - ii. Any absence from duty on grounds of illness or injury exceeding ten (10) calendar days shall be supported by a medical report from the caretaker physician.
 - iii. Any absence from duty on grounds of illness or injury of less than ten (10) calendar days shall be supported by a medical certificate from the Union's Medical Officer, or a duly qualified Medical Practitioner in respect of staff members at Regional/ Representational Offices and field missions. The medical certificate should indicate that the staff member is unable to report for duty and state the probable duration of the illness.

6.1.1.5 Other Types of Leave (Rule 40)

Special Leave (Rule 40.1)

The Chairperson or the competent authority of any other organ may in exceptional circumstances grant a staff member, at his or her request, special leave for reasons of personal convenience or other important reasons. Not more than twenty (20) such authorized working days shall be taken during any calendar year and shall be charged to annual leave. Such leave may be granted any time within the calendar year subject to exigencies of service.

Compassionate Leave (Rule 40.2(a))

In the case of serious illness or death of a close family member (a spouse or child, father, mother or his/her child, brother, sister, mother-in-law and father-in-law), a staff member may apply for compassionate leave with full pay of up to ten (10) working days per year which shall not be deducted from the annual leave entitlement. Compassionate leave shall not be accrued.

Social Commitment Leave (Rule 40.2(b))

In the case of a wedding of a staff member, or of his/her child, a staff member may apply for five (5) consecutive working days leave with full pay per occasion, which shall not be deducted from the annual leave entitlement. Social Commitment Leave shall not be accrued. Not more than ten (10) such authorized days may be taken during any calendar year; any further days shall be deducted from annual leave.

Study Leave (Rule 40.3)

A regular or continuing regular staff member may be granted study leave to enable him or her to undertake a course of study in the interest of the Union or to sit for an academic examination.

Study Leave with Pay (Rule 40.4(a))

- i. Where the regular or continuing regular staff member has been awarded a scholarship, bursary, and training grant by the Union, he or she shall be released on leave and shall continue to receive all entitlements and other allowances to which he or she is normally entitled in addition to any allowance granted under the award or grant.
- ii. The conditions and terms for leave for training purposes shall be specified at the time of approval. However, study leave of up to a maximum of six (6) months can only be granted once in every five (5) years of qualifying service.

Leave of Absence (Rule 40.6)

- i. Leave of absence is granted at the request of a staff member for personal reasons and for a specific period. The leave of absence so requested shall first be drawn from the Staff Member's outstanding annual leave entitlement, if any, until it is exhausted before any new leave period is accrued. However, staff member shall not be entitled to salary or allowances for the duration of the leave requested for.
- ii. Leave of absence may be granted for up to a maximum period of twelve (12) months within a period of five (5) years of qualifying service, and may be extended, but not for more than six (6) months.

6.1.1 Compensation for Death, Injury, Illness or Disability attributable to Service (Rule 43.2)

1. Staff members shall be entitled to compensation in the event of injury, illness, permanent disability or death during their service with the Union. To this end, the Union shall maintain a life, accident and disability insurance scheme.⁷
2. [In the event of death of a regular or continuing regular staff member, an immediate humanitarian grant of three (3) months' gross salary of the staff member shall be made available to the beneficiaries]. Bracketed for PRC.⁸
3. [In the event of permanent disability of a regular and continuing regular staff member leading to termination of service on medical grounds, a humanitarian grant of two (2) months' gross salary of the staff member shall be made available to the staff member or his/her beneficiaries.] Bracketed for PRC.
4. Upon the death or permanent disability of a regular and continuing regular staff member as described in these Rules one hundred percent (100%) of the school fees for the next academic year shall be paid by the Union to the school. Such educational assistance shall be over and above the expenses for the on-going school year where applicable. This payment shall not be deductible from the staff member's separation entitlements.

⁷ No provision on third-party liability insurance scheme in the AU Staff Regulations and Rules.

⁸ Permanent Representatives Committee.

5. An eligible beneficiary may request and be paid an advance of not more than two months' gross salary of the deceased in order to alleviate immediate financial hardship, which shall be deducted in full from the separation entitlements.

6.1.3 Grievance Handling and Procedures (Rule 63)

The AU Staff Regulation and Rules has clear provisions on grievance handling and procedures. Staff Rule 63 states:

- a) Without prejudice to the right of staff members to try to resolve grievances amicably with their colleagues and/or supervisors, all staff grievances arising out of their inter-personal relationships and the application of conditions of employment other than matters arising out of disciplinary action, shall be raised in the first instance with the staff member's supervisor and the supervisor shall make every effort to settle the matter at his/her level unless where the complaint is about the supervisor and in that instance the staff member may bring the complaint to the next level supervisor or the Chairperson or the competent authority of any other organ. In a situation where the complaint is about the Chairperson or the Head of any other organ, the staff member shall first submit in writing his or her complaint to the Chairperson or competent authority of the concerned organ requesting relief within thirty (30) days failing which, he or she may file his or her complaint with the Administrative Tribunal.
- b) The Chairperson or the competent authority of any other organ shall address grievance handling and procedure matters in accordance with the Guidelines on Grievance Handling and Procedure.

The AU *Harassment Policy, 2016* applies to All Officials, Staff Members of the Union, and consultants, irrespective of their location, categories and/or duration of their appointments (AU, *Harassment Policy, 2016, Section 3: Application, 1st paragraph*).

6.1.4 Appeals

AU Staff Regulation and Rules, Regulation 14.1 '*Appeal for Review to the Chairperson or the Competent Authority of any other Organ*' states:

Any staff member not satisfied with an administrative or disciplinary decision specifically related to him or her, may file an appeal against such decision as a first step, by addressing a letter to the Chairperson or any competent authority of any organ requesting a review of the administrative or disciplinary decision.

The AU 'Staff Regulation and Rules' also provides for 'Appeal to the African Court of Justice and Human Rights':

'A staff member may, after exhausting all internal remedies as provided for in these Regulations and Rules, and upon serving a notice of appeal to the Union's Administrative Tribunal, file an appeal with the African Court of Justice and Human Rights as provided for under Article 29 of the Protocol on the Statute of the African Court of Justice and Human Rights.' (Regulation 14.3)

6.1.5 Prohibition of Child and Forced Labour

As indicated above, there is no risk of child labour involvement in this project. However, Africa CDC, as African Union organ, strictly observes ILO Conventions related to Child Labour and

Forced Labour such as ILO Convention 182 on the Worst Forms of Child Labour; Minimum Age Convention No. 138/1973; The Rights of the Child Convention, 1989; Forced Labour Convention No. 29/1930; and Abolition of Forced Labour Convention, No.105/1957. According to ILO Convention No. 138/1973, "The minimum age for admission to any type of employment or work which by its nature or the circumstances in which it is carried out is likely to jeopardise the health, safety or morals of young persons shall not be less than **18 years**".

6.2. World Bank Standards on Labour and Working Conditions (ESS2)

ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. The objectives of ESS2 are:

- ✎ To promote safety and health at work;
- ✎ To promote the fair treatment, non-discrimination and equal opportunity of project workers;
- ✎ To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate;
- ✎ To prevent the use of all forms of forced labour and child labour;
- ✎ To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law; and
- ✎ To provide project workers with accessible means to raise workplace concerns.

6.2.1. Occupational Health and Safety and Working Environment

Occupational Health and Safety (OHS) requirements are established in the WBG EHS Guidelines for Health Care Facilities and these will be applicable to all project workers. OHS measures will be designed and implemented to address: (a) identification of potential hazards to project workers; (b) provision of preventive and protective measures, including elimination of hazardous conditions or substances; (c) training of project workers and maintenance of training records; (d) documentation and reporting of occupational accidents, diseases and incidents; (e) remedies for adverse impacts such as occupational injuries, disability and disease; and (f) notify the Association within 24 hours after first learning of the incident or accident; and (g) provide investigation report within 7 days after first learning of the incident or accident.

According to *WBG EHS Guidelines*, employers and supervisors are obliged to implement all reasonable precautions to protect the health and safety of workers. Preventive and protective measures should be introduced according to the following order of priority:

- Eliminating the hazard by removing the activity from the work process (e.g., substitution with less hazardous chemicals, using different manufacturing processes, etc.);
- Controlling the hazard at its source through use of engineering controls (e.g., local exhaust ventilation, isolation rooms, machine guarding, acoustic insulating, etc.);
- Minimizing the hazard through design of safe work systems and administrative or institutional control measures (e.g., job rotation, training safe work procedures, lock-out and tag-out, workplace monitoring, limiting exposure or work duration, etc.); and
- Providing appropriate personal protective equipment (PPE) in conjunction with training, use, and maintenance of the PPE.

The application of prevention and control measures to occupational hazards should be based on comprehensive job safety or job hazard analyses. The results of these analyses should be prioritized as part of an action plan based on the likelihood and severity of the consequence of exposure to the identified hazards.

General health and safety hazards occurring in health care facilities (HCFs) may affect health care providers, cleaning and maintenance personnel, and workers involved in waste management handling, treatment, and disposal. Industry specific hazards include the following: (i) exposure to infections and diseases; (ii) exposure to hazardous materials/waste; (iii) exposure to radiation; and (iv) fire safety.

i. **Exposure to Infections/Diseases**

Health care providers and personnel may be exposed to general infections, blood-borne pathogens, and other potential infectious materials (OPIM) during care and treatment, as well as during collection, handling, treatment, and disposal of health care waste. The following measures are recommended to reduce the risk of transferring infectious diseases to health care providers: (i) Formulate an exposure control plan for blood-borne pathogens; (ii) Provide staff members and visitors with information on infection control policies and procedures; (iii) Establish Universal / Standard Precautions to treat all blood and other potentially infectious materials with appropriate precautions, including: (a) immunization for staff members as necessary (e.g. vaccination for hepatitis B virus); (b) use of gloves, masks, and gowns; and (c) adequate facilities for hand washing.

ii. **Exposure to Hazardous Materials and Waste**

HCF workers may be exposed to hazardous materials and wastes, including glutaraldehyde (toxic chemical used to sterilize heat sensitive medical equipment), ethylene oxide gas (a sterilant for medical equipment), formaldehyde, mercury (exposure from broken thermometers), chemotherapy and antineoplastic chemicals, solvents, and photographic chemicals, among others.

iii. **Radiation**

Occupational radiation exposure may result from equipment emitting X-rays and gamma rays (e.g. CT scanners), radiotherapy machines, and equipment for nuclear medicine activities. HCF operators should develop a comprehensive plan to control radiation exposure in consultation with the affected workforce. This plan should be refined and revised as soon as practicable on the basis of assessments of actual radiation exposure conditions, and radiation control measures should be designed and implemented accordingly.

iv. **Fire Safety**

The risk of fire in health care facilities is significant due to the storage, handling, and presence of chemicals, pressurized gases, boards, plastics, and other flammable substrates. Fire safety recommendations applicable to occupational areas are presented under 'Occupational Health and Safety' in the General EHS Guidelines.

Although the AU (and by extension Africa CDC) doesn't have an OHS policy, it accepts, under its *Staff Regulations and Rules*, the full responsibility to "protect fundamental human rights, dignity, worth and equal rights of all its staff members as set out in these regulations and **other legally binding international legal instruments** as well as other administrative instruments" (Regulation 3.2(a)). For provisions on compensation for *death, injury, illness or disability* attributable to Service (Rule 43.2), see *section 6.1.2* above.

6.2.2. Age of Employment

As indicated above (**section 5**), because the project mainly mobilizes Africa CDC staff and adult professionals and experts, it will not employ/engage any person under 18 years of age. It will strictly observe ILO's Minimum Age Convention No. 138/1973.

The PIU will undertake monitoring, at a minimum, every six months, of all project workers, to ensure that there are no direct hires under 18 years of age or no community workers, and that all contractors and subcontractors involved in the project are not employing/engaging anyone under 18 years of age for the project work.

The Project will use the following process, prior to the employment or engagement of an applicant for work on the project, to verify the person's age. The PIU will ensure that each contractor/subcontractor also uses this process and provides it (the PIU) with written confirmation that each worker they employ or engage in relation to the project is at least the minimum age of 18 years. The following information will be kept on file in the PIU administrative offices:

- ✎ Written confirmation from the applicant of their age; and
- ✎ Where there is reasonable doubt as to the age of the applicant, requesting and reviewing available documents to verify age (such as a birth certificate, national identification card, medical or school record, or other document or community verification demonstrating age).

If a person under the minimum age of 18 years is discovered working in relation to the project, the PIU will take measures to terminate the employment or engagement of that person in a responsible manner, considering the best interest of that person.

To ensure that the best interests of the child under 18 years are considered, the PIU will undertake, and ensure that all contractors/subcontractors also undertake, remediation within a reasonable time period agreeable to the World Bank. The remediation activities could include, among other options:

- ✎ Enrolling the child in a vocational training/apprenticeship program, but which does not interfere with the child's completion of compulsory school attendance under national law.
- ✎ Employment of a member of the child's family, who is at least 18 years of age, by the primary supplier, contractor, or subcontractor for project-related or other work.

7. LMP Implementation Responsible Staff

The '**Africa Centres for Disease Control Support Program to Combat Current and Future Public Health Threats (P178633)**' PIU has the overall responsibility to oversee all aspects of the implementation of the LMP, in particular to ensure contractors' compliance with OHS performance through regular field visits and OHS inspections at project sites. The PIU will address all LMP aspects as part of procurement for works as well as during contractor induction.

Notwithstanding the above, this section briefly outlines the roles and responsibilities of project implementing entities in: (i) engagement and management of project workers, including direct hires and workers employed/engaged in relation to contractors/subcontractors; (ii) engagement and management of contractors/subcontractors; (iii) occupational health and safety (OHS); (iv) training of workers; and (v) addressing worker grievances. The source of budget for the implementation of OHS measures is the part of the project cost.

The responsible body for workers management varies depending on the types of workers and the location. The direct workers will be managed by the Africa CDC, in collaboration with Regional Collaborating Centres (RCCs), pursuant to the AU **Staff Regulations and Rules** and other *legally binding international legal instruments* as key implementing entity. Whereas the contracted workforce's contract terms and conditions would be determined by the laws specified under *section 6.1* above, the Africa CDC and its partner implementing entities, i.e., Regional Collaborating Centres (RCCs) will provide the required workers' training and occupational health and safety equipment and procedure to address worker grievances. This responsibility of managing staff will also pass to contractors and sub-contractors.

8. Terms and Conditions

The project will depend on the **AU Staff Regulations and Rules** (discussed above) and the international conventions and the major international human rights instruments in its handling of project workers. More specifically, it will follow, among others, the following ILO conventions:

- 1) Forced Labour Convention No. 29/1930;
- 2) Freedom of Association and Protection of the Right to Organize Convention, No. 87/1948;
- 3) Employment Service Convention, No. 88/1948;
- 4) Right to Organize and Collective Bargaining Convention, No. 98/1949;
- 5) Abolition of Forced Labour Convention, No.105/1957;
- 6) Minimum Age Convention No. 138/1973;
- 7) Occupational Safety and Health Convention, No. 156/1981;
- 8) Termination of Employment Convention, No. 158/1982;
- 9) The Rights of the Child Convention, 1989; and
- 10) The Worst Forms of Child Labour Convention No. 182/1999.

Hence, **the terms of conditions follow stringent international requirements where the gaps of AU Staff Regulations and Rules are filled by WB requirements and ILO conventions.** The terms of conditions include the name and legal domicile of the employer; the worker's name; the worker's job title; the date employment began; where the employment is not permanent, the anticipated duration of the contract; the place of work or, where the work is mobile, the main location; benefit packages; hours of work, rest breaks, leave entitlements and other related matters; rules relating to overtime and overtime compensation; the pension and other welfare arrangements applicable to the worker; the length of notice that the worker can expect to give and receive on termination of employment; the disciplinary procedures that are applicable to the worker (including the code of conduct that relates to GBV prevention), including details of representation available to the worker and any appeals mechanism; and details of grievance procedures, including the person to whom grievances should be addressed.

As indicated above, the project will not recruit children for project related works and project monitoring will include this aspect. The WB ESS2 states that the minimum age of employment is 14 years. The WB and many national laws prohibit engagement of children under 18 years of age in works that have hazardous nature. ESS2 of the World Bank's ESF provides that project workers will not be retaliated against or otherwise subject to reprisal or negative action for reporting a dangerous work situation or removing himself/herself from a dangerous work situation. The PIU will ensure that all project workers, including those engaged by contractors, will have the right to report and remove themselves from dangerous work situations without being subjected to reprisal or negative action.⁹

In case of differences between the international conventions, national legislations and regulations, and the World Bank Environment and Social Standards, the more rigorous provision will be applied.

9. Grievance Redress Mechanism (GRM)

The grievance redress mechanism for addressing and managing workplace and employment related conflicts and other complaints is crucial for the Project. As clearly outlined under sections 6.1.1.7 and 6.1.1.8 above, the **AU Staff Regulation and Rules** (2010) has clear provisions on Grievance Handling Procedures for its staff. Notwithstanding the above, the project worker who has a complaint or grievance has the right to present it and obtain proper redress through the Worker Grievance Redress Mechanism (WGRM) established by the project for this purpose. In this project a grievance mechanism will be provided for all direct workers and contracted workers. The GRM which will be proportionate to the nature, scale and the potential risks and impacts of the project

⁹ ESS2, paragraphs 26 and 27.

will be put in place. The GRM will be designed in a way to promptly address concerns using an understandable and transparent process that provides timely feedback in a language they understand, without any retribution, and will operate in an independent and objective manner. The workers will be informed of the GRM and the OHS rights and responsibilities, and those of their employer at the time of recruitment and the measures put in place to protect them against reprisal for its use. Measures will be put in place to make the WGRM is easily accessible to all project workers.

According to ESS2 paragraphs 21-23, different types of workers (including all direct workers and contracted workers, and, where relevant, their organizations) may approach the workers' GRM for the following key reasons, among many others:

- ✘ Demand for employment opportunities;
- ✘ Labour wages rates and delays in payment of wages;
- ✘ Disagreements over working conditions;
- ✘ GBV/SEA/SH in the workplace; and
- ✘ Health and safety concerns in work environment.

Therefore, Africa CDC, under whose leadership the project will be implemented, will establish an accessible and functional WGRM for all categories of workers described in this LMP, including direct hires, and workers hired through contractors/subcontractors.

9.1 Principles and Procedures of the GRM

- ❖ The workers GRM is not same as the grievance mechanism to be established for project affected stakeholders.
- ❖ Both direct and contracted workers will be informed of the WGRM at the time of recruitment and the measures put in place to protect them against any reprisal for its use.
- ❖ The WGRM will be easily accessible via the disclosure of a hotline and/or in person during office hours, suggestion box, and transparently disclosed to all employees to raise workplace concerns.
- ❖ The WGRM shall be transparent in using clear procedures.
- ❖ There will be no discrimination against those who express grievances, and all grievances will be treated confidentially.
- ❖ Anonymous grievances will also be accepted and treated equally as other grievances whose origins are known.
- ❖ The PIU and other responsible project management will treat grievances seriously and take timely and appropriate action in response.
- ❖ The aggrieved parties shall be informed within ten (10) days of their grievance application, either with a respective solution or with a request of extension in cases where more information is needed.
- ❖ The aggrieved party shall have the option to refer to a grievance log with key information that will be established by the lowest level of project implementation structure.
- ❖ Grievance logbook will be maintained in the project office.
- ❖ The WGRM, however, does not replace or override the requirement that the PIU provides for workplace processes for project workers to report work situations that they believe are not safe or healthy, such as reporting requirements regarding workplace injuries and accidents.
- ❖ The WGRM will not prevent workers to use judicial procedure or administrative remedies that might be available under the law or existing arbitration procedures or substitute for collective agreements grievance mechanisms, if preferred.
- ❖ The quarterly environment and social implementation monitoring will include reports on grievances related to project labour and working conditions issues. If not satisfied with the outcome of the *first* level GR committee decision, the aggrieved party shall be able to access a second level committee at the Africa CDC of the AU.

9.2 Worker Grievance Mechanism Structure

First level GRM committee: The project focal person at the *lowest* level of project implementation office will serve as Grievance Focal Point (GFP) to file the grievances and appeals of the project workers. He/she will be responsible to coordinate with relevant offices (e.g., Labour and Social Affairs) and persons to facilitate addressing these grievances. If the issue cannot be resolved at this level within five working days, then it will be escalated to the next level, i.e., Africa CDC.

Africa CDC level: If there is a situation in which there is no response from the **first level** GR committee, or if the response is not satisfactory then complainants and feedback providers have the option to contact the Focal Person at **Africa CDC**, i.e., Human Resources Directorate of the Africa CDC directly to follow up on the issue.

Workers who are not satisfied with the decisions of the **Africa CDC** level GR Committee could take their cases to the Labour dispute courts of their respective host countries. This could be dealt with at two levels: (i) by taking the case to the formal Labour division courts; and (ii) through the Labour relations board for conciliation, depending on the availability of same structures in the respective host countries.

9.3 The GRM on Addressing GBV

As per the SEP, the established Project WGRM will also receive GBV/sexual exploitation, abuse, and harassment (GBV/SEA/SH)¹⁰ related complaints of the project, communicate through referral systems as necessary with stakeholders and authorities who are working on the cases and work on provision of response and follow up on the outcome. Special attention will be given to GBV/SEA/SH grievances (marked as confidential) to ensure confidentiality and the survivor will be given the options to seek legal redress, health care or psycho-social support as per their preference.

There will be a need to ensure that WGRM procedures and mechanisms for reporting allegations of GBV/SEA/SH are known to all GRM Focal Persons. And most importantly to fulfil the role of addressing GBV/SEA/SH, focal persons will be trained (and/or have previous knowledge and experience) on GBV/SEA/SH related Guiding Principles including those of confidentiality and safety of complainants/survivors, on the survivor-centered approach. This set of skills will help GRM Focal Persons to support the quality of the complaint mechanism, while at the same time ensuring the adherence to GBV/SEA/SH related Guiding Principles and a survivor-centered approach, including right to safety, respect, and confidentiality, of the complaint intake and management.

Africa CDC will develop and implement GRM guideline with detail information about the procedure, timing, referral system. The guideline will establish a clear and safe GBV/SEA/SH reporting protocol and referral system that facilitates safe access and referrals, handles data confidentially and defines accountability mechanism to handle GBV/SEA/SH allegations properly. Africa CDC will use a simple, anonymous, and confidential tracking system that GRM can use to document when they observe/support and refer GBV incidents.

If GBV/SEA/SH-related incident occurs, it will be reported through the Project GRM, as appropriate and keeping the survivor information confidential. Specifically, the GRM will only record the following information related to the GBV complaint:

- The nature of the complaint (what the complainant says in her/his own words without direct questioning);
- If, to the best of their knowledge, the perpetrator was associated with the project;
- If possible, the age and sex of the survivor; and
- Whether the survivor was referred to a GBV service provider

¹⁰ Sexual Abuse: actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Sexual Harassment: any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.

Any cases of GBV brought through the GRM will be documented but remain closed/sealed to maintain the confidentiality of the survivor. Here, the GRM will primarily serve to:

- Refer complainants to the GBV Services Provider; and
- Record the resolution of the complaint.

The GRM will also immediately notify both to Africa CDC and the World Bank of any GBV complaints ***with the consent of the survivor.***

In addition to the Project's main GRM channel, the GBV survivor can also approach the Bank directly, especially if the alleged perpetrator ends up being someone directly implicated with managing the GRM. The affected person can approach the Task Team Leader (TTL), or any other Bank staff within the task team with whom he/she feels comfortable sharing.

9.4 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a WB supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit, <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit, www.inspectionpanel.org.

9.5 WGRM Dissemination and Awareness

The Project's WGRM will be disseminated to all project workers in varied formats, including via training sessions and as part of written documentation, such as contracts. All workers should be informed about the grievance mechanism at the time they are hired, and details about how it operates should be easily available, for example, included in worker documentation or on notice boards.

10. Contractor Management

The **Africa CDC**, as a key implementing agency of the project, will coordinate with AU members states and other partner institutions to determine which project activities can be done in-house and which ones will be outsourced. In a situation where contractors are hired, **Africa CDC** will undertake due diligence assessment of the contractors' Labour practice and adherence to the international conventions the **AU** has adopted, ESS2 and this LMP. The contract will include clauses that refer to the Environmental and Social Commitment Plan (ESCP), Stakeholders Engagement Plan (SEP), the LMP requirements and contractual agreements with appropriate noncompliance remedies.

Moreover, the PIU will make reasonable efforts to ascertain that third parties who engage contracted workers are legitimate and reliable entities and have in place Labour Management Procedures applicable to the project that will enable them to operate in accordance with the requirements of ESS2. In making this determination in the Project contractor selection process, the PIU will review information, including public records, for example, corporate registers and public documents relating to violations of applicable Labour law, including reports from Labour inspectors and other

enforcement bodies; business licenses, registrations, permits, and approvals; documents relating to a Labour management system, including OHS issues, for example, LMP; identification of Labour management, safety, and health personnel, their qualifications, and certifications; workers' certifications/permits/training to perform required work; records of safety and health violations, and responses; accident and fatality records and notifications to authorities; records of legally required worker benefits and proof of workers' enrolment in the related programs; worker payroll records, including hours worked and pay received; identification of safety committee members and records of meetings; and other relevant points as required.

The **Africa CDC** will follow due process in monitoring the contractor's compliance with the WB ESS2, the international conventions AU has adopted, ESS2 and in this LMP. The **Africa CDC** subsequently will provide regular reports (on monthly, quarterly and annual basis) regarding the performance of the contractors.

11. Operationalization of this LMP: Project Annual Work Plan and Budget

Africa CDC will ensure the commitments and planned activities in this LMP are operationalized through the project annual workplan and sufficient budget for implementing OHS mitigation, monitoring and training activities. Africa CDC must include environmental and social activities in this LMP with estimated budget in the annual work plan and budget. The project annual workplan and budget passes through a review by Task Team Leaders (TTL) and environmental and social specialists prior to issuance of no objection.

12. Monitoring and Reporting of WGRM

Effectiveness of the WGRM should be monitored on a regular basis. This is important because it helps find solutions to workplace challenges such as occupational hazards that arise and dealing with them promptly. Some of the measures put in place for this include a quarterly report on the number of occupational accidents and diseases and dangerous occurrences and accidents, grievances received, those resolved and the ones outstanding to ensure there is a continuous flow of the project. This will be undertaken and reported to World Bank as part of the Project's Environmental and Social Risk Management activities.

References

AU, ***Staff Regulation and Rules***, 2010, Addis Ababa, Ethiopia.

AU, *Harassment Policy*, 2016.

IDA, ***Project Appraisal Document (PAD)*** for an African Centres for Disease Control Support Program to Combat Current and Future Public Health Threats, 2022.

WB, ***Environmental and Social Framework*** (ESF).

Annexes

Annex 1-LMP DATA COLLECTION TABLE

Africa Centres for Disease Control and Prevention (CDC)

Africa Centres for Disease Control and Prevention Support Program to Combat COVID-19 and Future Public Health Risks (P178633)

Labour Management Procedure (LMP)

OVERVIEW OF LABOR USE ON THE PROJECT

This section describes the following, based on available information:

Number of Project Workers: The total number of workers to be employed on the project, and the different types of workers: direct workers, contracted workers and community workers. **Where numbers are not yet firm, an estimate should be provided.**

Characteristics of Project Workers: To the extent possible, a broad description and an indication of the likely characteristics of the project workers e.g., local workers, national or international migrants, female workers, workers between the minimum age and 18.

Timing of Labor Requirements: The timing and sequencing of labor requirements in terms of numbers, locations, types of jobs and skills required.

Contracted Workers: The anticipated or known contracting structure for the project, with numbers and types of contractors/subcontractors and the likely number of project workers to be employed or engaged by each contractor/subcontractor. If it is likely that project workers will be engaged through brokers, intermediaries, or agents, this should be noted together with an estimate how many workers are expected to be recruited in this way.

Migrant Workers: If it is likely that migrant workers (either domestic or international) are expected to work on the project, this should be noted, and details provided.

♣ Dear respected representative of:

Africa CDC and its partners in the implementation of the aforementioned project, within the broader understanding of the aforementioned description of key data needed to prepare the Labour Management Procedures for the 'Africa Centres for Disease Control and Prevention Support Program to Combat COVID-19 and Future Public Health Risks' project, please let us know your respective Organization's human resource need/tentative plan (it could be an estimate) to accomplish Project (sub-) component activities tasked to your organization by filling in the Tables below.

SUPPORT PROGRAM TO COMBAT CURRENT
AND FUTURE PUBLIC HEALTH THREATS

Table I: The total number of workers to be employed on the project, and the different types of workers

No.	Type of Worker by Job Classification	Estimated No.	Remark
1	Direct Workers		
2	Contract Workers		
3	Community Workers		

Name of the Institution _____

Contact Person: _____

Email address: _____

LABOUR MANAGEMENT PROCEDURES
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Table II: Characteristics of Project Workers

No.	Description of project workers by Job classification	Female	Male	Total
1	Local Workers			
2	National Workers			
3	International Workers			
3	Workers between the minimum age & 18			

Name of the Institution _____

Contact Person: _____

Email address: _____

ANNEX 2- SAMPLE CODE OF CONDUCT

CODE OF CONDUCT FOR CONTRACTOR'S PERSONNEL

We are the Contractor, [enter name of Contractor]. We have signed a contract with [enter name of Employer], for [enter description of the Works]. These Works will be carried out at [enter the Site and other locations where the Works will be carried out]. Our contract requires us to implement measures to address environmental and social risks related to the Works, including the risks of sexual exploitation, sexual abuse and sexual harassment.

This Code of Conduct is part of our measures to deal with environmental and social risks related to the Works. It applies to all our staff, Laborers and other employees at the Works Sites or other places where the Works are being carried out. It also applies to the personnel of each subcontractor and any other personnel assisting us in the execution of the Works. All such persons are referred to as "**Contractor's Personnel**" and are subject to this Code of Conduct.

This Code of Conduct identifies the behavior that we require from all Contractor's

Personnel.

Our workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

REQUIRED CONDUCT

Contractor's Personnel shall:

1. Carry out his/her duties competently and diligently;
2. Comply with this Code of Conduct and all applicable laws, regulations, and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person.
3. Maintain a safe working environment including by:
 - a) ensuring that workplaces, machinery, equipment and processes under each person's control is safe and without risk to health;
 - b) wearing required personal protective equipment (PPE);
 - c) using appropriate measures relating to chemical, physical and biological substances and agents; and
 - d) following applicable emergency operating procedures.
4. Report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she

reasonably believes presents an imminent and danger to his/her life or health;

5. Treat other people with respect and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
6. Not engage in Harassment (sexual or non-sexual in nature), which means unwelcome (sexual) advances, requests for sexual favours, and other verbal or physical conduct (of a sexual or non- sexual nature) with other Contractor's or Employer's Personnel;
7. Not engage in Exploitation (sexual or non-sexual in nature), which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual or non-sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual or non- sexual exploitation of another. In Bank financed operations/projects, sexual or non-sexual exploitation occurs when access to or benefit from Bank financed Goods, Works, Consulting or Non-consulting services is used to extract sexual or non-sexual gain;
8. Not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal coercive conditions;
9. Not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
10. Complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);
11. Report violations of this Code of Conduct;
12. Not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

RAISING CONCERNS

If any person observes behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly. This can be done in either of the following ways:

1. Contact [*enter name of the Contractor's Social Expert with relevant experience in handling sexual exploitation, sexual abuse and sexual harassment cases, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters*] in writing at this address [] or by telephone [] or in person at []; or
2. Call [] to reach the Contractor's hotline (*if any*) and leave a message.

SUPPORT PROGRAM TO COMBAT CURRENT
AND FUTURE PUBLIC HEALTH THREATS

The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action. We will provide warm referrals to service providers that may help support the persons who experience the alleged incident, as appropriate.

There will be no retaliation against any person who raises a concern in good faith about any behaviour prohibited by this Code of Conduct. Such retaliation would be a violation of this Code of Conduct.

CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT

Any violation of this Code of Conduct by Contractor's Personnel may result in serious consequences, up to and including termination and possible referral to legal authorities.

FOR CONTRACTOR'S PERSONNEL:

I have received a copy of this Code of Conduct written in a language that I comprehend. I understand that if I have any questions about this Code of Conduct, I can contact [*enter name of Contractor's contact person(s) with relevant experience (including for sexual exploitation, abuse and harassment cases) in handling those types of cases*] requesting an explanation.

Name of Contractor's Personnel: [*insert name*]

Signature: _____

Date (day/month/year/): _____

Countersignature of authorized representative of the Contractor:

Signature: _____

Date (day/month/year/): _____



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