COVERSHEET
INITIAL ENVIRONMENTAL EXAMINATION
Infectious Disease Detection and Surveillance (IDDS)

1. EXECUTIVE SUMMARY

1.1. PROGRAM/ACTIVITY DATA

<table>
<thead>
<tr>
<th>Program/Activity Number</th>
<th>Program/Activity Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infectious Disease Detection and Surveillance (IDDS)</td>
</tr>
</tbody>
</table>

| Country/Region | Focus countries: Afghanistan, Bangladesh, Burkina Faso, Burma, Cambodia, Cameroon, China, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Egypt, Gabon, Guinea, India, Indonesia, Jordan, Kenya, Kyrgyzstan, Laos, Liberia, Mali, Pakistan, Philippines, Malaysia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Thailand, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, and Zambia and Zimbabwe |

<table>
<thead>
<tr>
<th>USG Foreign Assistance Framework</th>
<th>3 Investing in People 3.1 Health 3.1. Global Health, Security and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period Covered</td>
<td>9/31/17-10/01/22 (estimated)</td>
</tr>
<tr>
<td>Life of Project Amount</td>
<td>$85,000,000 (ceiling)</td>
</tr>
<tr>
<td>IEE Amendment</td>
<td>No</td>
</tr>
<tr>
<td>IEE Prepared By</td>
<td>Kendra Chittenden</td>
</tr>
<tr>
<td>Management Unit Contact Point</td>
<td>Amy Platek (<a href="mailto:APlatek@usaid.gov">APlatek@usaid.gov</a>) and Kendra Chittenden (<a href="mailto:KChittenden@usaid.gov">KChittenden@usaid.gov</a>)</td>
</tr>
</tbody>
</table>

1.2. ENVIRONMENTAL ACTION RECOMMENDED

<table>
<thead>
<tr>
<th>Categorical Exclusion</th>
<th>Negative Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Determination</td>
<td></td>
</tr>
</tbody>
</table>

Project does not cover the following activities
No new construction other than minor renovation and cosmetic improvements.

1.3. THRESHOLD ENVIRONMENTAL DETERMINATIONS

In the table below, list categories of activities in the left-hand column and the respective threshold determination for each activity in the right-hand column citing the applicable 22 CFR 216.2(c) reference. Separate threshold determinations, such as categorical exclusions and negative with conditions, for each project activity.
<table>
<thead>
<tr>
<th>Activity or Activity Category</th>
<th>Recommended Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and disposal of medical and laboratory supplies and waste that may directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste.</td>
<td><strong>Negative Determination</strong>, pursuant to 22 CFR 216.3 (a)(2)(iii) is recommended for activities of the IDDS project which may unintentionally lead to direct or indirect impact on the natural and physical environment such as (1) Diagnosis and treatment of expanded an infectious disease; (2) Screening of anti-microbial resistance; (3) scaling up core testing capacity, (4) improved infection control in laboratories and diagnostic facilities.¹</td>
</tr>
<tr>
<td>Infectious disease diagnosis, The Action Packages on Antimicrobial Resistance (AMR), and community surveillance and monitoring systems established and maintained</td>
<td><strong>Negative Determination</strong>, pursuant to 22 CFR 216.3 (a)(2)(iii) is recommended for activities of the IDDS project which may unintentionally lead to direct or indirect impact on the natural and physical environment such as (1) Diagnosis and treatment of expanded an infectious disease; (2) Screening of anti-microbial resistance; (3) scaling up core testing capacity, (4) improved infection control in laboratories and diagnostic facilities.</td>
</tr>
<tr>
<td>Delivery of laboratories reagents, personal protective equipment (PPE); and laboratory equipment; and specimens/samples</td>
<td><strong>Negative Determination</strong>, subject to the conditions that pursuant to 22 CFR 216.3(a)(2)(iii) are recommended for commodities and supplies under this funding will be advised to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS).</td>
</tr>
<tr>
<td>Perform an initial comprehensive diagnostic network assessment and provide technical training to improve diagnostic capacity for a range of core tests, improve quality assurance and increase biosafety and biosecurity</td>
<td><strong>A Categorical Exclusion</strong> pursuant to 22 CFR 216.2(c)(2)(i) is recommended for all education, technical assistance, capacity building, and training activities of the Infectious Disease Detection and Surveillance (IDDS) project.²</td>
</tr>
</tbody>
</table>

### 1.4. SUMMARY OF IMPLEMENTATION, MONITORING, AND REPORTING MEASURES

A list of conditions and instructions for the AOR/COR will be provided by the Global Health Bureau Environmental Officer to be inserted here. These conditions include, but are not limited to:

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² Note that the supporting clause of Reg. 216 is cited for categorical exclusions.
1. **Environmental Management Training.** The GH AOR/COR and Activity Manager(s) assigned to this program are to enroll in and successfully complete the Bureau for Global Health Environmental Management Process Training course. The course is offered through GHPOD.

2. **Climate Change.** GH projects awarded after October 1, 2016 are required to follow USAID/GH guidelines for the screening of activities for climate resiliency to comply with EO 13677.

3. **Provision of the IEE.** The AOR/COR shall provide the Implementing Partner with a copy of this IEE and brief the Implementing Partner on their environmental compliance responsibilities.

   Categorically Excluded activities require that the AOR/COR conducts annual screening of project activities to confirm that scope of activities has not changed. CEs do not require preparation of EMMPs.

4. **AOR/COR monitoring responsibilities.** As required by the ADS 204, the AOR will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether new or unforeseen consequences arise during implementation not identified and reviewed in this IEE. If new or unforeseen consequences arise, the team will suspend the activity and initiate appropriate, further review, in accordance with 22 CFR 216.

5. **Annual compliance documentation and reporting.** The Implementing Partner is responsible for the preparation of an Environmental Mitigation and Monitoring Plan (EMMP) and submitting the completed plan to the AOR/COR for review and approval with the project workplan and prior to initiating work on the activity. The EMMP template is included with the IEE. The EMMP will outline the environmental impacts that can be reasonably anticipated from the implementation of the program activities, the mitigation measures to address the impacts, monitoring measures, and frequency of inspection. The AOR/COR is responsible for reviewing and approving the EMMP and providing a copy to the Global Health BEO for review and concurrence.

   The Implementing Partner is responsible for annually preparing and submitting to the AOR/COR an Environmental Mitigation and Monitoring Report (EMMR) to document compliance with the conditions of this IEE. The EMMR must be submitted to the AOR/COR within 60 days after the end of each fiscal year. The EMMR template is attached to the IEE.

6. **Integration of compliance responsibilities in prime and subcontracts, agreements, and grants.** The AOR/COR shall ensure that the cooperative agreement document references
and requires compliance with the conditions set out in this IEE, as required by ADS 2014.3.4(a)(6) and ADS 303.3.6(3)(e). The Implementing Partner shall assure that subcontracts, agreements, and grants reference and require compliance with relevant elements of these conditions.

7. **Assurance of sub-awardee, -grantee, -contractor capacity and compliance.** The Implementing Partner shall assure that sub-awardees, grantees, contractors have the capability to implement the relevant requirements of this IEE. The Implementing Partner shall, if appropriate, provide training to sub-awardees, -grantees, and -contractors in their environmental compliance responsibilities.

8. **Pesticides or pesticide products.** Any program activities conducted under this Agreement involving the procurement, use, research or disposal of pesticides and/or larvicides and their waste products will require a supplemental IEE, SEA, or PERSUAP based on consultations with the Bureau Environmental Officer for Global Health.

9. **Compliance with human subject research requirements.** The AOR/COR in consultation with the BEO for the Global Health Bureau shall assure that the Implementing Partner and sub-awardees demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this agreement. The BEO for Global Health may request copies of documentation from the AOR/COR to demonstrate compliance with applicable requirements of human subject trials. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

10. **New or modified activities.** As part of its workplan, the implementing partner in collaboration with the AOR shall review all on-going and planned activities to determine if they are within the scope of this IEE. The Implementing Partner shall complete the screening questionnaire (Part 1 of the EMMR) with the workplan.
   a. If activities outside the scope of this IEE are planned, the AOR/COR shall assure that an amendment to this IEE addressing these activities is prepared and approved prior to implementation of any such activities.
   b. Any ongoing activities found to be outside the scope of this IEE shall be modified to comply or halted until an amendment to this IEE is submitted and approved.

11. **Compliance with Host Country requirements.** Nothing in this IEE substitutes for or supersedes Implementing Partner, sub-awardees/-grantee/-contractor's responsibility for compliance with all applicable host country laws and regulations. The Implementing Partner and sub-awardee, -grantee, -contractor must comply with host country environmental regulations unless otherwise directed in writing by USAID. However, in the case of a conflict between host country and USAID regulations, the latter shall govern.
12. Closeout of activity, environmental responsibilities. The IP will prepare a closeout plan consistent with contract documentation for COR review and approval that outlines responsibilities for end-of-project operation clean-up and disposal of healthcare, construction and other wastes, and/or transition of other operational responsibilities. Where identified as needed, the closeout/transition operation will provide training to support continuity of environmental responsibilities.

13. Waste Management Plan. The IP will prepare an integrated Waste Management Plan (WMP) that will define and detail direct and indirect waste streams generated by IP-managed activities and specify appropriate management and disposal practices for each. The primary components required in a WMP are described in Annex E.

14. Mercury-containing commodities. The IP will not procure mercury-containing commodities. Any exception to this restriction must include a written justification and approval by the GH COR.

15. Asbestos and lead-based paint. The IP will not use construction materials containing asbestos or lead-based paint. When conducting renovation on existing buildings, the IP will investigate for the presence of asbestos or lead paint prior to initiating work and will provide appropriate PPE and a disposal process for handling the hazardous waste, if identified.

16. Air pollution control technology for incinerators. IP procurement or operation of large scale incinerators, see Sections 1.3 and 2.6.1 of this IEE for size thresholds, must contain adequate air pollution control technology to ensure compliance with host country guidelines and applicable international air quality emission requirements, including:
   - AP 42 and Emission Factors: US Environmental Protection Agency.

17. Development and implementation of SOPs. The IP will either use existing or develop and implement Standard Operating Procedures (SOPs) addressing core activities including, but not limited to: ordering and procurement, care and maintenance, inventory management, warehousing and required safety measures. These SOPs must be approved by the A/COR and reflect properly-referenced industry best practices.

18. Solicitation of international transport and disposal of hazardous waste. The solicitation of third party services for the international transport and disposal of hazardous and
potentially hazardous waste, including unusable pharmaceuticals and other health commodities, requires prior review and approval of solicitation documents by the COR and concurrence by the GH BEO.

## APPROVAL OF ENVIRONMENTAL DETERMINATION AND MEASURES

### 1.4.1. Clearance:

<table>
<thead>
<tr>
<th>Megan Fotheringham</th>
<th>April 4, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting Director, ID Bureau, Office</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amy Platek</th>
<th>4/3/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOR/COR, GH/ID/TB</td>
<td>Date</td>
</tr>
</tbody>
</table>

### 1.4.2. Concurrence:

<table>
<thead>
<tr>
<th>Rachel Dagovitz</th>
<th>April 4, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Health Bureau Environmental Officer</td>
<td>Date</td>
</tr>
</tbody>
</table>

### 1.4.3. Distribution List:

- Brian Hirsh, Africa BEO
- Diana Shannon, Latin America BEO
- Mark Kamiya, E&E Bureau BEO
- Will Gibson, Asia Bureau BEO

AOR/COR or designee is responsible for distributing the approved IEE to stakeholders on the distribution list below. Stakeholders may include Regional BEOs and REAs, among others.
SECTION 2: IEE SUPPORTING INFORMATION

2.1. PROGRAM/ACTIVITY DATA (Same as Executive Summary)

<table>
<thead>
<tr>
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<td>Amy Piatek and Kendra Chittenden</td>
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2.2. PURPOSE AND SCOPE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of Infectious Disease Detection and Surveillance (IDDS) and on this basis, to recommend determinations and, as appropriate, attendant conditions, for these activities. Upon final approval of this IEE, these recommended determinations are affirmed as 22 CFR 216 Threshold Decisions and Categorical Exclusions, and conditions become mandatory elements of Infectious Disease Detection and Surveillance (IDDS) implementation. This IEE is a critical element of a mandatory environmental review and compliance process meant to achieve environmentally sound activity design and implementation.

The objectives of the project will support the goals and targets of relevant initiatives and strategies, including the Global Health Security Agenda (GHSA)\(^3\), that aim to improve diagnostic network and surveillance capacity in priority countries, and seamlessly harmonize efforts for one approach to diagnosis and surveillance of existing and emerging infectious diseases, in both humans and animals. This includes providing implementation support services and technical assistance to countries to develop or improve national diagnostic networks, laboratory systems and surveillance mechanisms.

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\(^3\) www.GHSAgenda.gov
capable of detecting diseases of public health importance and identifying antimicrobial resistance.

Activities to accomplish targets will be carried out in line with the appropriate international standards for laboratories including International Organization for Standardization (ISO) standards\(^4\) for accreditation; Biosafety Level (BSL)\(^5\) for work; and appropriate standards for sample collection, diagnostic tests, and testing algorithms for the specific disease or syndromes. Laboratory and surveillance systems must meet the appropriate quality assurance (QA) standard established\(^6\).

There are two Objectives: (1) Strengthen diagnostic networks and laboratory systems to achieve an accessible, accurate, adaptable and timely network to detect diseases of public health importance, and The Action Packages on Antimicrobial Resistance (AMR) in priority infectious diseases; and (2) Improve the quality of real-time surveillance systems for pathogens of greatest public health concern (including AMR) and zoonotic diseases, and the capacity to analyze and link data from and between surveillance systems.

Under Objective 1, technical assistance and implementation support will be provided to develop or improve diagnostic networks and laboratory systems to detect diseases and events of public health importance, according to the principles of the IHRs and in line with the targets of GHSA, and other infectious disease strategies and initiatives. Activities must ensure that modern diagnostics are available and accessible to all populations, both at the point-of-care and all levels of the health system. Laboratory results must be accurate, timely, performed within appropriate biosafety, and verifiable within a quality assessment system. Efforts must ensure that national laboratory systems are able to reliably conduct core tests, specimens must be transported safely and securely to an appropriate laboratory, and continue to increase this capacity per milestones established in GHSA baselines or JEE.

Core tests include six testing methods selected according to the IHR immediately notifiable list and the WHO Top Ten Causes of Death in low-income countries: polymerase chain reaction (PCR) testing for Influenza virus; virus culture for poliovirus; serology for HIV; microscopy for mycobacterium tuberculosis; rapid diagnostic testing for plasmodium spp.; and bacterial culture for Salmonella enteritidis serotype Typhi and 4 others as determined by national disease risks. Technical assistance will be provided to build capacity within the laboratory system to identify and prevent the spread of AMR, especially among drug-resistant bacteria, within the framework of the Global Action plan and GHSA.

Under Objective 2, technical assistance and implementation support is necessary to strengthen foundational indicator- and event-based surveillance systems that are able to detect events of significance for public health, animal health and health security. Interventions will support countries

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\(^4\) https://www.iso.org/search/x/query/laboratory
\(^5\) https://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf
\(^6\) ISO 9001:2008 ‘Quality management systems – Requirements’; ISO/IEC 17025:2005 ‘General requirements for the competence of testing and calibration laboratories’; ISO 15189:2007 ‘Medical laboratories – Particular requirements for quality and competence’; and Good Laboratory Practice (GLP) and Good Manufacturing Practice (GMP)
to fulfill the core capacity requirements for surveillance in accordance with the IHR and the OIE standards. A surveillance approach will need to be developed that can detect an appropriate number of core syndromes indicative of potential public health events of significance including community surveillance networks. There are five syndromes with internationally recognized standards (severe acute respiratory syndrome, acute flaccid paralysis, acute hemorrhagic fever, acute watery diarrhea with dehydration, and jaundice with fever).

This project will support efforts to address gaps to increase capacity to the relevant GHSA target and address gaps. Strengthened surveillance systems should include early warning surveillance data and laboratory findings, which should be analyzed by trained epidemiologists.

Expected funding for the contract will consist of Global Health Bureau core funds (GHSA, EPT, TB, etc.) and Mission field support.

2.3. PROGRAM OVERVIEW

2.3.1. Background

Problem statement: USAID priority countries with high burden of infectious diseases and/or potential for emerging infectious diseases, have weakness in diagnostic and laboratory networks which continuously prevent rapid and accurate detection of diseases of public health importance. There are large gaps in developing countries’ ability to conduct surveillance and detect Antimicrobial Resistance (AMR) in the human and animal health sectors. Many countries continue to rely on slow or outdated diagnostic tools while testing services are not accessible to patients because of incompetent laboratories, lack of specimen transport tools or other systems issues; this results in higher disease burden, ineffective treatment, and preventable transmission of diseases. While the EPT-2 program has increased the understanding of Emerging Pandemic Threats, increased One Health networks and established the ability to detect viral families of high consequence there is much more work to be done to develop sustainable laboratory and surveillance networks in the most-at risk countries. Additionally, many infectious disease and surveillance systems target specific diseases and create silos, the IDDS project seeks to support robust cross-cutting disease diagnostic networks and surveillance systems capable of addressing important global health priority diseases.

The expected results: IDDS aims to: (1) Strengthen diagnostic networks and laboratory systems to achieve an accessible, accurate, adaptable and timely network to detect diseases of public health importance, and AMR in priority infectious diseases; (2) Improve the quality of real-time surveillance systems for pathogens of greatest public health concern (including AMR) and zoonotic diseases, and the capacity to analyze and link data from and between surveillance systems. Strengthened and integrated health, animal and environmental health, One Health, laboratories and surveillance mechanisms. Progress towards goals will be assessed through external evaluations, including but not limited to, the WHO Joint External Evaluation (JEE). Additional information in Attachment: Request for Information for the IDDS.

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7 http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf
The countries identified as priority countries have high prevalence or potential for a disease outbreak therefore the activities in the IDDS project are crucial to prevent, detect, and respond to infectious diseases outbreaks. This is a global project which spans across Africa and Asia. The project support capacity building of systems therefore will support National and sub-national capacity and support both urban and rural settings. The project will support diagnostic facilities at laboratories, hospitals, health posts, animal health facilities, and point of care diagnostics in a community settings and/or at farms. Additionally, surveillance activities will collect specimens at the site of an outbreak or health care setting or farm to deliver to a laboratory or diagnostic center. This is a new cross-cutting project, it complements activities supported under the Emerging Pandemic Threat – 2 program and Challenge TB, and is not replacing a previous mechanism.

2.3.2. Description of Activities
The activities mainly fall under technical support to establish, strengthen, or maintain infectious disease diagnosis, anti-microbial resistance, and community surveillance and monitoring systems.

This contract will allow for purchases of reagents, supplies, equipment, and minor refurbishment to improve the biosafety and functioning of laboratories and diagnostic facilities. Minor refurbishments includes upgrading electricity, repairs to HVAC, refrigerators, freezers, autoclaves, adding walls to block off areas; cosmetic changes to improve cleanliness (fresh paint, changes to wall or floor materials).

It is expected that the activities will support a patient-centered approach that coordinates and/or integrates services, workforce and infrastructure. Expert guidance is to be delivered for all components of an accessible, accurate, adaptable and timely diagnostic network and surveillance system, including competency in relevant laboratory, diagnostic and surveillance techniques and technologies, and experience in disease programmatic issues. Strategies will be developed or tailored for country and regional specific needs and capabilities. While implementing requested services and technical support, the capacity and skills of government and other in-country staff will need to be built at all levels of the health system without creating parallel structures. Technical and material assistance is to be delivered in support of national programs as they meet goals and targets of GHSA and other infectious disease programs (e.g. emerging pandemic threats, tuberculosis, malaria).

Illustrative tasks under Objective 1 may include, but are not limited to:

- Perform an initial comprehensive diagnostic network assessment to document areas where assistance is needed to accomplish a network in line with IHR, OIE, GHSA and other diseases of public health importance, including identifying and performing AMR and drug-resistant TB testing, and evaluating the country’s capacity to conduct a targeted number of the 10 core tests
- Develop or revise the country’s laboratory strategy or plan to address challenges of the diagnostic network including: national algorithms, defined levels of responsibility, standard operating procedures, functional links between diagnostic and clinical services, engagement of private sector, logistics/commodity management systems, etc.
- Provide technical assistance to improve existing specimen transport systems and referral mechanisms throughout all diagnostic access points in each level of the health system
- Review current and promising diagnostic technologies, including those to be used at the point-of-care, and ensure that promising tests are included in country diagnostic algorithms or plans in place to introduce when available
- Review existing quality assurance strategies and provide technical assistance to improve QA and develop continuous quality improvement systems and mechanisms at each tier of diagnostic services, and assist toward international accreditation or mandatory licensing for national-level laboratories
- Provide technical assistance to countries to train a workforce qualified to manage and implement a comprehensive diagnostic network, and to develop or revise job descriptions, training curricula, and performance monitoring
- Develop and implement biosafety action plans at diagnostic facilities for the staff and the community
- Assist the country and partners to establish or strengthen mechanisms for coordinated response to outbreaks of zoonotic diseases by human, animal and wildlife sectors that include animal and human health surveillance units and laboratories
- Provide technical assistance to develop and implement strategies to strengthen lab capacity to sustainably identify and perform AMR and drug-resistant TB testing

Illustrative tasks under Objective 2 may include, but are not limited to:
- Assess interoperable, interconnected, electronic reporting systems to identify gaps and capacities needed for national surveillance plans
- Provide technical assistance to develop a national surveillance strategy based on IHR and OIE requirements, epidemiology and resources for priority diseases
- Provide technical assistance to develop SOPs, protocols, and databases for surveillance data
- Provide technical assistance to establish a system for reporting to relevant ministries, and a mechanism to analyze data and report back to facilities and to WHO
- Evaluate AMR and drug-resistant TB surveillance systems are evaluated and assist the country to develop an action plan for improvements
- Assist in the development of training curriculum for national and subnational health systems personnel in surveillance methods and data use
- Provide technical assistance to improve the flow and timing of surveillance information and reporting between and within levels of surveillance units
- System or mechanisms in place at national and/or subnational levels for capturing public health events from a variety of sources.
- Strengthen, or establish, sustainable community surveillance systems to detect and report unusual events
- Assist the country and partners to develop plans to share reports and surveillance activities between public health and animal health laboratories
- Monitor antibiotic-resistance patterns, as well as antibiotic usage and management practices at multiple points in the production chain for food animals and retail meats

As a Cross Cutting Principle, Objectives 1 and 2 should aim to improve collaboration among human and animal laboratory and surveillance systems for a One Health approach. Technical assistance and implementation support will be provided to identify and monitor zoonotic diseases and pathogens of public health concern to minimize the spillover of such zoonotic diseases into human populations. Countries will be supported to develop and implement operational frameworks that specify laboratory and surveillance actions necessary to promote One Health approaches to reduce the risk of zoonotic disease emergence and spread. Communication and collaboration will be improved across sectors and between sub-national, national and international levels of authority regarding surveillance of events of public health significance — both within and between human and animal

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8 https://www.avma.org/KB/Resources/Reference/Pages/One-Health94.aspx
populations.

Across both objectives, support will be provided to countries to undertake the Joint External Evaluation (JEE)\(^9\) process and use the JEE tool to i) determine baseline capacity, including gaps and needs; inform the development of implementations plans or roadmaps; ii) measure progress on work implemented across the IHR Core Capacities; and iii) highlight gaps and needs for current and prospective donors and partners, as well as to inform country-level planning and priority setting. The support provided through the contract aims to advance progress in the evaluation scores towards sustainable capacity. 

The expected results: IDDS aims to: (1) Strengthen diagnostic networks and laboratory systems to achieve an accessible, accurate, adaptable and timely network to detect diseases of public health importance, and AMR in priority infectious diseases; (2) Improve the quality of real-time surveillance systems for pathogens of greatest public health concern (including AMR) and zoonotic diseases, and the capacity to analyze and link data from and between surveillance systems. Strengthened and integrated health, animal and environmental health, One Health, laboratories and surveillance mechanisms. Progress towards goals will be assessed through external evaluations, including but not limited to, the WHO Joint External Evaluation (JEE)\(^{10}\). Additional information in Attachment- Request for Information for the IDDS.

\(^9\) https://www.ghsagenda.org/assessments
\(^{10}\) http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf
2.4. BASELINE INFORMATION AND APPLICABLE HOST COUNTRY REQUIREMENTS

2.4.1. Locations Affected

The geographic scope of this IEE is global—activities may occur in any presence or non-presence country. Local conditions, capabilities, and infrastructure will strongly affect (1) the commodities in demand (e.g. antimalarial drugs in malarial areas); (2) viable and appropriate disposal options for commodities that, for various reasons, must be disposed of; and (3) which commodities may be safely used and managed by local health facilities. Project activities may occur in both rural and urban environments.

The global nature of the IEE cannot characterize local conditions, but the activity-EMMPs established by this IEE are the mechanism by which such analysis is made mandatory, and applied to program implementation. In addition, supplemental environmental analysis is required for certain activities with potential for significant environmental impacts.

Focus countries: Afghanistan, Bangladesh, Burkina Faso, Burma, Cambodia, Cameroon, China, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Egypt, Gabon, Guinea, India, Indonesia, Jordan, Kenya, Kyrgyzstan, Laos, Liberia, Mali, Pakistan, Philippines, Malaysia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Thailand, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, and Zambia and Zimbabwe

Countries will be determined by needs and gaps in support, alignment to a funding source/appropriation or Mission funding. Calls are being established with Mission and other technical partners and donors to start to gauge interest, and identify the largest needs. Once an implementing partner is selected then further assessment may be conducted to help prioritize countries and activities.

2.4.2. Applicable Laws, Regulations and Policies

While this IEE addresses global commodity distribution, its implementation will be subject to the environmental, health and safety laws of each host country, and particularly, national requirements regarding management and disposal of commodities, equipment, and pesticides.

Where national requirements on waste management associated with commodity disposal do not exist, WHO’s “Safe Management of Wastes from Healthcare Activities” handbook is the internationally-recognized standard used by the Global Health Bureau. For pesticides-related waste, international standards from Food and Agriculture Organization (FAO) are available where national requirements do not exist. Provided below is a list of pertinent environmental compliance references. Additional references are provided in Annex D.

Primary Environmental Compliance References:

- WHO. Safe Management of Wastes from Health-Care Activities (2014)

2.5. EVALUATION OF POTENTIAL ENVIRONMENTAL IMPACTS

Hazardous waste & Minor Refurbishments:
Activities may result in the generation and disposal of hazardous or highly hazardous medical waste, including blood and laboratory samples, the implementing partner will include training in procedures to properly handle, label, treat, store, transport, and properly dispose of blood, sharps, and other medical waste, as applicable. The implementing partner must follow guidelines outlined by the WHO Laboratory Biosafety Manual, 3rd edition, WHO, 2004 and the U.S. CDC Biosafety in Microbiological and Biomedical Laboratories, 5th edition, CDC 2009 will be adhered to.  

Guidelines outlined by the WHO Laboratory Biosafety Manual, 3rd edition, WHO, 2004 and the U.S. CDC Biosafety in Microbiological and Biomedical Laboratories, 5th edition, CDC 2009 will be adhered to.  

14 http://www.who.int/csr/resources/publications/biosafety/Biosafety7.pdf?ua=1
Materials that contact infectious agents or human tissues will be decontaminated, autoclaved, or incinerated within the laboratories. Methods for decontaminating all laboratory wastes include hand washing sinks and waste decontamination facilities. Decontamination methods include autoclave, chemical disinfection, and incineration. Before materials are decontaminated, they are placed in containers that are secure for transport, durable, and leak proof. Sharps such as disposable syringes or discarded glassware, are placed in puncture resistant containers and are not to be filled to capacity. All human clinical samples collected as part of activities under this grant will only be handled and inactivated in clinical labs associated with the partner hospitals. These facilities are/will be equipped with autoclaves for use in the decontamination and temporary storage of biological waste. Waste materials to be removed from facilities for disposal will be packed in accordance with applicable regulations and then incinerated or buried.

For all USAID-supported activities entailing laboratory support, the AOR will work with its implementing partners to assure that the diagnostic facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport, and properly dispose of blood, sharps, and other medical waste (as described above). Completion of waste management plans with the country specific workplans.

Healthcare waste is most appropriately identified by color-coded bags and containers. In addition, the following are well-established practices in the safe handling, storage, and transportation of healthcare waste.

* Sharps should be collected together {whether or not they are contaminated), and stored in puncture proof, impermeable, and tamper-proof containers with filled covers. If plastic or metal containers are unavailable, then containers made of dense cardboard are recommended.
* Highly infectious waste should be immediately sterilized by autoclaving.
* On-site collection of waste should be handled at frequent intervals to avoid accumulation, and an adequate supply of fresh collection bags/containers should be available for replacement.
* Waste should be stored in an accessible room with adequate space and protection from sunlight.
* In any area that produces hazardous waste, three bins plus a separate sharps container will be needed to separate the types of waste. If hazardous and highly hazardous waste will be disposed of in the same manner, they should not be collected separately.
* For hazardous waste and highly hazardous waste, the use of double packaging (e.g., a plastic bag inside a holder or container) is recommended for ease of cleaning.

When transporting hazardous waste all the appropriate procedures and packing material will be used. Shipping with adhere to the IATA international dangerous goods Regulations (DGR)\(^\text{17}\) and comply with the Basel Convention. All packaging materials and contents will be properly disposed of as

\(^{16}\) https://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf
\(^{17}\) http://www.iata.org/publications/dgr/Pages/index.aspx
outlined above. Further details are indicated in the Waste Management Plan, which is attached as Annex E to this IEE.

**Minor refurbishments** includes upgrading electricity, repairs to HVAC, refrigerators, freezers, autoclaves, adding walls to block off areas; cosmetic changes to improve cleanliness (fresh paint, changes to wall or floor materials) of spaces less than 10,000 sq ft. The risks due to minor renovations include the use of toxic chemical, potential for issues which impact water disruption or contamination, disruption of services which have a social and/or economic impact. To mitigate these risks, the contractor will apply best practices as outlined in Environmental Guidelines for Small-Scale Activities in Africa: Chapter 3 “An Introduction to Environmentally Sound Design” apply to the potential minor renovation dimension of projects. The contractor will consider the full range of impacts —direct, indirect, ancillary, cumulative and socio-cultural. Assessment of indirect effects is will be considered even though these small-scale activities because ancillary, cumulative, and sociocultural effects can occur with any size project. The magnitude of impacts is likely to be proportional to the size of the project.

**2.6. RECOMMENDED DETERMINATIONS AND CONDITIONS**

Following from the analysis, the following determinations and conditions are recommended.

**2.6.1. Recommended Determinations**

<table>
<thead>
<tr>
<th>Activity or Activity Category</th>
<th>Recommended Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and disposal of medical and laboratory supplies and waste that may directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste.</td>
<td><strong>Negative Determination</strong>, pursuant to 22 CFR 216.3 (a)(2)(iii) is recommended for activities of the IDDS project which may unintentionally lead to direct or indirect impact on the natural and physical environment such as (1) Diagnosis and treatment of expanded an infectious disease; (2) Screening of anti-microbial resistance; (3) Scaling up core testing capacity, (4) Improved infection control in laboratories and diagnostic facilities.</td>
</tr>
<tr>
<td>Small-scale refurbishment to improve the biosafety and functioning of laboratories and diagnostic</td>
<td><strong>Negative Determination</strong>, pursuant to 22 CFR 216.3 (a)(2)(iii) is recommended for activities of the IDDS project which may unintentionally lead to direct or indirect impact on the natural and physical environment such as (1) refurbishments which include water and electricity, (2) any materials that are hazardous to the environment.</td>
</tr>
</tbody>
</table>

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Infectious disease diagnosis, AMR, and community surveillance and monitoring systems established and maintained

**Negative Determination**, pursuant to 22 CFR 216.3 (a)(2)(iii) is recommended for activities of the IDDS project which may unintentionally lead to direct or indirect impact on the natural and physical environment such as (1) Diagnosis and treatment of expanded an infectious disease; (2) Screening of anti-microbial resistance; (3) Scaling up core testing capacity, (4) Improved infection control in laboratories and diagnostic facilities.

Delivery of laboratories reagents, personal protective equipment (PPE); and laboratory equipment; and specimens/samples

**Negative Determination**, subject to the conditions that pursuant to 22 CFR 216.3(a)(2)(iii) are recommended for commodities and supplies under this funding will be advised to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS).

Perform an initial comprehensive diagnostic network assessment and provide technical training to improve diagnostic capacity for a range of core tests, improve quality assurance and increase biosafety and biosecurity

**A Categorical Exclusion** pursuant to 22 CFR 216.2(c)(2)(i) is recommended for all education, technical assistance, capacity building, and training activities of the Infectious Disease Detection and Surveillance (IDDS) project.

Refurbishment and cosmetic improvements to existing structures.

**Negative Determination**, subject to the conditions that pursuant to 22 CFR 216.3(a)(2)(iii)

### 2.6.2. Recommended Threshold Decisions and Conditions

**A Categorical Exclusion** pursuant to 22 CFR 216.2(c)(2)(i) is recommended for all education, technical assistance, capacity building, and training activities of the Infectious Disease Detection and Surveillance (IDDS) project.

**Categorical Exclusions** are also recommended for: training, assessments, workshops and meeting activities (22 CFR 216.2(c)(2)(iii)); document and information transfers (22 CFR 216.2(c)(2)(v)); studies and development planning capacity building activities (22 CFR 216.2(c)(2)(xiv)), except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.).

**A Negative Determination with Condition**, pursuant to 22 CFR 216.3 (a)(2)(iii) is recommended for activities of the IDDS project which may unintentionally lead to direct or indirect impact on the natural and physical environment such as (1) Diagnosis and treatment of expanded an infectious disease; (2) Screening of anti-microbial resistance; (3) scaling up core testing capacity, (4) Improved infection control in laboratories and diagnostic facilities, (5) from infectious waste generated by

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21 Note that the supporting clause of Reg. 216 is cited for categorical exclusions.

*pg. 18*
these activities, and because of the potential for disease transmission to program/sub grants staff and for retransmission by infected program/sub grants staff, in addition to ensure proper infectious waste handling and disposal if the infections waste; and (6) minor refurbishments and cosmetic improvements to facilities. The conditions recommended to address the Negative Determination as mentioned above are as follows:

1. Staff trained in potential risks of disease and infection control standards, and retransmission from sharps, diagnostic equipment and sharps or other tools that may have infected with pathogens;
2. Personal hygiene – makes soap and water readily and available;
3. Protective clothing available at activities with disease transmission/retransmission, as well as handling and disposal of the infectious waste;
4. Segregate the waste. Begin with sharps. Separate hazardous/infectious from general waste. Any handling and disposal of the infectious waste should be in accordance with applicable on healthcare waste.
5. The Implementing Partners shall be required to use Best Management Practices (BMPs) concerning the proper handling, storage, use, and disposal of medical supplies and equipment, including blood, sputum, and sharps. The implementing partner will work with facility, local, regional and national officials, as appropriate, to design, implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as spelled out by the World Health Organization in “WHO’s Safe Management of Wastes from Healthcare Activities”. Another important reference is USAID Bureau for Africa’s Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 3.15, Waste Management.

A Negative Determination with Conditions, pursuant to 22 CFR 216.3(a)(2)(iii), is recommended for the laboratory renovation activities of the ID program, with following conditions:

For the rehabilitation of existing facilities, the condition is that these activities shall be conducted following principles for environmentally sound construction, as provided in the Small Scale Construction of the USAID Environmental Guidelines for Small Scale Activities in Africa.

A Negative Determination with Conditions, pursuant to 22 CFR 216.3(a)(2)(iii), is recommended for Drugs Management and Supply activities of the ID program with following conditions:

Consignees for all pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS). These are supplied by the manufacturer, and can also be found on the internet by using active ingredient and MSDS as search terms. If disposal of any of these

22 http://www.searo.who.int/srilanka/documents/safe_management_of_wastes_from_healthcare_activities.pdf?ua=1
pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. At the request of the Mission, subject to available funding, the implementing partner will make all reasonable attempts to facilitate the disposal of expired drugs under this activity to mitigate the impact of medical waste.

All implementing partners (main and sub) responsible for the implementation of the IDDS project will ensure that all activities conducted under this program comply with this IEE, including environmental monitor and evaluation as outlined in Section 2.7 and closely monitor any activities which may lead to adverse environmental impacts, with the concurrence from the Contracting Officer Representative.

2.6.3. Recommended Project Kevel Implementation Conditions

1. **Environmental Management Training.** The GH AOR/COR and Activity Manager(s) assigned to this program are to enroll in and successfully complete the Bureau for Global Health Environmental Management Process Training course. The course is offered through GHPOD.

2. **Climate Change.** GH projects awarded after October 1, 2016 are required to follow USAID/GH guidelines for the screening of activities for climate resiliency to comply with EO 13677.

3. **Provision of the IEE.** The AOR/COR shall provide the Implementing Partner with a copy of this IEE and brief the Implementing Partner on their environmental compliance responsibilities.

   Categorically Excluded activities require that the AOR/COR conducts annual screening of project activities to confirm that scope of activities has not changed. CEs do not require preparation of EMMPS.

4. **AOR/COR monitoring responsibilities.** As required by the ADS 204, the AOR will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether new or unforeseen consequences arise during implementation not identified and reviewed in this IEE. If new or unforeseen consequences arise, the team will suspend the activity and initiate appropriate, further review, in accordance with 22 CFR 216.

5. **Annual compliance documentation and reporting.** The Implementing Partner is
responsible for the preparation of an Environmental Mitigation and Monitoring Plan (EMMP) and submitting the completed plan to the AOR/COR for review and approval with the project workplan and prior to initiating work on the activity. The EMMP template is included with the IEE. The EMMP will outline the environmental impacts that can be reasonably anticipated from the implementation of the program activities, the mitigation measures to address the impacts, monitoring measures and frequency of inspection. The AOR/COR is responsible for reviewing and approving the EMMP and providing a copy to the Global Health BEO for review and concurrence.

The Implementing Partner is responsible for annually preparing and submitting to the AOR/COR an Environmental Mitigation and Monitoring Report (EMMR) to document compliance with the conditions of this IEE. The EMMR must be submitted to the AOR/COR within 45 days after the end of each fiscal year. The EMMR template is attached to the IEE.

6. Integration of compliance responsibilities in prime and subcontracts, agreements, and grants. The AOR/COR shall ensure that the cooperative agreement document references and requires compliance with the conditions set out in this IEE, as required by ADS 2014.3.4(a)(6) and ADS 303.3.6(3)(e). The Implementing Partner shall assure that subcontracts, agreements, and grants reference and require compliance with relevant elements of these conditions.

7. Assurance of sub-awardee, -grantee, -contractor capacity and compliance. The Implementing Partner shall assure that sub-awardees, grantees, contractors have the capability to implement the relevant requirements of this IEE. The Implementing Partner shall, if appropriate, provide training to sub-awardees, -grantees, and -contractors in their environmental compliance responsibilities.

8. Pesticides or pesticide products. Any program activities conducted under this Agreement involving the procurement, use, research or disposal of pesticides and/or larvicides and their waste products will require a supplemental IEE, SEA, or PERSUAP based on consultations with the Bureau Environmental Officer for Global Health.

9. Compliance with human subject research requirements. The AOR/COR in consultation with the BEO for the Global Health Bureau shall assure that the Implementing Partner and sub-awardees demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this agreement. The BEO for Global Health may request copies of documentation from the AOR/COR to demonstrate compliance with applicable requirements of human subject trials. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

pg. 21 2/24/17
10. **New or modified activities.** As part of its workplan, the implementing partner in collaboration with the AOR shall review all on-going and planned activities to determine if they are within the scope of this IEE. The Implementing Partner shall complete the screening questionnaire (Part 1 of the EMMR) with the workplan.
   a. If activities outside the scope of this IEE are planned, the AOR/COR shall assure that an amendment to this IEE addressing these activities is prepared and approved prior to implementation of any such activities.
   b. Any ongoing activities found to be outside the scope of this IEE shall be modified to comply or halted until an amendment to this IEE is submitted and approved.

11. **Compliance with Host Country Requirements.** Nothing in this IEE substitutes for or supersedes Implementing Partner, sub-awardees/-grantee/-contractor's responsibility for compliance with all applicable host country laws and regulations. The Implementing Partner and sub-awardee, -grantee, -contractor must comply with host country environmental regulations unless otherwise directed in writing by USAID. However, in the case of a conflict between host country and USAID regulations, the latter shall govern.

12. **Closeout of activity, environmental responsibilities.** The IP will prepare a closeout plan consistent with contract documentation for COR review and approval that outlines responsibilities for end-of-project operation clean-up and disposal of healthcare, construction and other wastes, and/or transition of other operational responsibilities. Where identified as needed, the closeout/transition operation will provide training to support continuity of environmental responsibilities.

13. **Waste Management Plan.** The IP will prepare an integrated Waste Management Plan (WMP) that will define and detail direct and indirect waste streams generated by IP-managed activities and specify appropriate management and disposal practices for each. The primary components required in a WMP are described in Annex E.

14. **Mercury-containing commodities.** The IP will not procure mercury-containing commodities. Any exception to this restriction must include a written justification and approval by the GH COR.

15. **Asbestos and lead-based paint.** The IP will not use construction materials containing asbestos or lead-based paint. When conducting renovation on existing buildings, the IP will investigate for the presence of asbestos or lead paint prior to initiating work and will provide appropriate PPE and a disposal process for handling the hazardous waste, if identified.

16. **Air pollution control technology for incinerators.** IP procurement or operation of large scale incinerators, see Sections 1.3 and 2.6.1 of this IEE for size thresholds, must contain adequate air pollution control technology to ensure compliance with host country
guidelines and applicable international air quality emission requirements, including:

- AP 42 and Emission Factors: US Environmental Protection Agency.

17. Development and Implementation of SOPs. The IP will develop and implement Standard Operating Procedures (SOPs) addressing core activities including, but not limited to: ordering and procurement, care and maintenance, inventory management, warehousing and required safety measures, including fumigation. These SOPs must be approved by the COR and reflect properly-referenced industry best practices.

18. Solicitation of international transport and disposal of hazardous waste. The solicitation of third party services for the international transport and disposal of hazardous and potentially hazardous waste, including unusable pharmaceuticals and other health commodities, requires prior review and approval of solicitation documents by the COR and concurrence by the GH BEO.

2.7. MONITORING AND REPORTING

The Implementing Partner and the AOR/COR, in consultation with the BEO, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this IEE arise during implementation and modify or end activities as appropriate. Monitoring and reporting will be documented via the Environmental Mitigation and Monitoring Template (EMMT), provided as Annexes A, B, and C to this IEE. The contractor must develop and implement a monitoring and evaluation plan to capture and document results achieved. This monitoring and evaluation plan must include indicators described in the GHSA Action Packages and the GHSA Standardized Milestone Library, as well as indicators included in infectious disease-specific strategies and initiatives. The contractor will integrate as feasible and appropriate the monitoring and reporting activities in the project and environmental monitoring.

The EMMT consists of three parts:

The Environmental Screening Form The AOR/COR conducts annual screenings of their projects using the Environmental Screening Form to determine whether project activities and annual workplans remain within the scope of the activities reviewed during the IEE process. For sub-projects, sub-grants, and sub-activities, Implementing Partners must annually screen
their activities and submit the completed form to the AOR/COR. If an activity does not fall within the scope of this IEE, a supplemental or amended environmental document must be prepared.

- **The Environmental Mitigation and Monitoring Plan (EMMP)**
  The Implementing Partner is responsible for submitting the Environmental Mitigation and Monitoring Plan (EMMP) to the AOR/COR for review and approval. The GH BEO concurs on the EMMP. The EMMP is submitted with the workplan, after clearance of this IEE and prior to initiating project work. Implementing Partners will use the EMMP to describe the specific actions they will undertake under each category of activity when screening reveals potential environmental impacts as outlined in Section 2.5 of this IEE. The EMMP also identifies the person responsible for monitoring compliance with mitigation measures and the indicator, method, and frequency of monitoring. 
  Refer to the attached GH EMMP Template.

- **The Environmental Mitigation and Monitoring Reporting (EMMR)** Annually, the Implementing Partner is responsible for completing the Environmental Mitigation and Monitoring Report (EMMR) and submitting it to the AOR/COR. The EMMRs are reviewed by the AOR/COR and the BEO (and/or MEO, as appropriate). The EMMRs ensure compliance with 22 CFR 216 and ADS 204.5 by documenting that the conditions specified in this IEE have been met for all activities carried out under Infectious Disease Detection and Surveillance (IDDS) by reporting on the results of applying the mitigation measures described in the EMMP and identifying outstanding issues with respect to required conditions. Verification may require digital photos and/or site visits.

The Implementing Partner for Infectious Disease Detection and Surveillance (IDDS) will submit the EMMR on all activities within 60 days after the end of each fiscal year for the life of the project, using the guidance and forms contained in the GH IEE BOP. Any sub-awards, sub-grants, and sub-activities must incorporate provisions stipulating a) the completion of an annual environmental monitoring report and b) that activities to be undertaken will be within the scope of the environmental determinations and recommendations of this IEE. This includes assurances that any mitigating measures required for those activities will be followed.

Refer to the attached GH EMMR Template.
### A. Environmental Screening Form

**Infectious Disease Detection Surveillance (IDDS)**

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Original IEE File #/DCN:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Prime Implementing Organization:</th>
<th>Date of Screening:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Sub-awardee Organization (if this EMMT is for a sub):</th>
<th>Funding Period for this award:</th>
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<tbody>
<tr>
<td></td>
<td>FY ___ - FY ___</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic location of USAID-funded activities (Province, District):</th>
<th>Current FY Resource Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY ___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This report prepared by:</th>
<th>Date of Previous EMMT for this organization (if any):</th>
</tr>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Date:</td>
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</tbody>
</table>

**Indicate which activities your organization is implementing.**

<table>
<thead>
<tr>
<th>Key Elements of Program/Activities Implemented</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education, Technical Assistance, or Training</td>
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<tr>
<td></td>
<td>Includes: strategic planning, data analysis, technical consultation, surveys, knowledge and information transfer, meetings, technical material development, outreach programs, and training services.</td>
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<tr>
<td>2. Research and Development</td>
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<td></td>
<td>Includes: health-related research and development activities aimed at advancing knowledge and technology, including research and evaluation, monitoring and surveillance, programs, pilot studies, case studies, and assessments.</td>
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<tr>
<td>3. Public Health Commodities</td>
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<tr>
<td></td>
<td>Includes: procurement, storage, transportation, distribution, and disposal of public</td>
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</tr>
<tr>
<td>Health Commodities</td>
<td>Small-Scale Construction or Rehabilitation</td>
<td></td>
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<tr>
<td>-------------------</td>
<td>--------------------------------------------</td>
<td></td>
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<tr>
<td>Includes: hospitals, clinics, laboratories, voluntary and counseling testing centers, or training centers. Total surface area of the disturbed environment is under 10,000 square feet and less than $200,000 total cost.</td>
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</table>

<table>
<thead>
<tr>
<th>Small-Scale Water and Sanitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes: pond and spring improvements and installation of hand-dug wells, individual or community latrines, hand-washing stations, and small-scale septic and leach field systems.</td>
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<table>
<thead>
<tr>
<th>Nutrition</th>
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<tbody>
<tr>
<td>Includes: small-scale food production, procurement and distribution of supplements, preventing undernutrition, providing nutritional care and support, and improving nutritional outcomes in programs.</td>
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<table>
<thead>
<tr>
<th>Vector Control</th>
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<tbody>
<tr>
<td>Includes: procurement, distribution, or use of pesticide products such as insecticide-treated bednets, larviciding agents, and fumigants.</td>
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</table>

**NOTE:** USAID uses USEPA's definition of pesticides, which includes "any substance intended for: preventing, destroying, repelling, or mitigating any pest. This includes herbicides, fungicides, plant regulators, and desiccants."

<table>
<thead>
<tr>
<th>Emergency Response</th>
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<tbody>
<tr>
<td>Includes: coordination with outside organizations and technical experts, deployment of resources and response teams, and development of technical materials.</td>
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</table>

**DESCRIPTION OF ACTIVITIES:**

Provide a description of activities with sufficient details to understand the scope and scale of the interventions. The EMMP should reference the governing IEE (GH- or country-level).
## B. Environmental Mitigation and Monitoring Plan

**Infectious Disease Detection and Surveillance (IDDS)**

Add Introduction and additional narrative here, as needed.

<table>
<thead>
<tr>
<th>Category of Activity from Section 2.6 of IEE</th>
<th>Describe specific environmental threats of your organization’s activities (based on analysis in Section 2.5 of IEE)</th>
<th>Description of Mitigation Measures for these activities as required in Section 2.6 of IEE</th>
<th>Who is responsible for monitoring?</th>
<th>Monitoring Indicator</th>
<th>Monitoring Method</th>
<th>Frequency of Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education, Technical Assistance, Training</td>
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<td>2. Research and Development</td>
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<td>3. Public Health Commodities</td>
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<td>4. Small-Scale Construction</td>
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<td>5. Small-Scale Water and Sanitation</td>
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<td>6. Nutrition</td>
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<td>7. Vector Control</td>
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<td>8. Emergency Response</td>
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Prepared by: 
Kendra Chittenden, Senior Infectious Disease Advisor, GH/ID/ETD

Reviewed and Approved by:

Date: 2/24/17
Signature
Date:

Amy Piatek,
Agreement Officer’s Representative/Contracting Officer’s
Representative

Concur:

Signature
Date:

Rachel Dagovitz
GH Bureau Environmental Officer
C. Environmental Mitigation and Monitoring Report

Infectious Disease Detection and Surveillance (IDDS) Program

The purpose of this contract is to provide implementation support services and technical assistance to countries to develop or improve national diagnostic networks, laboratory systems and surveillance mechanisms capable of detecting diseases of public health importance and identifying antimicrobial resistance. Support will be in line with the International Health Regulations as outlined by the Global Health Security Agenda and the Integrated Disease Surveillance Response framework, and disease-specific diagnostic and surveillance strategies as indicated. There are 2 Objectives: (1) Strengthen diagnostic networks and laboratory systems to achieve an accessible, accurate, adaptable and timely network to detect diseases of public health importance, and AMR in priority infectious diseases; and (2) Improve the quality of real-time surveillance systems for pathogens of greatest public health concern (including AMR) and zoonotic diseases, and the capacity to analyze and link data from and between surveillance systems.

<table>
<thead>
<tr>
<th>List each Mitigation Measure from column 3 in the EMM</th>
<th>Status of Mitigation Measures</th>
<th>List any outstanding issues relating to required conditions</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education, Technical Assistance, Training</td>
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<td>2. Research and Development</td>
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<td>4. Small-Scale Construction</td>
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<td>5. Small-Scale Water and Sanitation</td>
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</tr>
</tbody>
</table>

Prepared by: Kendra Chittenden, Date: 2/24/17
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/24/17</td>
<td>Meeting with...</td>
<td>Hospital</td>
<td>Summary...</td>
</tr>
</tbody>
</table>

Senior Infectious Disease Advisor, GH/ID/ETD
D. References and Resources

ADS 200: Introduction to Programming Policy:
ADS 204: Environmental Procedures:
ADS 300: Agency Acquisition and Assistance (A&A) Planning:
ADS 308: Awards to Public International Organizations:
ADS 502: USAID Records Management Program:
Bureau for Global Health Project Design and Approval Guidance
Environmental Compliance: Language for Use in Solicitations and Awards, An Additional Help to ADS 204:
Executive Order 12114: Environmental Effects Abroad of Major Federal Actions:
National Environmental Policy Act:
https://ceq.doe.gov/laws_and_executive_orders/the_nepa_statute.html
E. Waste Management Plan

The Implementing Partner must develop an integrated Waste Management Plan (WMP) that will define and detail direct and indirect waste streams generated by ID managed activities, and specify appropriate management and disposal practices for each. The waste management plan must:

- Classify and require management of each commodity the project proposes to procure or manage by level of risk, as per WHO guidance.
- Require assessment of local disposal options and requirements and identify, on a country basis, the disposal option for each class of commodity that will be procured or managed, as well as for general non-contaminated packaging. The disposal options identified will comply with local requirements and be generally consistent with the following guidelines and resources:
  - Pharmaceuticals and chemical wastes—WHO Safe Management of Wastes from Healthcare Activities. See particularly 8.11, “Applications of treatment and disposal methods to specific waste categories.”
  - Non-contaminated packaging and general waste—USAID Sector Environmental Guidelines: Solid Waste.
- Require compliance with Basel convention on the control of transboundary movement of hazardous wastes and their disposal:
- Require that records be maintained of all disposal activities to document compliance.
- Incorporate appropriate monitoring and continuous improvement mechanisms.
- Specify the process for managing the transportation and potential international shipment of hazardous waste for disposal. If the international disposal of hazardous waste is to be conducted by a third party, the Request for Proposal (RFP) for these 3rd party services for the international shipment must be approved by the GH AOR/COR with concurrence by the GH BEO. Solicitation of services for international exportation of hazardous material for disposal may not be initiated without approval of the RFP.
Summary of Climatic Risk Mitigation (CRM): The project has low to moderate risks with the most at-risk impact being delays in collecting and transport specimens to the laboratory and/or delay the deliverable of procurements needs for sample collecting and laboratory diagnosis; and in most severe weather there is a possible damage to laboratories and/or equipment. Activities will be planned accordingly due to seasonal impact; back-up plans will be developed (i.e. alternative shipping and specimen pick-up routes). Support will be provided to increase capacity of health care and emergency services to support disaster planning and management to ensure continuity of services. Support to repair damaged laboratories and equipment can be considered. Opportunities to strengthen climate resiliency will be considered for all activities including selecting commodities which reduce waste, selecting energy efficient equipment and green technologies such as solar power and low technology diagnostic tools. The cross-cutting nature of these activities seeks to improve efficiencies and combine work to reduce travel through trainings, monitoring, and specimen transport and surveillance as feasible.

Approved and signed CRM:

IDDS CRM_signed
032117.pdf

Approved and Signed CRM google drive location
BUREAU FOR GLOBAL HEALTH
CLIMATE RISK MANAGEMENT SCREENING TEMPLATE

Delete explanatory text in yellow highlight
Modify text in green as appropriate.

Revision Date: December 21, 2016
Version: 1.0
Responsible Office: GH Office of Policy, Programs and Planning
File Name: CRM_Infectious Disease Detection and Surveillance (IDDS) Project

2/24/17
Page 1 of 7
BUREAU FOR GLOBAL HEALTH

CLIMATE RISK MANAGEMENT SCREENING TEMPLATE (IDDS)

1. Program/Activity Data

<table>
<thead>
<tr>
<th>Program/Activity Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Activity Title</td>
<td>Infectious Disease Detection and Surveillance (IDDS)</td>
</tr>
<tr>
<td>Country/Region</td>
<td>Focus countries: Afghanistan, Bangladesh, Burkina Faso, Burma, Cambodia, Cameroon, China, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Egypt, Gabon, Guinea, India, Indonesia, Jordan, Kenya, Kyrgyzstan, Laos, Liberia, Mali, Pakistan, Philippines, Malaysia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Thailand, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, and Zambia and Zimbabwe</td>
</tr>
<tr>
<td>USG Foreign Assistance Framework</td>
<td>3 Investing in People</td>
</tr>
<tr>
<td></td>
<td>3.1 Health</td>
</tr>
<tr>
<td></td>
<td>3.1. Global Health, Security and Development</td>
</tr>
<tr>
<td>Period Covered</td>
<td>9/31/17-10/01/22 (estimate)</td>
</tr>
<tr>
<td>Life of Project Amount</td>
<td>$75,000,000-90,000,000 (ceiling)</td>
</tr>
<tr>
<td>Screening prepared By</td>
<td>Ben Gustafson</td>
</tr>
<tr>
<td>Management Unit Contact Person</td>
<td>Amy Platek and Kendra Chittenden</td>
</tr>
<tr>
<td>Current Date</td>
<td>3/20/17</td>
</tr>
</tbody>
</table>

2. Climate Risk Ratings

This document serves to document the results of the Climate Resiliency Screening conducted to evaluate the potential climate risks of the described activities. In accordance with Mandatory Reference for ADS Chapter 201 on Climate Change in USAID Strategies, USAID must conduct climate risk management screening for all new strategies, projects, and activities, as of October 1st, 2016.
**CLIMATE RISK MANAGEMENT SUMMARY TABLE**

**Infectious Disease Detection and Surveillance (IDDS)**

<table>
<thead>
<tr>
<th>Project Elements</th>
<th>Potential Climate Risk</th>
<th>Climate Risk Rating</th>
<th>How Risks are Addressed</th>
<th>Opportunities to Strengthen Climate Resilience</th>
</tr>
</thead>
</table>
| Infectious disease diagnosis, Anti-microbial (AMR), and community surveillance and monitoring systems established and maintained | 1.) Surveillance activities may be delayed to reach hard-to-reach areas due to flooding and poor roads  
2.) Cold chain may be impacted by flooding and/or extreme heat | MODERATE | 1.) Specific risk assessments will be made specific for country setting and at the activities level once developed in detail  
1.) Increase the capacity of health care and emergency services to support disaster planning and management to ensure continued services  
2.) Develop transport systems resilient to climate and consider back-up options to continue transport if impacted by severe weather | Cross-cutting nature of this project seeks to integrate surveillance and laboratory systems to improve efficiencies such as community surveillance teams supporting several infectious disease programs and conducting larger volumes of at each community visit  
monitoring visits are combined resulting in less travel  
Consider technologies for cold chain transport which are energy efficient—such as solar boxes |

1 Climate Risk Ratings are defined as:
- Low climate risk: Climate change is unlikely to significantly impact achievement of development outcomes relative to other stressors and development challenges.
- Moderate or high climate risk: Climate change is likely or highly likely to significantly impact achievement of development outcomes.
<table>
<thead>
<tr>
<th>Delivery of laboratories reagents, personal protective equipment (PPE); and laboratory equipment; and specimens/samples</th>
<th>1.) Shipping and disbursement of PPEs may be delayed due to extreme weather events 2.) Delivery of PPEs may be delayed if roads and other infrastructure are damaged or impaired</th>
<th>MODERATE</th>
<th>Specific risk assessments will be made specific for country setting and at the activities level once developed in detail 1.) Determine if alternate shipping routes are available 2.) Determine if alternate delivery routes are available 3.) Specific risk assessments will be made specific for country setting and at the activities level once developed in detail</th>
<th>Cross-cutting nature of this project seeks to integrate surveillance and laboratory systems to improve efficiencies such as combing deliveries of laboratory commodities and pick up for specimens across disease programs to reduce travel minimal commodities to labs (shared resources) where feasible which eliminates waste.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities for improving laboratory detection rely on functional facilities including water, electricity, and other services and structure need to remain intact</td>
<td>1.) Severe weather such as flooding or storms which knock down electricity, water towers, walls, etc may render the laboratory nonfunctional 2.) Equipment and/or supplies may be damaged 3.) Proper waste management may be compromised.</td>
<td>MODERATE</td>
<td>Specific risk assessments will be made specific for country setting and at the activities level once developed in detail 1.-3.) Technical support to safeguard and to repair as needed and develop back-up plans to continue activities 1.) Will consider lower tech / very low cost diagnostic tools as a</td>
<td>Energy efficiencies such as using solar power will be considered as feasible Ensure that water and sanitation systems and energy systems are resilient to climate impacts. Consider renewable energy technologies for both primary and backup systems, where feasible</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
<td>Flexibility</td>
<td>Cross-cutting nature of this project seeks to integrate surveillance and laboratory systems to improve efficiencies such a combing assessments to reduce travel and to bring the trainers to the laboratories versus supporting large numbers of trainees to travel to a difference venue</td>
<td></td>
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<tr>
<td>----------------------------------------------</td>
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<tr>
<td>Perform an initial comprehensive diagnostic network assessment and implement training</td>
<td>Trainings or assessments may be delayed due to extreme weather events</td>
<td>LOW</td>
<td>Cross-cutting nature of this project seeks to integrate surveillance and laboratory systems to improve efficiencies such a combing assessments to reduce travel and to bring the trainers to the laboratories versus supporting large numbers of trainees to travel to a difference venue</td>
<td></td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>Access to project sites may be delayed due to extreme weather events</td>
<td>LOW</td>
<td>Cross-cutting nature of this project seeks to integrate surveillance and laboratory systems to improve efficiencies such a combing assessments to reduce travel and to bring the trainers to the laboratories versus supporting large numbers of trainees to travel to a difference venue</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Low climate risk does not require the development of specific plans to address climate risk. However, moderate to high climate risk requires appropriate consideration and response to the potential risk. In some cases, the program may decide to accept the risk and will document the justification.
3. Prepared by:

<table>
<thead>
<tr>
<th>Kendra Chittenden, Ph.D.</th>
<th>3/21/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Infectious Disease and Laboratory Advisor, Global Health Bureau (GH) Emerging Threat Division (ETD)</td>
<td>Date 2/28/2017</td>
</tr>
</tbody>
</table>

4. Risk Screening Approved by:

<table>
<thead>
<tr>
<th>Ben Gustafson</th>
<th>date: 3/21/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH Climate Integration Liaison/GH-Bureau Environmental Officer</td>
<td></td>
</tr>
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</table>

5. Risk Acceptance Approved by:

<table>
<thead>
<tr>
<th>Ben Gustafson</th>
<th>date: 3/21/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Daggett</td>
<td></td>
</tr>
<tr>
<td>GH Climate Integration Liaison/GH-Bureau Environmental Officer</td>
<td></td>
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</tbody>
</table>

NOTE: The AOR/COR or designee is responsible attaching this screening form to the annex of the relevant CE, IEE, EA, or Action memo.