

AFRICAN DEVELOPMENT BANK



COVID-19 PANDEMIC CRISIS: PROPOSAL FOR A GRANT OF USD 2 MILLION FOR EMERGENCY ASSISTANCE TO SUPPORT COVID-19 RESPONSE IN AFRICAN COUNTRIES

DEPARTEMENT AHHD

March 2020

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ABBREVIATIONS

AfDB	African Development Bank
FFX	First Few Cases
IPC	Infection protection Control
MCH	Maternal and Child Health
MOH	Ministry of Health
PPE	Personal Protective Equipment
RMCs	Regional Member Countries
RRT	Rapid Response Team
SPR	Standard Project Report
SPRP	Strategic Plan and Response Preparedness
USD	United States Dollars
WHO	World Health Organization

Project Simplified Logical Framework

Multinational Africa						
Project title: Emergency assistance to support the coronavirus pandemic response in Africa						
Project Objective: to support Regional Member Countries (RMCs) to contain the spread of the virus and mitigate its impacts.						
RESULTS CHAIN		Indicator	PERFORMANCE INDICATORS		MEANS OF VERIFICATION	RISKS / MEANS OF MITIGATION
			Baseline (March 2020)	Target (September 2020)		
Impact	Contribute to reduction of incidence (new cases) of the coronavirus pandemic	Number of new cases	359 (as at 25.03.2020 – WHO Africa)	90% reduction of new cases	<ul style="list-style-type: none"> • WHO Reports • Government Reports 	
	Contribute to reduction of prevalence of coronavirus Contribute to reduction of the number of deaths due to the coronavirus	Number of cases Mortality rate	1,664 (as at 25.03.2020 – WHO Africa) 1.7% (29 deaths as at 25.03.2020 WHO Africa)	90% increase in recovery cases	<ul style="list-style-type: none"> • WHO Reports • Government Reports • Africa CDC Report • WHO Reports • Government Reports 	<u>Risk:</u> No respect of WHO guidelines on prevention. Public not adhering to hygienic and precautionary measures. <u>Means of mitigation</u> Increase public sensitization and ensure institutions, shops and officers and citizens adhere to hygienic rules This also includes training and sensitization at country level
Outcome	Component 1: Strengthen capacity to respond to the epidemic					
	Training of health workers on IPC guidelines, Rapid Response Team (RRT), case	Number of countries with Health workers trained	35	80%	<ul style="list-style-type: none"> • WHO Report • MoH Reports 	<u>Risk:</u> Insufficient resources <u>Means of mitigation:</u>

	detection, contact tracing, etc.						Resource mobilization strategy developed by WHO and each RMCs.	
	1.2 Training of Labs staff on COVID 19	Number of countries with lab staff trained	41	80%	<ul style="list-style-type: none"> • WHO Report • MoH Reports 	Dialogue fostered with RMCs on domestic resource mobilization for Health		
	1.3 Training on laboratory support (reagents, primers, probes)	Number of laboratories equipped and functional	41	80%				
	1.4 Develop surge plan							
	Component 2: Provide adequate case management							
	2.1 Training of health workers on case management of COVID 19	Number of countries that have access to reagents, probes, primers	41	80%	<ul style="list-style-type: none"> • Training report • WHO Report 	<u>Risk:</u> Limited protective equipment for health workers <u>Means of mitigation:</u> Provisions of adequate equipment's for health workers.		
	2.2 Provide equipment, PPE and supplies for isolation facilities	Number of countries with health workers trained on case management	17	80%			<ul style="list-style-type: none"> • WHO Report • Countries Reports 	Dialogue with countries to ensure adequate provision for equipment's for health workers
	2.3 Dissemination of guidelines and modules for clinical management and non-pharmaceutical intervention	Number of guidelines and modules in African countries	>15	80%				
	2.4 Distribute ambulances for emergency use	Number of ambulances distributed	0	5	WHO Report			
	Component 3: Project management and coordination							

	3.1 Implementation and management of the project	Number of regional meetings organized	1	2		
		Number of technical and financial report on project implementation	0	2		
Activities	Components				INPUTS	
	<p>Component 1. Strengthen WHO Africa capacity to respond to the pandemic</p> <ul style="list-style-type: none"> • Training of health workers and lab staff; • Enhance the surveillance system; • Provide laboratory support including reagents, primers, probes and other supplies. <p>Component 2. Provide adequate case management</p> <ul style="list-style-type: none"> • Training including training of trainers of health workers on case management of COVID 19; • Provision of equipment, PPE and supplies for isolation facilities in major hospitals; • Dissemination of guidelines for clinical case management. <p>Component 3. Project management and coordination</p>				<p>Resources: USD 2 Million</p> <p>Component 1: USD 965,159</p> <p>Component 2: USD 844,000</p> <p>Component 3: USD 60,000</p>	

Note: The indicators and targets are WHO based on their planned investment of USD50 million. The Bank is contributing USD2 million towards this investment basket.

1.0 INTRODUCTION

1.1 **The World Health Organization (WHO) declared a novel coronavirus disease (COVID-19) a pandemic on 11 March 2020.** The disease's sudden onset was in Wuhan, the capital city of Hubei Province in China in December 2019. It was categorized as a global emergency on 30 January 2020. Subsequently, due to its speed and scale of global transmission it became a pandemic. The virus is a global public health problem and has infected over 416,684 people in 196 countries resulting in 80,589 deaths¹. In Africa, so far 2358 people are infected in 44 countries with 58 deaths².

1.2 **COVID-19 is a controllable pandemic. WHO noted that African countries can change the course of the pandemic.** “With COVID-19 officially declared a pandemic, all countries in Africa must act,” said Dr Matshidiso Moeti, WHO Regional Director for Africa, “Every country can still change the course of this pandemic by scaling up their emergency preparedness and response. Cases may still be low in Africa and we can keep it that way with robust all-of-government actions to fight the new coronavirus.” African countries need to adopt three-pronged approach: protecting health, preventing economic and social disruption and respecting human rights. Containment of the virus is the most cost-effective strategy and should remain the central pillar.

1.3 **Economic cost of COVID-19 in Africa is unprecedented:** The immediate impact is increased unplanned health expenditure estimated to reach USD10.6 billion. Disruption of global supply chain and demand side shocks will significantly affect the commodity prices and result into weak foreign exchange. The following sectors will bear major impacts: oil, tourism, remittances, employment and increasing inflation. African countries exporting oil will lose an estimated revenue of USD65 billion. African countries are heavily indebted and mainly export commodities. The lower export, weak exchange rates and low tax revenues will increase debt service pressure for many of these countries over the short to medium term. All these will translate into reduced economic growth: the continent growth is expected to drop from 3.2% to 1.8%.

1.4 **WHO African Region calls for USD 50 million COVID-19 emergency preparedness and response.** The WHO global COVID-19 emergency response strategy is estimated at US\$ 675 million. The African region urgently needs around USD 50 million to do the following: (i) purchase and distribute essential supplies such as personal protective equipment to frontline health workers (ii) Strengthen laboratory systems (training and equipment supply) (iii) Generate and share accurate knowledge for prevention, control and case management (iv) Support development of vaccines, diagnostics and treatments. To date, approximately USD 10 million has been mobilized for the African region while the outbreak is spreading in the region.

¹ Data as at 23st March 2020. Source: [https://www.who.int/redirect-pages/page/novel-coronavirus-\(covid-19\)-situation-dashboard](https://www.who.int/redirect-pages/page/novel-coronavirus-(covid-19)-situation-dashboard)

² Data as at 25nd March 2020. Source: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200322-sitrep-62-covid-19.pdf?sfvrsn=f7764c46_2

2.0 JUSTIFICATION FOR EMERGENCY OPERATION

2.1 This emergency assistance proposal is in accordance and consistent with the Bank Group Policy Guidelines and Provisions under the Revised Policy Guidelines for Emergency Relief Assistance, and General Regulations of the Special Relief Fund (ADB/BD/WP/2008/211), noting the global scale of the emergency and (ii) the emergency relief is limited to interventions that are efficiently implementable within six months.

2.2 African countries will be unable to contain the COVID-19 pandemic and manage the cases, and without external support, health infrastructure is likely to collapse and many lives lost. The virus is rapidly spreading and very complicated to manage as severe cases require isolation and intensive care unit (ICU) services. Many African countries are characterized by: (i) Weak health systems and infrastructure (overcrowded and poorly equipped hospitals, overworked health staff, inadequate laboratory capacity, inadequate personal protective gears, lack of isolation facilities and limited intensive care units (ICUs)) (ii) High prevalence of comorbidities that weaken immune systems like HIV and AIDS, maternal illness and malaria are likely to increase risk of infection (iii) High levels of poverty associated with population ill health and low access to quality health care.

2.3 African countries have massive emergency preparedness and response budget deficit. 44 African countries are already affected and in need of urgent support. Furthermore, all African countries are at risk and must be ready to contain, manage and mitigate the impact of the virus. African countries are developing country COVID-19 multisectoral response strategies. So far, thirty-five (35) countries have fully developed strategies estimated at USD189 million. African countries need to urgently mobilize resources to implement these strategies.

3.0 THE STATE OF COVID-19 PANDEMIC IN AFRICA

3.1 The Situation and Response in Africa

The African continent is witnessing late transmission of the virus which is unstable and rapidly changing. The situation is unstable and rapidly changing, as at 25 March 2020, the confirmed cases and deaths were 2,358 and 58 respectively in 44 countries.

3.2 The WHO and Africa CDC have led the preparedness and response initiatives on the continent. African governments established a continental taskforce to coordinate the response: Africa Taskforce for Novel Coronavirus (AFTCOR) with the following pillars (a) Enhanced surveillance (b) Laboratory testing (c) Risk Communication and community engagement (d) Infection prevention and control (e) Case management (f) Rapid response and simulations (g) Resource mobilization. To sustain the roll out of these activities in each country, WHO African region urgently requires funding.

4.0 THE REQUEST FOR EMERGENCY SUPPORT

4.1 The Objectives

The main goal of this grant is to strengthen the capacity of WHO African Regional Office to support Regional Member Countries (RMCs) to contain the spread of the COVID-19 and mitigate its impacts. The specific objectives are:

- 1) To Support WHO Africa Region training programs to build capacity of RMCs to prevent, rapidly detect, investigate, contain and manage detected cases of COVID-19;

- 2) To support WHO Africa Region to equip RMCs to be able put in place robust containment measures within 48 hours of COVID19 case confirmation;
- 3) To support WHO Africa Region to strengthen regional and country level coordination of the COVID-19 readiness activities by all stakeholders;
- 4) To ensure that all WHO Africa Region countries implement a minimum readiness capacity package for COVID-19;
- 5) To support WHO Africa Region to disseminate information, to RMCs to provide accurate information on risk and engage communities to increase public awareness;
- 6) To support WHO Africa Region to conduct monitoring and evaluation of the preparedness and readiness capacities using Key Performance Indicators (KPIs) in RMCS.

4.2 The Emergency Assistance Description

The project will focus on building capacities and capabilities of RMCs to promptly detect and contain the spread of the COVID 19. The WHO will identify target countries and provide their details when submitting final reports. The main interventions are: (i) Capacity Building on infection prevention, testing and case management; (ii) Surveillance system; (iii) purchasing and distributing laboratory test kits and reagents; (iv) Purchasing and distributing personal protective equipment (PPE) (v) Supporting coordination mechanism at national and regional levels. Detailed descriptions of interventions are presented in the budget and logical framework.

4.3 The Operation cost

4.3.1 The Bank Group is expected to contribute USD 2,000,000 to finance this operation as an emergency humanitarian grant drawn from the Special Relief Service Fund (SRF). The grant will contribute towards USD 50 million WHO Preparedness and Response Plan. Other partners including United Nations system are supporting this plan. The operation costs are based on estimates. A summary of the total cost of the Bank-financed operation is presented in the table below, with the detailed cost of goods and services presented in Annex 2.

Summary of Project cost by category of expenditure (USD)

	CATEGORY	USD	%
1	Goods		
	Laboratory support - Test Kits and consumables: Supply of reagents, probes, primers and other supplies, PPE kits, supplies for isolation in major hospitals. Medical ambulances	1,292,000	65
	Sub-total goods	1,292,000	
2	Services		
	Enhance surveillance system (Dissemination of reporting tool, Adaptation of the FFX protocol-First Few Cases and their contact-Training of health workers and lab staff, dissemination of guidelines for clinical management, Coordination	577,165	29
	Sub-total services	577,164	
	7% Administrative fees	130,841	7
	Grand Total	2,000.000.00	

4.4 Implementation arrangement

4.4.1 **The Bank's Revised Policy Guidelines and Procedures for Emergency Relief** "Assistance and General Regulations of the Special Relief Fund (ADB/BD/WP/2008-211/Rev.1/ADF/WP/2008/173/Rev.1)", obliges that implementation of an emergency humanitarian relief assistance be entrusted with appropriate organizations operating in the field at the time of the emergency. These organizations include United Nations Agencies, Government Agencies or NGOs. The WHO is the United Nations Agency specialized in health and mandated to lead the response to medical emergency and pandemic. WHO will be the Executing Agency (EA) to implement this aid: - specifically it will be responsible for financial management, procurement of goods and services, as well as monitoring and coordination. It will work closely with the Africa Centre for Disease Control and Prevention (Africa CDC) and Africa Taskforce for Novel Coronavirus (AFTCOR)³.

4.4.2 The WHO will be responsible for financial management of this grant and will use it in accordance with its regulations and administrative guidelines (which are acceptable to the Bank) to exclusively finance emergency operations of COVID-19. The WHO will deduct an administrative cost of not more than 7% from this grant.

4.4.3 The Bank and WHO will sign a Letter of Agreement outlining the terms and conditions of the grant, as well as the responsibilities and obligations of each party. The administrative fee paid to WHO shall not exceed 7% percent of the total amount of the grant.

4.5 Procurement

4.5.1 The Bank's resources will finance the procurement of goods, services and non-consulting services required to respond to COVID-19 pandemic as indicated in paragraph 4.2 above and in Annex 3.

4.5.2 In order to ensure efficient implementation, the procurement will be done in accordance with the provisions of the Procurement Policy for Bank Group funded operations dated October 2015 (The Policy). In line with articles 5.3 (e) and 6.5 of the Policy and section A2.5 of Chapter A2 of Volume 1, Part A of the operations manual (OPM), WHO will use its own procurement and eligibility rules for all procurement planned under this project as described in the implementation timeline in Annex 2 below. In that regard, the Bank and WHO have signed a Fiduciary Principle Agreement (FPA) in July 2019 and which provides the framework for WHO's intervention as an executing agency in a Bank-funded project.

4.5.3 The WHO procurement methods and procedures will be its own and the performance control and follow-up mechanisms will be those agreed upon in the FPA.

4.6 Disbursement

The Bank will disburse the funds in a single tranche, through direct payment to a WHO designated account (WHO will provide the details of this account). The following will be the conditions for disbursement: (i) The Bank and WHO signing the Letter of Agreement (LoA); and (ii) WHO submitting the relevant account details to the Bank for the grant to be deposited.

4.7 Financial Management

The fiduciary responsibilities of grant funds will rest with WHO, which will ensure that the grant resources are efficiently used for their intended purposes. The WHO will submit a

³ This is a continental taskforce put in place by Africa Unions lead the preparedness and response of coronavirus.

financial statement, as part of the final report, within six (6) months of completion of the operation and financial closure. WHO will submit a written confirmation, encompassing the payment details emanating from its integrated financial management system, from a senior financial officer, authorized to make such certification, certifying that WHO complied with the terms of the Letter of Agreement. For visibility requirements, the Bank's name and contribution shall appear in the WHO 2020 consolidated financial report disclosing the list of contributors for the year. The grant's funds use will be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, the policies and procedures, and rules & directives of the WHO as well as to relevant decisions of its governing body. In this regard, the audited financial statements and auditors report for the year in which the funds are used shall be made available to the Bank within 30 days of being presented.

4.8 Implementation Schedule

The WHO will efficiently implement the project within a period not exceeding six months due to the nature of emergency and the associated socio-economic impact. The total implementation period of the grant is six (6) months, from the date of the Bank's approval of the grant. To limit inefficiencies and avoid duplication, WHO will work closely/collaborate with other relevant health partners.

4.9 Reporting and Supervision

The WHO will submit a final report, containing an operational and a financial section to the Bank within six (6) months of completion of the operation and its financial closure. While there shall not be specific Bank field supervision missions to monitor the implementation of this emergency operation, the Bank will closely follow progress made through other Bank missions in countries affected and the Bank's Health Sector at the Headquarters will monitor the execution of this operation and submission of the required reports by WHO.

5.0 Legal instrument and authority

5.1 Legal instrument

5.1.1 The financing instrument to be used for this operation is a funding and implementation agreement (the "Agreement") between the Bank and WHO.

5.2 Conditions associated with Bank's intervention

5.2.1 Entry into Force

The Agreement shall enter into force on the date of signature by the parties.

5.2.2 Conditions Precedent to Disbursement

The Grant will be disbursed in a single tranche to WHO upon the entry into force of the Agreement and submission by WHO of its bank account details.

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

This humanitarian assistance operation meets the guidelines of the Bank Group on emergency aid and is within the framework of humanitarian relief. The envisaged interventions complement the efforts of other partners including WHO and the African Union to support the response to, and mitigate the impact of, the pandemic. This operation financed by the Bank will directly affect the general population of Africa affected by COVID-19.

6.2 Recommendations

Management recommends that the Board of Directors of Bank approve the proposed grant of an amount not exceeding Two Million United States dollars (USD 2,000,000) to the World Health Organization, from the resources of the Special Relief Fund, for the purposes and subject to the conditions stipulated in this report.

ANNEXES

ANNEX 1: IMPLEMENTATION SCHEDULE

N°	ACTIVITIES	RESPONSIBLE	APRI	MAY	JUN	JUL	AUG	SEPT
1	Infection prevention and case management	WHO/countries						
2	Support to the surveillance system	WHO/countries						
3	Enhance national laboratory system	WHO/countries						
4	Case management and continuity of essential services	WHO/countries						
5	Coordination mechanism	WHO/countries						

ANNEX 2: DETAILED COSTING

Category	Description	Unit cost \$	Quantity	USD	%
Component 1: Strengthen capacity to respond					
Enhanced surveillance system	Adaptation of the FFX protocol (first few cases and their close contact) for early investigation	5,000	12	60,000	3%
	Printing and dissemination of case definition, report tools, algorithm for suspected case for health facilities and point of entries	2,077	12	25,159	1%
Training of health workers and lab staff	Training on IPC	15,000	8	120,000	6%
	Training on Laboratory diagnostics	15,000	10	150,000	7%
Laboratory support - Test Kits and consumables; reagents, probes, primers and other supplies.	Specimen collection, transportation and shipment fees	1,500	20	30,000	1%
	Test kits	20	10,000	200,000	10%
	Consumables	1,500	20	30,000	1%
Supply of ambulances	Buying 5 ambulances	70,000	5	350,000	17%
Subtotal 1				965,159	48%
Component 2: Provide adequate case management					
Dissemination of guidelines for clinical management	Printing of Case management guidelines	1,000	12	12,000	1%
Provision of PPEs equipment, and supplies for isolation in major hospitals	PPE Kits	8,000	34	272,000	14%
	Rehabilitation equipment	10,000	41	410,000	20%
Training	Training of trainers of health workers on case management of COVID-19	15,000	10	150,000	7%
Sub Total 2				844,000	42%
Component 3: Project management and coordination					
Coordination	Regional and national incident management teams with the technical, operational and logistical support required for effective coordination	15,000	4	60,000	3%
Sub Total 3				60,000	3%
Total before PSC				1,869,159	93%
7% Administrative fees				130,841	7%
Total				2,000,000	100%

ANNEX 3: COVID-19 PANDEMIC SITUATION IN AFRICA⁴

Countries with confirmed cases⁵	
Central Africa	Southern Africa
<ol style="list-style-type: none"> 1. Cameroon – 72 2. Central African Republic – 4 3. Congo-Brazzaville – 4 4. Democratic Republic of Congo – 45 5. Equatorial Guinea – 6 6. Gabon – 6 7. Chad – 3 	<ol style="list-style-type: none"> 1. Eswatini – 4 2. Namibia – 4 3. South Africa – 554 4. Zambia – 3 5. Zimbabwe – 2 6. Madagascar – 19 7. Angola – 2 8. Mozambique – 3
West Africa	East Africa / Horn of Africa
<ol style="list-style-type: none"> 1. Benin – 5 2. Burkina Faso – 114 3. Ghana – 53 4. Guinea – 4 5. Ivory Coast – 72 6. Liberia – 3 7. Nigeria- 42 8. Senegal – 86 9. Sierra Leone – 0 10. Togo – 20 11. The Gambia – 1 12. Niger – 2 13. Cape Verde – 3 14. Mali – 2 	<ol style="list-style-type: none"> 1. Ethiopia – 12 2. Kenya – 25 3. Rwanda – 40 4. Seychelles – 7 5. Somalia – 1 6. Sudan – 2 7. Tanzania – 12 8. Djibouti – 3 9. Mauritius – 42 10. Eritrea – 1 11. Uganda – 9
North Africa	Countries without Confirmed Cases
<ol style="list-style-type: none"> 1. Algeria – 264 2. Egypt – 402 3. Mauritania– 2 4. Morocco – 225 5. Tunisia – 173 6. Libya – 1 	<ol style="list-style-type: none"> 1. Guinea-Bissau 2. Burundi 3. Botswana 4. Sao Tome and Principe 5. Malawi 6. Lesotho 7. South Sudan

WHO/AFRO REGION: 47 countries. North Africa Countries, Djibouti, Sudan and Somalia are not part of WHO/AFRO. They are part of WHO/ Regional Office for Eastern Mediterranean.

⁴ Data as at 25th March 2020

⁵Preliminary list of countries selected (highlighted) based on number of infected persons. This list may change during the implementation. This list excludes West African countries because they are covered in the Africa Center for Disease Prevention and Control (ACDC) grant being processed. Data as of 25 March

ANNEX 4: WHO REQUEST

World Health Organization
Regional Office For Africa



Organisation Mondiale de la Santé
Bureau Régional de L'Afrique

Organização Mundial de Saúde
Sede regional em africa

Tél: (242).06 508 11 14 – Satellite : 47.241.39100/39695
Fax : - Satellite: 47241.39501/39503 - Fax Direct: 47241.39514

In reply please refer to:
Prière de rappeler la référence :
Favor citar a referencia :

21 MAR 2020

Ms Jennifer Blanke
Vice President Agriculture, Human
and Social Development
African Development Bank (AfDB)
Abidjan
Côte d'Ivoire
E-mail: j.blanke@afdb.org

Dear Ms Blanke,

Subject: Strengthening Response to COVID-19 in the affected countries
of the WHO African Region Financing Request

As you are aware, the coronavirus disease 2019 (COVID-19) pandemic has now spread to over 161 countries worldwide, with 191,127 confirmed cases including more than 7 800 deaths as of 18 March 2020. Since 26 February 2020, a total of 357 confirmed cumulative cases and eight associated deaths across 28 out of 47 countries has been reported in the WHO African Region (WHO AFRO). Additionally, 12 countries in the WHO AFRO region have exhibited local transmission of cases.

The outbreak is evolving and WHO has been and continues to remain extremely concerned about the impact COVID-19 will have in the Region particularly amongst the population with high HIV and TB prevalence, or among the malnourished children.

Thus, we continue to support countries to strengthen their readiness and response capacities to promptly detect, effectively contain and mitigate the spread and impact of the COVID-19 disease. Gaps remain around the areas of coordination; case management and continuity of essential services; surveillance; laboratory; and infection prevention and control. WHO AFRO has therefore, developed a Regional Strategic Preparedness and Response Plan (SPRP) estimated at approximately US\$ 50 million to be implemented within a period of nine (9) months. To date, a total of US\$ 10 million has been resourced against this plan.

Copy for information to:

.../...

Dr Babatunde Omilola, Director, Human Capital, Youth and
Skills Development Department, AfDB

... **Encl.:** As mentioned

Boite Postale 06, Brazzaville, République du Congo- P.O. Box 06, Brazzaville, Congo

In this sense, and given the urgency in implementing the SPRP, I do hereby request the Banks' support amounting to US\$ 2 million through its emergency mechanism. To better target and optimize resource utilization, WHO AFRO will focus the resources towards project management and coordination, strengthening of countries capacity to respond to the epidemic and provide adequate case management. The plan will be jointly implemented in collaboration with Ministries of Health and partners. The planned activities and related costs are summarized in the table in annex.

I look forward to hearing from you and to our continued collaboration.

Yours sincerely,



Dr Matshidiso Moeti
Regional Director