

TC Document

I. Basic Information for TC

▪ Country/Region:	REGIONAL
▪ TC Name:	Improving health resilience and pandemic preparedness in LAC through primary care and OneHealth
▪ TC Number:	RG-T4769
▪ Team Leader/Members:	Guerrero Carvajal, Ramiro (SCL/HNP) Team Leader; Bauhoff, Sebastian (SCL/HNP) Alternate Team Leader; Becker Seco Rosario Paz (LEG/SGO); Caceres Montano Marcela Alejandra (SCL/HNP); Jacquet, Bruno (PTI/ARD) Team Leader; Bauhoff, Sebastian (SCL/HNP) Alternate Team Leader; Becker Seco Rosario Paz (LEG/SGO); Caceres Montano Marcela Alejandra (SCL/HNP); Jacquet, Bruno (PTI/ARD)
▪ Taxonomy:	Research and Dissemination
▪ Operation Supported by the TC:	N/A
▪ Date of TC Abstract authorization:	March 26th, 2025
▪ Beneficiary:	Regional: Guatemala, Belize, Honduras, El Salvador, Costa Rica, Panamá, Bolivia, and others to be determined.
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	OC SDP Window 2 - Social Development(W2E)
▪ IDB Funding Requested:	US\$300,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	24 months
▪ Required start date:	September 15th, 2025
▪ Types of consultants:	Individuals, firms
▪ Prepared by Unit:	SCL/HNP-Health, Nutrition and Population Division
▪ Unit of Disbursement Responsibility:	SCL/HNP-Health, Nutrition and Population Division
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ Alignment to the Institutional Strategy 2024-2030:	Social protection and human capital development; Productive development and innovation through the private sector; Institutional capacity, rule of law, and citizen security; Fiscal policy and management

II. Objectives and Justification of the TC

- 2.1 **Objective:** Contribute to preparedness against health emergencies and pandemics in the region through guidelines for quantifying vulnerabilities, the development of costed investment plans, the strengthening of primary health care, and the promotion of the OneHealth approach.
- 2.2 **Justification:** The risk of health emergencies caused by epidemics and pandemics continues to be substantial. The fact that in 2024 the Latin America and the Caribbean (LAC) region had the most severe dengue epidemic on record is a reminder of the vulnerability to infectious diseases. The fact that the avian influenza virus spread to more species is of scientific concern. Although it has not shown the capacity to spread from human to human, unlike Covid-19, its recent mutations increase the probability of it being able to do so at some point in the future, which could potentially lead to a pandemic scenario. The scientific consensus is that a new pandemic is not a matter of if but of when.

- 2.3 The Covid-19 crisis had revealed the vulnerability of the LAC region to health-related emergencies (with only 8.2% of the global population it accounted for 25.5% of deaths worldwide). Despite the economic contraction associated with the pandemic countries in the region were able to mobilize resources to expand testing, healthcare, vaccination as well as social welfare during the Covid crisis. Since 2023, latent structural health challenges have reemerged as competing priorities in government budgets, and pandemic prevention, preparedness and response (PPPR) is less salient in government agendas. Still, there have been investments in the PPPR in the post-pandemic period, triggered most notably by the Pandemic Fund, which has awarded non-reimbursable resources to five countries and two regional health entities in Latin America and the Caribbean.
- 2.4 Despite the investments made during and after Covid-19 to better protect countries in the region against the threat of infectious diseases, the region still lags in preparedness.
- 2.5 The International Health Regulations (IHR) establish a Monitoring and Evaluation Framework (MEF) to assess the capacities of countries with respect to public health emergencies. The MEF includes the State-Party Annual Report (SPAR), which is a mandatory annual self-assessment submitted by countries based on a standard questionnaire, as well as other voluntary tools including external evaluations and simulations. The Pan-American Health Organization (PAHO) provides technical assistance to countries in the region with respect to the application of the IHR MEF to assess their capacities.
- 2.6 According to the SPAR report for 2024 the overall average capacities of IDB borrowing member countries, on a scale of 1 to 100, are below the world average (61 vs 64) and are lower than in any other world region except Africa. The gap of IDB countries with respect to the world average is particularly wide in the areas of financing for health emergencies, human resources, disease surveillance, infection prevention and control, food safety and zoonotic diseases.
- 2.7 The OneHealth, which addresses human, animal and environmental health in an integral way, is central to PPPR. Three fourths of emerging infectious diseases originate in animals and pass on to humans (like Covid-19 did). Anti-Microbial Resistance (AMR) is a latent health threat and an important part of the PPPR agenda. Addressing it is a cross-sectoral challenge that calls for the coordination of the health, agriculture and environmental sectors. The greatest preparedness gaps detected by the SPAR for IDB countries (on average) include zoonotic diseases and food safety, which are naturally linked to OneHealth, and control of infections in healthcare settings (which is linked to AMR).
- 2.8 PPPR capacities are not constructed in the vacuum, but rather, are deeply embedded in service delivery systems based on Primary Health Care (PHC). The PHC approach emphasizes addressing social and environmental risk factors (coordinating across sectors) and designing integrated and functional care networks, and is considered the cornerstone of well-functioning health systems¹. The early detection and reporting of disease cases of public health interest often originates in primary care providers, and the confirmation and characterization of cases passes by clinical or public health laboratories connected to PHC networks.

¹ PAHO promotes the PHC approach and the IDB is aligned with it. IDB, PAHO and the World Bank collaborate in the Alliance for Primary Care in the Americas.

- 2.9 The SPAR and other IHR monitoring tools, are designed to assess the functioning of all the relevant capacities that a country needs to deploy to prevent, detect and respond in a timely and effective way to health emergencies. The tools are not designed to measure how much it would cost to improve and sustain the capacities through investments and recurrent expenditures. Countries lack a methodology and framework for estimating resource needs based on the identified PPPR capacity gaps and inserting the required resources into the appropriate budget lines, following comprehensive and structured medium term investment plans.
- 2.10 HNP engaged directly with the health ministries of Belize, El Salvador and Bolivia; and engaged jointly with PAHO and the executive secretariat of the Commission of Health Ministers of the SICA region (COMISCA), with health authorities of Guatemala, Belize, Honduras, El Salvador, Costa Rica and Panamá, to support the development of proposals for the 3rd Call for Proposals of the Pandemic Fund (PF) in 2025. The products of this TC, which are oriented at enabling the medium-term financial planning and sustainability of PPPR investments, are complementary to those proposals. On the other hand, IDB and PAHO signed a Letter of Intent in 2024 which prioritizes three areas of collaboration. Supporting countries in developing investment plans for pandemic preparedness is one of them. It is coordinated with PAHO's health emergencies program, which is the regional hub of IHR focal points in countries and supports them regularly in assessing preparedness gaps. In this context, other countries that request support to pass from the identification of PPPR gaps to the quantification of the investments required to close them, may participate and benefit from the methods and studies of this TC.
- 2.11 **Strategic Alignment.** This TC is consistent with the IDB Group Institutional Strategy: Transformation for Scale and Impact 2024-2030 (CA-631) and aligns with the objective of reducing poverty and inequality by improving and protecting health and human capital. The TC also aligns with the operational focus areas of: (i) Social Protection and Human Capital Development by protecting health in emergencies, (ii) Productive Development and Innovation through the Private Sector since the OneHealth approach addresses sanitary risks that potentially affect economic activity (e.g. in the food chain); and (iii) the Overall Institutional Capacity, through evidence-based resource planning for PPPR. The TC is also aligned with the three lines of action of the Health Sector Framework Document (GN-2735-12): 1) Multisector action to promote population health, 2) Address Fiscal and Financial Sustainability, 3) Improve the organization and quality of healthcare services (including the preparation for future pandemics). The project is also aligned with Priority Area 5 (Inclusive Social Development) of the Ordinary Capital Strategic Development Program (OC SPD) (GN-2819-14) by strengthening public institutions' efforts to become more effective and efficient in social programming.
- 2.12 The TC also aligns with the Countries' Strategies of: Guatemala (GN-3260-1), specifically pillar 1) Basic services for vulnerable populations, (iv) health services; Belize (GN-3086), which includes the enhancement of health system capacity as measured by the Global Health Security Index as an outcome; Honduras (GN-2944), which includes improved access to and quality of health services as an expected result within the strategic objective of reducing poverty and improving basic services for vulnerable populations; El Salvador (GN-3046-1) which includes the strategic objective of improving coverage, quality and efficiency of all levels of the health system; Costa Rica (GN-3250) which includes the continuing technical support to address the challenges of the public health system as an area of dialogue; Panama

(GN-3055), which includes improved access to essential health services of indigenous population and Covid-19 immunization as expected results within the priority area of improving the delivery of basic services; and Bolivia (GN-3088), which includes improvements in coverage and quality of healthcare services as expected outcomes in the strategic objective of boosting universal access to quality basic and social services.

III. Description of activities/components and budget

- 3.1 **Main Component: Methodological guidelines and knowledge about resource requirements for PPPR (US\$300,000).** This will comprise developing the frameworks/methods for quantifying the resources needed to address gaps in PPPR in a way that incorporates the OneHealth approach, for designing medium term expenditure and investment plans, and applying the frameworks/methods to produce evidence based and costed plans. The development of the frameworks/methods will consist in the review and analysis of relevant existing methods, and the choice of methodological elements considering the existing data and the aims of the frameworks (producing investment plans incorporating the OneHealth approach). The application of the frameworks consists in collecting relevant data and, through the frameworks/methods, estimate resource needs (and expected returns or results) of investments in improving pandemic preparedness while strengthening Primary Health Care and applying the OneHealth approach.
- 3.2 **Results.** The key outcome is to produce knowledge of the resources and budgetary/operational vehicles required to address gaps in PPPR. This outcome can be assessed in terms of the countries that apply the frameworks to produce the required expenditure and investment plans. The outputs take the form of methodologies, investment plans/cases, studies and workshops.
- 3.3 **Budget.** The total amount for this TC is US\$300,000 (non-reimbursable), which will be funded by the W2E-OC SPD Window 2-Social Development Fund. These resources will finance consultancies (individuals and firms), and non-consulting services for 24 months. The TC does not consider local financing.

Indicative Budget (US\$)

Activity/Component	Description	IDB/W2E Total Funding
Main Component: Methodological guidelines and knowledge about resource requirements	Methodologies/frameworks, investment plans/assessments, studies	300,000
Total		300,000

IV. Executing agency and execution structure

- 4.1 The project will be executed by the IDB from the Health Nutrition and Population Division (SCL/HNP), given its technical expertise and that it is a Research and Dissemination TC. The Team Leader is responsible for supervising the correct execution of the operation. Communication and interaction with health counterparts in countries will be coordinated through the HNP specialists in the respective country offices. Also, the team of the project includes a member from PTI/ARD to support the coordination with the agriculture sector when necessary for OneHealth related topics.

- 4.2 **Procurement.** The activities to be executed under this TC have been included in the Procurement Plan Annex and will be executed in accordance with the procurement methods established by the Bank, namely: (i) contracting of individual consultants, as established in AM-650 standards; (ii) hiring of consulting firms for services of an intellectual nature and contracting of services logistics and other services other than consulting, according to the IDB's Institutional Procurement Policy (GN-2303-33) and its associated guides.
- 4.3 The monitoring and follow-up of this TC will be carried out by the TC Team Leader (SCL/HNP), who will work in coordination with the SCL/HNP and PTI/ARD specialists in the countries.

V. Major issues

- 5.1 Despite the fact that during Covid-19 infectious disease risks became the foremost priority for countries, after the crisis many other important priorities compete for attention and space in government agendas and budgets. Moreover, PPPR is mostly preventive, and consists, to a good extent, of public goods that benefit the whole of society but no interest group or constituency in particular. For these reasons advocating for PPPR is difficult. Lack of detailed estimation of the expenditures and investments needed to improve PPPR capacities are also a limitation in budgetary discussions. A first issue, therefore, is maintaining the interest and engagement of country governments in estimating and planning the required resources for PPPR. A second issue is cross sectoral coordination and governance within governments to achieve the integrality of the OneHealth approach. The PPPR agenda is to be embraced, ideally, not only by health authorities, but also agriculture, environment, planning and finance ministries.
- 5.2 This TC enables detailed visibility of the costs and required resources PPPR. As a strategy to ensure the engagement of authorities with the financial planning for preparedness, the scope is expanded to include the quantification of the results/return on investments. Another strategy for addressing the challenge of county engagement in PPPR planning is the support to countries in the preparation of funding proposals to the Pandemic Fund (which the IDB does in coordination with PAHO). HNP in coordination with PTD/ARD has engaged with countries in the preparation of funding proposals to the Pandemic Fund since its first call for proposals. Two projects awarded funding in 2023 for which the IDB serves as Implementing Entity are in Execution, "Reducing the Public Health Impact of Pandemics in the Caribbean through Prevention, Preparedness, and Response" ([RG-T4387; ATN/OC-20439-RG,ATN/PR-20438-RG](#)); and "Strengthening Capacities and Development of a Digital System for Health Surveillance" ([PR-T1355; ATN/PR-20603-PR](#)). In the third call for proposals currently in evaluation phase, the IDB supported national proposals in Belize, El Salvador and Bolivia and a multi-country project involving (Guatemala, Belize, Honduras, El Salvador, Costa Rica and Panama), in which the development of evidence-based medium term investment plans was identified as a need. Finally, to address the issue of cross-sectoral coordination, the activities of this TC engage PTI/ARD (a OneHealth expert from this division is part of the Team) to convene and engage relevant counter-parts beyond the health sector.
- 5.3 **Intellectual property.** Any knowledge products generated within the framework of this TC will be the property of the Bank and may be made available to the public under a Creative Commons License. However, upon request, the intellectual property of said products may also be licensed and/or transferred to one or more beneficiaries through

specific agreements which would be prepared with the guidance of the Bank's Legal Department.

VI. Exceptions to Bank policy

- 6.1 No exceptions to Bank policy are required.

VII. Environmental and Social Aspects

- 7.1 This Technical Cooperation is not intended to finance pre-feasibility or feasibility studies of specific investment projects or environmental and social studies associated with them; therefore, this TC does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

Required Annexes:

[Results Matrix_95754.pdf](#)

[Terms of Reference_39640.pdf](#)

[Procurement Plan_99127.pdf](#)