

TECHNICAL COOPERATION ABSTRACT

I. BASIC DATA

Country:	Regional
TC Name:	Support to strengthen preparedness, readiness, and response to Ebola Virus Disease (EVD) in LAC
TC Number:	RG-T2571
Team Leader/Members:	Diana Pinto Masís (SCL/SPH); Ricardo Pérez Cuevas (SPH/CME); Ian Ho-a-Shu (SPH/CTT); Sheyla Silveira (SCL/SPH); Ralf Moreno(SCL/SPH); y Andrea Chukman (SCL/SPH)
Type of Support:	Client Support
Operation Supported by the TC:	N/A
Reference to Request: (IDB docs)	#39337071
Date of TC Abstract:	December 2014
Beneficiary:	Ministries of Health
Executing Agency:	WHO/PAHO and CARPHA
IDB Funding Requested:	US\$750.000
Local counterpart funding:	US\$0
Disbursement period:	24 months (execution period: 18 months)
Required start date:	March 15, 2015
Types of consultants:	Firms and Individuals
Prepared by Unit:	Social Protection and Health Division (SCL/SPH)
Disbursement Responsibility Unit:	SCL/SPH
Included in Country Strategy:	Y
TC included in CPD:	Y
GCI-9 Sector Priority:	Special needs of less developed and small countries

II. JUSTIFICATION AND OBJECTIVE

- 2.1 **Ebola Virus Disease (EVD) epidemic response preparedness is a regional public health priority.** EVD is a “public health emergency of international concern” and constitutes a strategic, economic, and political problem of global scope. The Latin American and Caribbean (LAC) region needs to prepare to quickly respond to and contain the potential spread from an imported case and to avert the risks of an ensuing outbreak and subsequent consequences. The Pan American Health Organization (PAHO), Regional Office of the World Health Organization (WHO), is leading the EVD preparedness, readiness and response actions in LAC. PAHO/WHO has been working in collaboration with the Ministries of Health of LAC countries, the Caribbean Public Health Agency (CARPHA) and other strategic partners to undertake the necessary actions to mitigate risks and prepare the region for an imported EVD case. Ministries of Health of many countries have also used established cooperation mechanisms in their preparedness efforts,

such as the Council of Ministers of Health of Central America (COMISCA) and ALBA-TCP, in congruence with PAHO/WHO policies and recommendations.

- 2.2 **Differences in levels of preparedness.** According to PAHO/WHO, as of December 2014, the degree of preparedness for responding to an initial case of EVD varies across countries in LAC. Countries such as Argentina, Brazil, Chile, Colombia, Mexico, and Peru have higher degrees of preparedness and are focusing their efforts on communication and information campaigns on Ebola transmission and prevention mechanisms, case management training and equipment for health workers, identification of hospitals designated as referral centers for patient isolation and treatment, and surveillance activities. The English-speaking Caribbean countries, Haiti, and some countries in Central and South America (i.e. Belize, Guatemala, Guyana, Honduras, Panama, and Suriname) have additional challenges and are working to improve their level of preparedness.
- 2.3 **Vulnerability of the Caribbean and select Latin American countries.** The Caribbean sub-region is particularly vulnerable to the potential consequences of an Ebola case due to health systems infrastructure that require strengthening and tourism-dependent economies. Ongoing assessments of core capacities under the International Health Regulations (IHR) have highlighted vulnerability in health system capacity in Caribbean countries and select countries of Central and South America to respond to epidemiological emergencies, as well as to carry out surveillance activities and training of health personnel to address competency gaps. Recognizing that an EVD case in the Caribbean or other vulnerable country, may have a devastating impact, especially if not managed promptly, and lead to a public health crisis in addition to taking a huge toll on economies based largely on the tourism industry. For the reasons mentioned above, this TC has a main focus on priority countries of the Caribbean sub-region and Central and South America.
- 2.4 **Support to the Three-Phase Plan.** The objective of this TC is to support PAHO/WHO and the Caribbean Public Health Agency (CARPHA) to implement Phase 3 of the PAHO/WHO *Framework for Strengthening National Preparedness and Response for Ebola Virus Disease in the Americas*. Phases 1 and 2 of this plan are currently underway and are expected to conclude with few exceptions by December 2014. Phase 2 involves technical missions to all Member States to identify country readiness needs. Phase 3 will involve addressing the specific needs for technical cooperation to improve readiness for Ebola or any public health emergency under the IHR. Phase 3 will be partially supported by this TC and includes technical cooperation and training activities at the national level.
- 2.5 **CARPHA/ PAHO partnership.** PAHO, in collaboration with CARPHA, has invested approximately \$500K to intensify technical cooperation to the Caribbean sub-region during Phase 1 and 2. PAHO/WHO and CARPHA are seeking funding to strengthen preparedness, readiness, and response activities, aligned with the Framework and the Caribbean plan, *Stop Ebola There and Here*. Specific activities in the select countries include (i) ramping up training activities for health personnel, including rapid response teams; (ii) improving laboratory capacity; (iii) providing technical cooperation to Member States to strengthen hospital based isolation facilities; and (iv) developing and implementing communication activities.

- 2.6 IDB-9. This TC is aligned with the Ninth General Capital Increase (IDB-9 [CA-511]) strategic priority, focusing on the needs of the less developed and small countries and also to the Health and Nutrition Sector Framework (GN-2735).

III. DESCRIPTION OF ACTIVITIES AND OUTPUTS

- 3.1 **Component 1. Updating of isolation and infection prevention and control Standard Operating Procedures (SOPs).** The immediate responses of the clinician are essential to prevent secondary spread of this virus to other health care workers and through them to the community at large. Training in isolation and infection prevention and control (IPC) Standard Operating Procedures (SOPs) must be reviewed and updated periodically. This component will support the technical review and updating of the SOPs and the design of a clinical training seminar in IPC practices.
- 3.2 **Component 2. Development and implementation of training on clinical practices for isolating and treating a suspect patient.** This component complements Component 1, focusing on training on all aspects of clinical case management. Additionally, it will build communication skills to ensure that health workers can appropriately address intense media interest and public concerns to ensure that accurate public messaging is disseminated on EVD and future emerging infectious diseases.
- 3.3 **Component 3. Containment of the Ebola virus or any other dangerous infectious agent.** One of the most challenging aspects of infectious disease control is monitoring contacts since the number of contacts for any individual can easily reach into the hundreds. The component will support basic training of a cadre of early response teams for contact monitoring.
- 3.4 **Component 4. Enhanced role of risk communication and social mobilization.** It is important that health officials at all levels are prepared to provide timely and accurate information to audiences ranging from the public to health care workers. This component will support the design and implementation of train-the-trainer workshops with key communication personnel at the province and/or department levels in select countries to increase competencies in risk communication that can be replicated at the local level.
- 3.5 **Component 5. Establishment of a Regional Coordinating Mechanism on Ebola and a sustainable funding mechanism for CARPHA.** The Caribbean sub-region is in need of sustainable Regional Coordinating Mechanism on Ebola (RCME), which will have a convening role to coordinate the various actors involved in the preparedness and response efforts in the Caribbean and will be responsible for the development of a comprehensive regional strategy to address Ebola preparedness, and guarantee continuous support to Caribbean regional health security, including better preparation for and response to future epidemics and health threats. This component will fund technical cooperation to analyse and present strategies and options for the development and sustainable funding of the RCME.

IV. INDICATIVE BUDGET

- 4.1 The aggregated budget for each component, allocated to each agency is presented below. No matching funds are expected.

Component description	IDB Funds allocation	
	CARPHA	PAHO
	(US\$)	
1. Updating of Standard Operating Procedures (SOPs) and design of training for clinicians • Seminar materials developed in English and Spanish	0	10,277
2. Development and implementation of trainings for clinicians • Tools and materials for train-the-trainer workshops finalized in English and Spanish • 1 clinical training seminar on IPC practices implemented • 4 train-the-trainer workshops on clinical case management and risk communication • Plan for replication of workshops at local level developed	167,000	140,280
3. Containment through improved identification and monitoring of contacts • Tools and materials for train-the-trainer workshops finalized • 2 train-the-trainer workshops on contact monitoring for clinical and public health personnel • Plan for replication of workshops at local level developed	49,600	75,280
4. Enhanced role of risk communication and social mobilization • Tools and materials for train-the-trainer workshop finalized • 2 train-the-trainer workshops for communication personnel on risk communication for selected countries • Plan for replication of workshops at local level developed	42,000	75,280
5. Establishment of RCME in the Caribbean • Design of comprehensive sub-regional strategy to address Ebola preparedness • Proposal for the development of a sustainable funding mechanism for CARPHA • Tools and materials for promotional campaign for the SETH Fund in the Caribbean finalized in 4 languages	104,000	0
Subtotal	362,600	301,117
Indirect Costs (13%)	47,138	39,145
Total	409,738	340,262
Grand Total	750,000	

V. EXECUTING AGENCY AND EXECUTION STRUCTURE

- 5.1 This TC will be jointly executed by PAHO/WHO and CARPHA. PAHO/WHO will serve as the administrative agent and will receive the TC funding and subsequently transfer the allocated funding to CARPHA to conduct the relevant technical, financial, procurement, and administrative tasks related to the approved CARPHA plan and budget. PAHO will be responsible for implementing approved tasks aligned with the approved plan and budget for their respective portion. Therefore each agency will monitor compliance of the program's outputs/activities, review and process contracts required for the implementation of the agreed program interventions; and oversee the financial aspects of the project as it relates to their specific plan. As the administrative agent, PAHO will consolidate information between the two agencies in regards to the operating plan and progress report to report back to the Bank.

VI. ENVIRONMENTAL AND SOCIAL CLASSIFICATION

- 6.1 The safeguard policy filter categorized this loan as 'C'. Environmental and social impacts are likely to be positive for beneficiaries who have increased access to health services.