

TC Document

I. Basic Information for TC

▪ Country/Region:	ARGENTINA
▪ TC Name:	Support to government communities of practice for an integrated response to COVID-19 challenges in Argentina
▪ TC Number:	AR-T1258
▪ Team Leader/Members:	Tristao, Ignez M. (SCL/SPH) Team Leader; Delfs Ilieva, Isabel (SCL/SPH); Distrutti, Marcella (SCL/SPH); Hincapie Salazar, Daniel (ORP/REM); Martinez De Soto, Lilena Guadalupe (VPC/FMP); Mendoza Centellas, Mariana Beatriz (ORP/GCM); Monje Silva, Andrea (SCL/GDI); Perez Maillard, Michelle Margarita (SCL/SPH); Pinto Masis, Diana Margarita (SCL/SPH); Santos, Marilia De Souza (VPC/FMP); Silveira, Sheyla (SCL/SPH); Verissimo Da Silva, Carolina (LEG/SGO); Weibel, Matias (CSC/CAR) Lilena Guadalupe (VPC/FMP); Mendoza Centellas, Mariana Beatriz (ORP/GCM); Monje Silva, Andrea (SCL/GDI); Perez Maillard, Michelle Margarita (SCL/SPH); Pinto Masis, Diana Margarita (SCL/SPH); Santos, Marilia De Souza (VPC/FMP); Verissimo Da Silva, Carolina (LEG/SGO); Weibel, Matias (CSC/CAR) Lilena Guadalupe (VPC/FMP); Mendoza Centellas, Mariana Beatriz (ORP/GCM); Monje Silva, Andrea (SCL/GDI); Perez Maillard, Michelle Margarita (SCL/SPH); Pinto Masis, Diana Margarita (SCL/SPH); Santos, Marilia De Souza (VPC/FMP); Verissimo Da Silva, Carolina (LEG/SGO); Weibel, Matias (CSC/CAR)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	N/A
▪ Date of TC Abstract authorization:	N/A
▪ Beneficiary:	Argentine Republic, through the Ministry of Health
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding ¹ :	Cofinancing Special Grants(COF)
▪ IDB Funding Requested:	US\$150,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	12 months
▪ Required start date:	December 10 th 2020
▪ Types of consultants:	Individuals; Firms
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	CSC/CAR-Country Office Argentina
▪ TC included in Country Strategy (y/n):	yes
▪ TC included in CPD (y/n):	no
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality; Institutional capacity and rule of law; Gender equality; Diversity

II. Objectives and Justification of the TC

2.1 The objective of this non-reimbursable technical cooperation (TC or Project) is to support the consolidation and expansion of a community of practices to foster collaboration and knowledge exchange among subnational governments in Argentina

¹ These funds will be administered by the IDB through a non-reimbursable project-specific grant (PSG). The Rockefeller Foundation will contribute US\$150,000.

to identify, adapt, and scale-up best practices to promote a more integrated response to COVID-19, and reducing the fragmentation amongst different states, provinces, and municipalities.

- 2.2 **Problem.** The COVID-19 cases have been increasing rapidly in Latin America and the Caribbean (LAC), which is one of the hardest hit regions. Although the first cases of the virus were reported in the region in late February, the growth rate of confirmed cases has been fast. In 37 days since the first case, all countries in the region reported at least one case. As of November 3, the region reported 11.1 million cases and 403,264 deaths since February 26th, which represent 23.6% of the total cases and 33.3% of deaths reported worldwide² even though LAC represents only 8% of the world's population. During the same period, Argentina has reported around 1.2 million cases and 31,594 deaths from COVID-19.
- 2.3 Due to propagation of COVID-19, the state of public emergency, which was declared in Argentina on December 21, 2019,³ was extended for a period of one year on March 12, 2020.⁴ Argentina's capacity to respond to the COVID-19 pandemic and its indirect effects has had several challenges. Argentina's health system consists of three sectors that are not integrated with each other and that are highly fragmented within: the public sector, the compulsory social insurance sector (*Obras Sociales*) and the private sector. While the National Ministry of Health (NMH) has a predominantly strategic and policy guiding role, the public sector is decentralized into provincial administrative structures, which comprise 24 provinces. Except for a few highly complex hospitals that depend on the NMH, all public sector hospitals and primary health care units belong to the provincial or municipal jurisdictions⁵. In this context, the design and implementation of a national strategy to manage the health emergency has been particularly complex. The financing and management of most of the country's public health providers is the responsibility of sub-national jurisdictions. There are also significant disparities in jurisdictions' health care capacity in terms of equipment, quality, and safety of the hospital infrastructure; the quantity of trained human resources and level of financing, which translates into an asymmetric response to health problems and jurisdiction performance. Likewise, the difficulties in reaching actionable agreements between jurisdictions hinder the development of critical service networks for an effective management of COVID-19 pandemic.
- 2.4 The COVID-19 pandemic in LAC has brought about **unprecedented challenges for Argentina to plan and implement an adequate and integrated response** on many fronts, such as: (i) engaging and mobilizing communities to limit exposure; (ii) strengthening rapid population-level active surveillance to find, test, isolate, and care for cases and quarantine contacts to control transmission; (iii) providing clinical care for COVID-19 patients while at the same time maintaining other essential health services to reduce morbidity and mortality; and (iv) reopening the economies while minimizing the chance of an uncontrolled upsurge in cases.
- 2.5 **Solution.** Fast-evolving scenarios and rapidly changing global knowledge about ways to respond to the pandemic require that multiple levels of government (federal,

² <https://www.iadb.org/en/coronavirus/current-situation-pandemic>.

³ [Law No. 27541 of December 21, 2019](#).

⁴ [Decree No. 260 of March 12, 2020](#).

⁵ These networks of hospitals and public health centers provide free care to people without social security or ability to pay. The public sector represents 33% of the population (about 16 million people in 2018). Gobernanza F. *Morfología Del Sistema de Salud Argentino*.

state/regional/provincial, and local) and the private sector to cooperate and coordinate their activities to avoid fragmented solutions, duplication of efforts and waste of scarce resources, potentially worsening the risks and outcomes of vulnerable subgroups of the population, such as health workers, the elderly, pregnant women, and people with chronic health conditions. **The establishment of mechanisms to facilitate the exchange of best practices and technical know-how at more localized** (provincial and municipal) **levels** where the action is happening **can strongly support government officials and other community leaders, as well as their leadership teams, to craft an articulated and more effective response to the COVID-19 pandemic.** For example, in the United States, The Rockefeller Foundation has an ongoing initiative, the Testing Solutions Group (TSG), that is supporting peer-to-peer exchanges amongst COVID-19 response leaders from several states to consolidate existing or promote new efforts to establish communities of practice focused on critical COVID-19 response areas.

- 2.6 With the support of the Pan American Health Organization (PAHO), the Argentine National Government has been implementing the Strategic Plan for Integrated Response to COVID-19.⁶ This plan is conceived as a dynamic process of organization and intersectoral health integration of the national, jurisdictional, and private sector (social security and private health insurance plans) resources. Two committees were created within this plan: the National Health Executive, integrated by the NMH and other national ministries and agencies, in order to improve intersectoral and inter-institutional coordination; and the Federal Health Executive, integrated by representatives from provincial health ministries, provincial social security services, and municipal health secretariats, in order to improve interventions at the jurisdictional level. The strategy is based on nine action lines: (i) strategic and operational management; (ii) surveillance management; (iii) health services management, including essential services such as chronic patients care, maternal and child health, regarding which provision has been seriously delayed due to COVID-19 infections; (iv) knowledge management; (v) resource management; (vi) management of communication systems; (vii) financial management; (viii) management of information systems; and (ix) quality management.
- 2.7 Furthermore, two knowledge sharing channels have been created: (i) a federal platform to exchange experiences, best practices, lessons learnt, and other relevant information to provinces' technical teams in order to guide and facilitate decision-making for the implementation of the Provincial Operating Plans;⁷ and (ii) a series of virtual meetings to share provincial and international experiences on several topics related to the implementation of the Strategic Plan for Integrated Response to COVID-19 and to strengthen government's response to this health emergency and its aftermath.
- 2.8 **Bank's experience.** The Bank has experience establishing learning and exchange platforms to inform public decision making. In the context of urgent situations such as epidemics, in 2016 the IDB sponsored a Smarter Crowdsourcing six month initiative conducted by The Governance Lab, that targeted and mobilized global expertise to help governments in LAC prepare for and respond to mosquito borne diseases and to generate innovative and implementable solutions to major infectious disease

⁶ <https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo>.

⁷ <https://sites.google.com/view/planesoperativosprovinciales/inicio?authuser=0>.

outbreaks in the region. The initiative had the participation of ministries of health of Argentina, Colombia, and Panama, the Secretary of health of Rio de Janeiro.⁸

- 2.9 In July 2020 the Inter-American Development Bank and the Governance Lab, in partnership with governments from the region, launched the Smarter Crowdsourcing in the Age of Coronavirus initiative (SCC),⁹ which has been hosting a six-month series of online conferences to target and mobilize local and global expertise across sectors with relevant experience, skills, and know-how and, above all, with creative ideas for how governments and the public can respond to the challenges the coronavirus and its aftermath pose. Conference topics have included testing, contact tracing, and communication strategies, each session having convened over 20 global experts, and more than 40 government officials in charge of the COVID-19 response in Argentina, Bahamas, Brazil (Ceará), Colombia, Costa Rica, Guatemala, Honduras, Perú, Trinidad & Tobago.
- 2.10 **Approach proposed.** In Argentina, there is an opportunity to build on the experiences described above, by consolidating and expanding the existing community of practices to foster collaboration and knowledge exchange regarding technical know-how and qualified experience among provinces, to identify, adapt, and scale-up best practices to improve critical pillars of the response to COVID-19, as well as to craft a more integrated and effective response. The TC will support exchanges of experiences and expert knowledge about concrete and specific problems or opportunities in the country response to COVID-19; in particular, health services management during COVID-19 context, vulnerable populations (such as elderly), health performance indicators during the pandemic, and telehealth. The community will also become a space to discuss any other relevant health challenges that emerge. In so doing, the exchanges will aim at addressing topics such as how to achieve effective coordination and planning to know when and how to relax the most stringent restrictions; how to apply COVID-19 testing protocols for different settings/scenarios (i.e. schools, workplaces, tourism, etc.); how to carry out communication and community engagement with clear factual and consistent messages to instill confidence, build solidarity, and enlist individuals and communities in actions, such as testing, to slow the spread of COVID-19; how to best protect health workers both with training, protective equipment, as well as attending to their mental health; and how to expand the health system capacity to treat severe cases, among others.
- 2.11 **Strategic Alignment.** This TC is consistent with the Second Update of the Institutional Strategy (AB-3190-2) and is strategically aligned with the development challenge of Social Inclusion and Equality, through its approach to strengthen the provision of health services to patients with suspicion and diagnosis of COVID-19, as well as guaranteeing the provision of other basic health services during the period in which they are logistically affected as a result of the pandemic. The program is also aligned with the cross-cutting areas of: (i) Gender Equality and Diversity, through the application of differential approaches to strengthen health care services for diverse and vulnerable populations; as well as with (ii) Institutional Capacity and the Rule of

⁸ <https://www.thegovlab.org/project-smarter-crowdsourcing-zika.html>.

⁹ Since its launching in June 2002 this initiative has produced, with the inputs and participation of member country governments priority challenge catalogues, regional situation reports, problem briefs, five online sessions for dialogue between international experts and COVID-19 response government authorities, session takeaways, policy action briefs and database of experts on the topics of strategies for testing and contact tracing. <https://coronavirus.smartercrowdsourcing.org/ion>.

Law, by improving the capacity to provide health services through the implementation and operation of mechanisms for intersectoral emergency management at the national and provincial levels. Additionally, the program will contribute to the Corporate Results Framework (CRF) 2020-2023 (GN-2727-12) through the indicators of beneficiaries who receive health services, and the strengthening of health institutions and information systems. In addition, it is consistent with the Health and Nutrition Sector Framework Document (GN-2735-7), by supporting the: (i) strengthening of communication and information actions for behavior change; (ii) strengthening the provision of services, including the provision of the necessary equipment and supplies and the training of health professionals; (iii) strengthening intersectoral coordination to achieve the expected results; and (iv) promoting a better state of health of the population with equity, financial protection, and sustainability. This project is consistent with the Proposal for the IDB Group's Response to the Pandemic Outbreak of COVID-19 (GN-2996) by focusing its activities on the main action line related to mitigating the impact of the disease, both based on the technical guidelines provided by the WHO. In addition, it aligns with the IDB Group's Country Strategy with Argentina 2016-2019 (GN2870-1), with the aim of strengthening the quality of cost-effective health services for the prevention and early detection of chronic noncommunicable diseases.¹⁰

III. Description of activities/component and budget

3.1 **Component 1: Strengthening of a community of practices (US\$142.500).**

The objective of this component is to support the consolidation and expansion of a community of practices between provinces in Argentina to identify, adapt, and scale-up best practices to promote a more integrated response to COVID-19. In order to achieve this objective, this component will finance the hiring of a consulting firm to perform the following activities: (i) invite health officials from local governments to join as members of the community of practices; (ii) define and prioritize the problem/challenge that will be addressed; (iii) convene a series of online deliberative conversations among participants using a web conferencing platform such as Zoom; (iv) generate and disseminate knowledge products; and (v) monitor and evaluate the results achieved by the community of practice through surveys that will be administered to the members of each community of practices, every two months, as well as through attendance sheets.

3.2 In terms of generating and disseminating knowledge products, collaborating institutions, provinces and jurisdictions that participate in the community of practices will work together to design and implement evaluations of policy actions taken in response of the policy discussions, and their results over health services provision. All the activities will include gender and diversity perspectives to ensure that all products are adapted to their needs. The knowledge products that will be developed to support the development of the existing knowledge and improvement of current policies and pillars applicable to the country's COVID-19 response will include, briefing materials, action memos, moderation guidelines, technical notes, research

¹⁰ In addition, this TC is consistent with the IDB Group's Strategy with Argentina 2020-2023, which is in the process of being approved, in its strategic objective of strengthening the health system.

papers, blogs, amongst other products.¹¹ The TC will also cover costs associated with the edition for publications.

- 3.3 The expected result for this TC is the strengthening of the community of practice, instrumented by the following outputs: (i) six workshops implemented; (ii) six training products developed; (iii) one discussion paper developed; (iv) six evaluations are expected -one for each of the following main topics: (a) health services networks, (b) protection of vulnerable populations, (c) health performance indicators (d) telehealth, and (e) two on key topics to be identified; and (v) a final report on health policy recommendations.
- 3.4 The Rockefeller Foundation will commit US\$ 150,000 to this project, to be allocated according to the following table. No local counterpart is envisaged.

Indicative Budget (US\$)

Activity/ Component	Description	PSG Total Funding
Component 1. Strengthening a community of practices	1.1. Detailed catalog of discussing topics	
	1.2. Seminars planification	
	1.3. Workshop materials – healthcare networks	
	1.4. Workshop materials – vulnerable populations	
	1.5. Workshop materials – performance indicators	
	1.6. Workshop materials – telehealth services	
	1.7. Workshop materials for two additional topics	
	1.8. Summary Discussion Paper	
	1.9. Workshops' lessons dissemination materials	
	1.10. Evaluation of healthcare networks activities	
	1.11. Evaluation of vulnerable populations activities	
	1.12. Evaluation of telehealth activities	
	1.13. Three evaluation of specific actions implemented as recommendations	
	1.14. Final health policy recommendations report	
Subtotal Component 1		142,500
Other costs:	IDB administration fee	7,500
Total		150,000

- 3.5 Resources of this project to be received from The Rockefeller Foundation through a Project Specific Grant (PSG). A PSG is administered by the Bank according to the "Report on COFABS, Ad-Hocs and CLFGS and a Proposal to Unify Them as Project Specific Grants (PSGs)" (Document SC-114). As contemplated in these procedures, the commitment from The Rockefeller Foundation will be established through a separate administration agreement. Under such agreement, the resources for this project will be administered by the Bank and the Bank will charge a non-refundable administration fee of 5% of the contribution, which is identified in the budget of this project. The 5% administration fee will be charged after the Bank's receipt of the contribution.

¹¹ The intellectual property of the knowledge products that are developed and financed by this TC will be owned by the Bank and may be disseminated under a Creative Commons license, in accordance with the provisions of the Bank's Procedures for the Publication of Knowledge Products (AM-331). At the request of the donor and/or the beneficiary, and in accordance with paragraph 5.5 of AM-331, the intellectual property of said products may, following the corresponding analysis by the project team and in consultation with LEG, be licensed to the donor and/or the beneficiary through other Bank contractual commitments.

IV. Executing agency and execution structure

- 4.1 Given the experience of the Bank with knowledge exchange initiatives, and the degree of technical specialization required for the supervision of TC-funded consultancy products, the Government of Argentina, through the Ministry of Health, has requested the Bank to be the executing agency of this TC which will provide capacity building opportunities in project management, leadership and other functional and public health competencies.
- 4.2 The TC will be supervised by the Bank's Social Protection and Health Division (SCL/SPH). The project team will be responsible for: (i) the supervision, monitoring and evaluation of the TC; and (ii) for the preparation of TC indicators' progress reports. Additionally, the project team will be responsible for the preparation and submission to the donor of the project reporting, in compliance with the stipulations of the Administration Agreement. If at the end of project execution, the project was closed with a positive uncommitted and unspent balance, the project team will be responsible for informing the Grants and Co-financing Management Unit (ORP/GCM) to transfer the unspent balance as agreed to by the donor and the Bank pursuant to the terms of the PSG administration agreement.
- 4.3 The Unit Responsible for Disbursements (UDR) will be in the Bank's Country Office in Argentina (CAR). The supervision will be done permanently, reviewing intermediate and final consulting products. The achievement of project outcomes will be tracked through the surveys that will be applied to the members of the community of practice by the hired consulting firm, every two months, as well as attendance sheets and post-session briefing materials. To assess the broader impact that learnings from the webinars may generate, the consulting firm will be tasked with conducting a follow-up qualitative survey with members of the communities of practice and collaborating institutions at the end of project implementation.
- 4.4 Procurement of consulting and non-consulting services will be carried out in accordance with the Bank's policies, in particular: (i) for the selection and contracting of consulting firms financed by the IDB (Policy for the Selection and Contracting of Consulting Firms for Bank-executed Operational Work, GN-2765-4), and its corresponding operational guidelines (Operational Guidelines for the Selection and Contracting of Consulting Firms in Bank Executed Operational Work, OP-1155-4); (ii) for the contracting of individual consultants (Complementary Workforce, AM-650); and (iii) for logistics and non-consulting services (Corporate Procurement Policy GN-2303-28).

V. Major issues

- 5.1 There are two risks associated with this project. The first risk is related to the availability of policy makers and technical health staff to actively engage in the virtual sessions, as well as the institutional capacity of national and subnational governments to adopt initiatives proposed by the community of practices. This risk will be mitigated by the adoption of rules related to the duration, frequency, and agenda of the meetings, which will be agreed upon with participants, to ensure that they are as efficient and tailor-made to the needs of all actors as possible.
- 5.2 The second risk is related to potential political and administrative changes, which could undermine the institutional commitment to the project. To mitigate this risk, the community of practice will include collaborators from the subnational governments with active roles, the consulting firm will proactively accompany the carrying out of

the expected activities, and the executing period of this TC (12 months) is relatively short. All these factors together ensure the continuity of activities in case of staffing changes.

VI. Exceptions to Bank policy

- 6.1 There are no exceptions to Bank policy.

VII. Environmental and Social Strategy

- 7.1 The Environmental and Social Impact Classification is Category "C" according to the Bank's Environment and Safeguard Compliance Policy (OP-703), as the TC is not expected to have any negative environmental or social impact - no civil work nor infrastructure will be financed with this TC.

Required Annexes:

[Request from the Client - AR-T1258](#)

[Results Matrix - AR-T1258](#)

[Terms of Reference - AR-T1258](#)

[Procurement Plan - AR-T1258](#)