

TC Document

I. Basic Information for TC¹

▪ Country/Region:	BRAZIL
▪ TC Name:	Support to Government Communities of Practice for an Integrated Response to COVID-19 Challenges in Brazil
▪ TC Number:	BR-T1476
▪ Team Leader/Members:	Moura Da Fonseca Pinto, Catherine (SCL/SPH) Team Leader; Avila, Krysia A (LEG/SGO); Distrutti, Marcella (SCL/SPH); Guerra, Martha M. (SCL/SPH); Hincapie Salazar, Daniel (ORP/REM); Mendoza Centellas, Mariana Beatriz (ORP/GCM); Pinto Masis, Diana Margarita (SCL/SPH); Silveira, Sheyla (SCL/SPH)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	N/A
▪ Date of TC Abstract authorization:	N/A
▪ Beneficiary:	Federative Republic of Brazil, through the Ministry of Health
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	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 16th 2020
▪ Types of consultants:	Firm
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	CSC/CBR-Country Office Brazil
▪ TC included in Country Strategy (y/n):	No
▪ 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 operation is to support the implementation , consolidation and expansion of a community of practice to foster collaboration and knowledge exchange among subnational governments to identify, adapt, and scale-up best practices to improve critical pillars of the response to COVID-19, with the aim of improving current practices, facilitating the adoption of promising initiatives, promoting a more integrated response, and reducing the fragmentation amongst different states and municipalities.
- 2.2 **Problem.** The coronavirus cases have been increasing rapidly in LAC, which nowadays 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 October, 30Th, the region reported 11,1 million cases and 397,922 deaths,

¹ These funds will be administered by the IDB through a Project-Specific Grant (PSG). The Rockefeller Foundation will contribute US\$150,000.

which represent 24,7% and 33,5% of the total cases and deaths reported worldwide,² even though LAC represents only 8% of the world's population.

- 2.3 The advances of the pandemic found the affected countries without the capacity or structure to respond immediately and effectively, which was no different in the case of Brazil. Eight months after the first COVID-19 case was confirmed in the national territory, Brazil accumulates the largest number of cases (5,494,376) and total deaths (158,969)³ among the countries of Latin America and the Caribbean (LAC), with a mortality rate of 75.69 per 100,000 inhabitants. The current trend points towards stabilization and/or drop in the number of cases in most states for the past 4-6 weeks, however cases, the country still registers more than 23,000 new cases per day.⁴ The current epidemiological situation in the national territory is still severe and some states of the north and south regions are already facing a second wave of COVID-19 cases.
- 2.4 Efforts to control the pandemic and mitigate its impact include health care measures within the Unified Health System (SUS), emergency aid and social protection measures for the most vulnerable populations, and social and economic support for small firms, the unemployed, and those in the informal sector of the economy. Responsibility for the integrated coordination of socioeconomic and health policies has been a major challenge for public management, especially due to the country's heterogeneous political-administrative, social, and cultural structure (five regions with 27 states and 5,570 municipalities). This diversity brings numerous practical challenges for policy implementation and requires high levels of efficiency of the State and its essential functions for an effective response to the pandemic.
- 2.5 The Brazilian SUS, with universal coverage, has a decentralized governance model and organizational structure, where the three levels of government (federal, states and municipalities) have distinct and complementary responsibilities in the management, financing, and provision of public health services to the population. The federal level is the main funder and formulator of national public health policies but does not implement them. State managers are responsible for planning and managing services in the territories. The municipal level is effectively the one with responsibility to offer the broad provision of health services to the population. Autonomy between the spheres of government has boosted different regional dynamics in the fight against the pandemic, aggravating disparities in infrastructure and financing conditions. Equally distinct are the stages of evolution of the pandemic and the expansion curve of COVID-19 cases in the regions. Since May 2020, one of the main trends identified in Brazil is the expansion of cases in small and medium-sized municipalities (10 and 50,000 inhabitants)⁵, a fact that generates important alerts to health authorities and managers due to the low responsiveness of the SUS in most of these municipalities.
- 2.6 In this scenario of local decision-making, the opportunity to disseminate good practices and lessons learned from public managers working in different locations is especially relevant. Initiatives to promote connections to create support networks for subnational

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

³ EUROPEAN CENTER FOR DISEASE CONTROL PREVENTION AND CONTROL (CDC), European Agency, 2020. Disponível em: <<https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>>.

⁴ BRAZIL. Federal Government/Ministry of Health. COVID-19 Coronavirus Panel. <https://covid.saude.gov.br/>

⁵ FIOCRUZ. Current Trends of the Covid-19 Pandemic: Internalization and Acceleration of Transmission in Some States. FIOCRUZ Coronavirus Portal, 2020. Available from: <<https://portal.fiocruz.br/coronavirus>>.

managers can impact positively the operationalization of actions to contain the pandemic and mitigate its impacts.

- 2.7 The COVID-19 pandemic in LAC has brought about **unprecedented challenges for Brazil 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.
- 2.8 **Solution.** Fast-evolving scenarios and rapidly changing global knowledge about ways to respond to the pandemic, requires that multiple levels of government (international, federal, state/regional/provincial, and local) 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 at more localized (state and municipal) levels** where the action is happening **can strongly support government officials and other community leaders and their leadership teams craft an articulated and more effective response to the 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.
- 2.9 The Brazilian federal government, through information centers of the Ministry of Health, regional and national governmental schools of Public Health, public and private universities, among others, has made available various platforms for accessing information related to the pandemic.⁶
- 2.10 However, these existing efforts are not focused on connecting public managers to exchange practical experiences, best practices, and lessons learned in order to facilitate decision-making for the implementation of local public actions and policies, within strategic plan for responding to COVID-19. The creation of a community of practice between decision makers and policy makers to control the pandemic remains a challenge and an opportunity at the national / regional / local level in the country. In Brazil, this community of practice will be established between the following preliminary

⁶ As main examples of those initiatives: (i) **MonitoraCovid-19** - created by the Laboratory of Information and Health (LIS) of the Institute of Communication and Information in Health of FIOCRUZ (Icict/FIOCRUZ), to monitor the pandemic and its trend in Brazilian states and municipalities and to draw comparisons with countries that are in more advanced stages of the pandemic; (ii) **Platform for Data Science applied to Health (PCDaS)**, a federal platform to access interactive panels through thematic filters on references to Sars-CoV-2 and COVID-19 collected from more than 100,000 blogs and 1,000 of the main regional and national news portals; (iii) **CoVida Network – Science, Information and Solidarity** is a scientific and multidisciplinary collaboration project between the Center for Integration of Data and Knowledge for Health (CIDACS/FIOCRUZ Bahia) and the Federal University of Bahia - UFBA that offers access to reliable scientific information from case monitoring, mathematical modeling, and knowledge gathered by scientists from various fields of knowledge.

regions/states: Northeast region – Bahia and Pernambuco States; North region – Amazonas State; Midwest region – Mato Grosso and Mato Grosso do Sul States). These states are regions that have limited health resources (equipment, hospitals, health professionals) compared to other regions of Brazil and, additionally, have been experiencing more challenges tackling the pandemic and have expressed their interest in participating in this initiative.

- 2.11 **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 outbreaks in the region. The initiative had the participation of ministries of health of Colombia, Panama, Sub-secretary of Public Innovation and Open Government plus Ministry of Health in Argentina, and Secretary of Rio de Janeiro.⁷
- 2.12 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),⁸ 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 and contact tracing strategies, each session has convened 19 and 29 global experts respectively, and 41 government officials in charge of the COVID response in Argentina, Bahamas, Brazil (Ceará), Colombia, Costa Rica, Guatemala, Honduras, Perú, Trinidad & Tobago have participated.
- 2.13 **Approach proposed.** In Brazil, there is an opportunity to build on the experiences described above, by consolidating and expanding the existing communities of practice to foster collaboration and knowledge exchange 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 project will support exchanges of experiences as well as 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 -albeit the community will become a space to discuss any other relevant health challenges. 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

⁷ <https://www.thegovlab.org/project-smarter-crowdsourcing-zika.html>

⁸ 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, 2 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>

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.

- 2.14 The activities of this community of practice would be facilitated by a collaborating institution, either public, private, or non-for-profit, with a strong reputation and leadership in public health and health policy. Collaborators should have experience in the design and application of methods for engagement of expert knowledge with the public sector in participating countries. They will be responsible for the design and execution of activities to implement the communities of practice.
- 2.15 **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 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: (i) the 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; and (iii) strengthening intersectoral coordination to achieve the expected results. 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. Additionally, it aligns with the IDB Group's Country Strategy with Brazil 2016-2019 (GN-2973), with the aim of reducing inequality and improve public services; and strengthen institutions at the three levels of government.

III. Description of activities/components and budget

- 3.1 **Component 1: Strengthening of community of practice (US\$142.500).** The objective of this component is to support the consolidation and expansion of a community of practice between states in Brazil to identify, adapt, and scale-up best practices to improve critical pillars of the response to COVID-19. In order to achieve this objective, this component will finance the hiring of one collaborating institution to perform the following activities: (i) recruit members to join each community of practice; (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 the community of practice every two months, as well as through attendance sheets. In terms of generating and disseminating knowledge products, the collaborating institution,

together with the states and municipalities involved, will work together to design action memos, and implement proposed activities. Dissemination channels will include post-meetings briefing materials, knowledge products, and blogs.

- 3.2 The expected results for this TC include the strengthening of the communities of practice, instrumented by the following outputs: (a) six workshops implemented – one of each of the following topics: -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 ; (b) two training products developed; (c) one discussion paper developed, and (d) final report on health policy recommendations and (e) final evaluation report.
- 3.3 In terms of generating and disseminating knowledge products, collaborating institutions, and local government 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 papers, blogs, amongst other products⁹. The TC will also cover costs associated with the edition for publications.
- 3.4 The Rockefeller Foundation expects to commit US\$150,000 to this project, to be allocated according to the following table.

Indicative Budget

Activity/ Component	Description	Total Funding
Component 1. Strengthening of community of practice	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. Final health policy recommendations report 1.11. Final evaluation 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 Rockefeller Foundation through a Project Specific Grant (PSG). A PSG is administered by the Bank according to the "Report on

⁹ 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.

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 by 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 upon the Bank’s receipt of the contribution.

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 Brazil, through the Ministry of Health and its agencies, has requested the Bank to be the executing agency of this TC.
- 4.2 TC will be supervised by the Health and Social Protection Division (SCL/SPH) Regional IDB Office. The project team will be responsible for the supervision, monitoring and evaluation of the TC, and for the preparation of TC indicators’ progress reports. 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 Brazil (CBR). 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 each community of practice by the collaborating institution, 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 collaborating institution will conduct 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 communities of practice. 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 communities of practice will include collaborators from all subnational governments with active roles, there will be consultancies hired to accompany the 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 - BR-T1476](#)

[Results Matrix - BR-T1476](#)

[Terms of Reference - BR-T1476](#)

[Procurement Plan - BR-T1476](#)