

ADMINISTRATION AGREEMENT

between

ALBERT B. SABIN VACCINE INSTITUTE, INC.

and

THE INTER-AMERICAN DEVELOPMENT BANK

regarding

**Grant Financing to the Inter-American Development Bank for Project
RG-X1051, titled “Towards the Development of a Facility to Combat
Neglected Tropical Diseases and other Infectious Diseases”**

THIS ADMINISTRATION AGREEMENT is entered into between Albert B. Sabin Vaccine Institute, Inc. ("Sabin") and the Inter-American Development Bank (the "Bank") (together referred to as the "Parties", and individually either of them, a "Party").

WHEREAS, the Bank has designed Project RG-X1051, titled "Towards the Development of a Facility to Combat Neglected Tropical Diseases and other Infectious Diseases" (the "Project"), as described in the Project Document attached as Annex A (the "Project Document");

WHEREAS, Sabin has agreed to support the execution of the Project by providing a grant contribution to be administered by the Bank, the resources of such grant having originated from a project support grant award to Sabin by the Global Health Program of the Bill & Melinda Gates Foundation; and

WHEREAS, the Bank is prepared to receive and administer the contribution funds to be made available by Sabin.

NOW, THEREFORE, the Parties hereby agree as follows:

1. Sabin shall make available to the Bank a contribution of up to US\$2,500,000.00 (two million five hundred thousand United States dollars) (the "Contribution") to be administered by the Bank to finance the Project.
2. The Contribution shall be solely for the purposes indicated in the Project Document. Any material deviations from the objectives and activities of the Project described in the Project Document shall require Sabin's written approval.
3. Sabin shall transfer the Contribution to the Bank according to the following payment schedule:
 - a) Upon signature of this Administration Agreement by the Parties, Sabin shall transfer the first installment of US\$1,250,000 (one million two hundred fifty thousand United States dollars).
 - b) Contingent upon Sabin having received the corresponding funding from the Bill and Melinda Gates Foundation for a second installment, Sabin shall transfer the second, i.e., the final, installment of US\$1,250,000 (one million two hundred fifty thousand United States dollars) upon representation by the Bank to Sabin that the following milestones have been met:
 - (1) Design of the Facility structure, design of the process of the Request for Proposal (RFP) described in the Project Document, and the definition of the review mechanism to be used in the RFP process;
 - (2) Communication and outreach efforts undertaken towards the project indicators reflected in the Project Document; and

- (3) Design of protocol for implementation and evaluation of demonstration projects and contracting of baseline surveys as described in the Project Document.
4. Sabin shall deposit the Contribution installments, upon the Bank's written request, into an account (the "Account") as indicated by the Bank in writing and send an email (email: FIN-FSV@iadb.org) notifying the Bank the deposits have been made. The email shall contain a copy of the relevant "Request for Payment", which shall include: (i) the amount deposited; (ii) the Account name and number; (iii) the date of such deposit; and (iv) any other relevant information. The Account shall be denominated in U.S. dollars.
 5. Sabin represents and warrants that the transfer of the Contribution to the Bank as described in this Administration Agreement is consistent with the terms and conditions of the Grant Agreement signed between Sabin and the Bill & Melinda Gates Foundation (the "Grant Agreement") dated December 1, 2008. The terms of such Grant Agreement shall not govern the Bank's administration of the Contribution, and the Bank shall not have any obligation thereunder or liability with regard thereto. Further, Sabin represents and warrants that it shall undertake the good faith efforts necessary to enable Sabin to comply with its obligations under the Grant Agreement.
 6. In the event that Sabin does not receive the corresponding funding from the Bill & Melinda Gates Foundation referred to in Section 3(b) of this Administration Agreement within sixty (60) days of the Bank's written request for the second installment of the Contribution, the Bank shall have the right, from the expiration of such 60-day period and while such funding remains unpaid to the Bank, to terminate this Administration Agreement with written notice and immediate effect.
 7. The Bank shall administer the Contribution in accordance with the provisions of this Administration Agreement and the Bank's applicable policies and procedures; provided, however, in the event of a conflict between this Administration Agreement and the Bank's policies and procedures, the terms of this Administration Agreement shall control. The Bank shall exercise the same care in the discharge of its functions, as described in this Administration Agreement, as it exercises with respect to the administration and management of its own affairs and shall have no further liability to Sabin in respect thereof.
 8. The Bank will commit resources made available to it under the Administration Agreement only if sufficient funds exist to cover any such commitment and any other costs to be paid with the resources of the Contribution according to the terms of this Administration Agreement.
 9. The Contribution shall be accounted for separately from the Bank's assets. The Bank may freely exchange the Contribution funds into other currencies as may facilitate their administration and disbursement. The Bank shall not be responsible for foreign exchange risk in the receipt, conversion or administration of Contribution funds. Further, the Bank may at its discretion invest and reinvest the resources of the Contribution pending their disbursement in connection with the Project.

10. To assist in the defrayment of the administrative costs in relation to the Contribution, the Bank shall charge and retain a fee equal to five percent (5%) of the total amount of each installment of the Contribution at the time each such installment of the Contribution is deposited by Sabin into the Account.
11. The Bank's procurement policies and procedures shall be applicable to the procurement of goods and services, as well as the contracting of consulting services, carried out with the Contribution, as required by the different components of the Project; provided, however, in the event of a conflict between this Administration Agreement and the Bank's policies and procedures, the terms of this Administration Agreement shall control. Further, Sabin accepts that:
 - a) the resources of the Contribution shall be completely untied, in that the procurement of goods and services to be financed with the resources of the Contribution may be provided any executed by companies, specialized institutions or individuals from any Bank member country, in accordance with the Bank's policies and procedures; and
 - b) the consultancy services financed with the Contribution may be provided and executed by companies, specialized institutions or individuals from any Bank member country.
12. Sabin shall not be responsible for the activities of any person or third-party engaged by the Bank as a result of this Administration Agreement, nor shall Sabin be liable for any costs incurred by the Bank for those activities or in terminating the engagement of any such person.
13. The Bank shall submit to Sabin a midterm report on the proceedings of all Project components in accordance with Section 3.4 of the Project Document.
14. Promptly following the completion of the Project, the Bank shall submit to Sabin a final Project report. Sabin may also receive a copy of the non-audited financial statements of the Project. In addition, Sabin may request an "agreed upon procedures" report issued by the Bank's external auditor on the use of the Contribution resources. The cost of such auditor's report shall be borne by Sabin and shall not be deducted from the Contribution. Sabin shall reimburse the Bank for the cost of this report promptly after receiving a written request from the Bank. The Bank shall not provide audited financial statements for the Account.
15. As soon as possible upon completion of the Project, the Bank shall return to Sabin any remaining uncommitted Contribution funds, unless otherwise agreed to in writing by the Parties.
16. Sabin further acknowledges that the Bank's commitment to use the Contribution as contemplated herein shall be subject to the Bank's formalization of all internal approvals necessary for the Project and/or the Project Document.
17. The name, logo, letterhead, or any item copyrighted or trademarked by one Party may not be used by the other Party without the written permission of the respective owner.

18. Any exchange of information between the Parties shall be subject to their respective policies and procedures on the disclosure of information.

19. The offices responsible for coordination of all matters and receiving any notice or request in writing in connection with this Administration Agreement or the Project shall be the following:

a) For the Bank:

i. All communications pertaining to institutional relations shall be directed to:

Inter-American Development Bank
1300 New York Ave, NW
Washington, DC 20577
Attention: Advisor
Office of Outreach and Partnerships
Tel.: 202-623-1583
Fax: 202-312-4072
E-mail: partnerships@iadb.org

ii. Day-to-day communications regarding the implementation of this Administration Agreement shall be directed to:

Inter-American Development Bank
1300 New York Ave, NW
Washington, DC 20577
Attention: Marguerite S. Berger
Chief, Grants and Co-financing Management Unit
Vice Presidency for Countries (VPC/GCM)
Tel.: 202-623-1774
Fax: 202-623-3171
E-mail: vpc-gcm@iadb.org

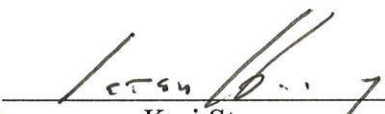
b) For Sabin:

Sabin Vaccine Institute
Global Network for Neglected Tropical Diseases - Program
2000 Pennsylvania Ave, NW
Suite 7100
Washington, DC 20006
Attention: Kelly Funk
Deputy Director, Global Network for Neglected Tropical Diseases
Tel.: 202-842-5025
Fax: 202-842-7689
E-mail: kelly.funk@sabin.org

20. This Administration Agreement shall come into force on the date of the last signature.
21. The Parties may amend any provision of this Administration Agreement in writing.
22. Subject to their respective policies and procedures with respect to the disclosure of information, the Parties may make this Administration Agreement publicly available.
23. Nothing in this Administration Agreement may be construed as creating an agency relationship between the Parties.
24. The Parties shall seek to settle amicably any disputes that may arise from or relate to this Administration Agreement.
25. This Administration Agreement and the Project Document attached hereto as an integral part of this Administration Agreement shall form the entire agreement between the Bank and Sabin, superseding the contents of any other negotiations and/or agreements, whether oral or in writing, pertaining to the subject of this Administration Agreement.

IN WITNESS WHEREOF, Albert B. Sabin Vaccine Institute, Inc. and the Inter-American Development Bank, each acting through its duly authorized representative, have signed this Administration Agreement in two (2) original counterparts in the English language as of the dates indicated below.


**ALBERT B. SABIN VACCINE
INSTITUTE, INC.**



PETER MOTEZ ~~Kari Stoevers~~
PRESIDENT Managing Director
SABIN VACCINE Global Network for
INSTITUTE Neglected Tropical Diseases

Date: 11/10/09

**INTER-AMERICAN
DEVELOPMENT BANK**



Marguerite S. Berger
Chief, Grants and Co-financing
Management Unit
Vice Presidency for Countries

Date: 11/10/09



Board of Executive Directors

For consideration

On or after: 2 September 2009

AT-1466
25 August 2009
Original: English

To: The Board of Executive Directors

From: The Secretary

Subject: Regional. Proposal for a non-reimbursable financing for the project “Towards the Development of a Facility to Combat Neglected Tropical Diseases and Other Infectious Diseases”

Basic Information:

Operation type	Grant Cofinancing Contributions Administered by the Bank (COFAB)
Executing agency	IDB through the Social Protection and Health Division (SCL/SPH)
Amount	up to US\$2,500,000
Source	The Bill and Melinda Gates Foundation, via The Sabin Vaccine Institute

Inquiries to: Amanda Glassman (extension 3220) or Maria Fernanda Merino (extension 2618)

Remarks: As reported to the Board of Executive Directors at its meeting on 10 August 2006, the Office of the Secretary is distributing simultaneously a document (AT-1466-1) containing the text of the electronic links of the above-referenced document.

Reference: GN-1838-1(7/94), AT-1046-4(11/95), DR-398-5(5/03), GN-2470-2(3/08), GN-2469-2(3/08), GN-1340-4(11/80), GN-1538(8/85), CC-5732(10/01)

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

REGIONAL

**TOWARDS THE DEVELOPMENT OF A FACILITY TO COMBAT
NEGLECTED TROPICAL DISEASES AND OTHER INFECTIOUS
DISEASES**

(RG-X1051)

**GRANT CO-FINANCING CONTRIBUTION ADMINISTERED BY THE BANK
(COFAB)**

PLAN OF OPERATIONS

This document was prepared by the project team consisting of: Amanda Glassman, Team Leader (SCL/SPH); Maria Fernanda Merino (SCL/LMK); Hilary Brown (consultant, SCL/SPH); Ignez Tristao (SCL/SPH), Maria Fernanda Garcia (ORP); Martha Guerra (SCL/SPH); and Hyun Jung Lee (LEG/SGO)

CONTENT

PROJECT SUMMARY	1
I. BACKGROUND AND JUSTIFICATION	2
A. Background, problem addressed, justification.....	2
B. Objective, components and cost	7
C. Key results indicators	10
II. EXECUTING AGENCY, MECHANISM AND MAIN RISKS	11
A. Executing Agency.....	11
B. Executing period and disbursement schedule.....	11
C. Procurement of services.....	11
D. Environmental and social safeguard risks	12
E. Program benefits and risks.....	12
III. IMPLEMENTATION AND MANAGEMENT PLAN	12
A. Summary implementation arrangements	12
B. Summary of arrangements for monitoring results	13

RESOLUTION PROJECT

ANNEXES

ANNEX I:	Summary DEM
ANNEX II:	Results Framework
ANNEX III:	Summary Procurement Table

ELECTRONIC LINKS

REQUIRED:

1. Terms of Reference
<http://idbdocs.iadb.org/WSDocs/getdocument.aspx?DOCNUM=2079101>
2. Safeguard and Screening Form for Screening and Classification of projects (SSF)
<http://idbdocs.iadb.org/WSDocs/getdocument.aspx?DOCNUM=1992138>
3. POA
<http://idbdocs.iadb.org/WSDocs/getdocument.aspx?DOCNUM=1948664>
4. Monitoring & Evaluation Arrangements
<http://idbdocs.iadb.org/WSDocs/getdocument.aspx?DOCNUM=1948660>
5. Procurement Plan
<http://idbdocs.iadb.org/WSDocs/getdocument.aspx?DOCNUM=1948667>

ABBREVIATIONS

POD	Proposal for Operation Development
IDB	Inter-American Development Bank
ESMR	Environmental and Social Management Report
ESS	Environmental and Social Strategy
SSF	Safeguard and Screening Form for Screening and Classification of Projects
CEP	Country Study Committee
EXR	IDB's External Relations Office
Facility	Facility to Combat Neglected Tropical Diseases and other infectious diseases
GNNTD	Global Network for the Neglected Tropical Diseases
LAC	Latin America and the Caribbean
MDA	Mass Drug Administration, a category of preventive chemotherapy
NID	Neglected Tropical Diseases and Other Infectious Diseases
NTD	Neglected Tropical Diseases
PAHO	Pan American Health Organization
PPMR	Project Performance Monitoring Report
Sabin	The Sabin Vaccine Institute
STH	Soil-Transmitted Helminthiasis
UN	The United Nations
WHO	World Health Organization

PROJECT SUMMARY
REGIONAL
TOWARDS THE DEVELOPMENT OF A FACILITY TO COMBAT NEGLECTED TROPICAL
DISEASES AND OTHER INFECTIOUS DISEASES
(RG-X1051)

Financial Terms and Conditions			
Executing Agency: IDB through the Social Protection and Health Division (SCL/SPH)		Execution Period:	18 months
		Disbursement Period:	24 months
Source	Amount		
Cofinancing (Bill and Melinda Gates Foundation through the Sabin Vaccine Institute)	US\$2.5 million	Beneficiaries:	Populations living in areas of high prevalence of neglected infectious disease
Total:	US\$2.5 million		
Project at a Glance			
Project Objective/Description: <p>The goal of this Technical Cooperation is to prepare for a major effort to reduce the incidence and prevalence of neglected infectious diseases. In particular, this initiative focuses on impoverished indigenous and afro-descendent populations throughout the region. The purpose of this Technical Cooperation is to develop and launch a designated Facility that would support state and national level entities, both governmental and non-governmental, to scale-up efforts towards controlling and eliminating neglected infectious diseases (NID). This project consists of two components. The objective of the first component is to develop the architecture, governance and operational arrangements for the NID Facility. The objective of the second component is to mobilize resources to finance the Facility and build momentum towards controlling NIDs in the region. In turn, the NID facility would support: (1) mass drug administration or preventive chemotherapy to fight NID; (2) technical assistance to strengthen national and local health information systems; and (3) inter-sectoral and inter-programmatic approaches to NID control (ie, vector control and liaising with health initiatives such as immunization, malaria and vitamin a/micronutrient campaigns) and relevant sectors outside of health (such as water and sanitation and education).</p>			
Special contractual clauses: None			
Exceptions to Bank policies: None			
Project qualifies for: SEQ[x] PTI [] Sector [] Geographic[] Headcount []			

(*) The credit fee and inspection and supervision fee will be established periodically by the Board of Executive Directors as part of its review of the Bank's lending charges, in accordance with the applicable provision of the Bank's policy on lending rate methodology for ordinary capital loans. In no case will the credit fee exceed 0.75% or the inspection and supervision fee exceed, in a given six-month period, the amount that would result from applying 1% to the loan amount divided by the number of six-month periods included in the original disbursement period.

I. BACKGROUND AND JUSTIFICATION

A. Background, problem addressed, justification

- 1.1 The Neglected Tropical Diseases and certain other neglected infectious diseases (which will be referred to as NID) are a sub-set of infectious diseases which disproportionately affect poor and marginalized groups and contribute to people's inability to escape the downward spiral of poverty. In this way, NIDs exacerbate existing disparities in health both between and within countries. However, preventive chemotherapy to combat the five most prevalent NIDs is among the most cost-effective global health interventions, in terms of cost per disability-adjusted life year averted. It has been estimated that the economic rates of return on controlling the NIDs are 15-30%.¹ Among the 14 NIDs listed by the World Health Organization (WHO), the following is a list of the most prevalent ones in Latin America and the Caribbean (LAC): Chagas Disease, Leishmaniasis, Lymphatic Filariasis, Onchocerciasis, Schistosomiasis, Soil-Transmitted Helminthiasis (STHs), and Trachoma. Other neglected infectious diseases of regional or local importance include zoonotic parasitic diseases (e.g., cysticercosis/taeniasis, hydatidosis, fascioliasis), Plague, human Rabies transmitted by dogs, the Yaws/Pinto/Congenital Syphilis complex, neonatal tetanus and Buruli ulcer.
- 1.2 These diseases have a debilitating effect on social and economic development. They cause chronic illness which lowers worker productivity, decreases wage earning capacity and creates an extra burden on already strained health systems. In addition, several NIDs cause physical and mental retardation in children, severe anemia, organ damage, blindness and increase the chances of poor birth outcomes and maternal morbidity. There is overwhelming evidence that a reduction in the incidence of parasitic infections not only improves children's health (by reducing diarrhea and anemia) but also significantly increases cognitive development, school participation and adult welfare.²
- 1.3 It is estimated that in the Americas, hundreds of millions of people are at risk of certain NID infections such as Soil-transmitted Helminthiasis (STH). NIDs caused an estimated 1,220,000 disability adjusted life years (DALYs) lost in 2002, accounting for 1.5 percent of the total burden of disease for countries in the

¹ Hotez P. The Giant Anteater in the Room: Brazil's Neglected Tropical Diseases Problem PLOS. 2008, Vol. 2, Issue 2, e177.

² Cattaneo Matias, et al. 'Housing, Health and Happiness.' Centro de Estudios Distributivos, Laborales y Sociales. July 12, 2008. Found at: www.depeco.econo.unlp.edu.ar/cedlas. Edward Miguel & Michael Kremer, 2004. "Worms: Identifying Impacts on Education and Health in the Presence of Treatment Externalities," *Econometrica*, Econometric Society, vol. 72(1), pages 159-217, 01.

region. In terms of mortality, the NIDs contributed an estimated 20,000 deaths in that same year, accounting for 0.8 percent of total deaths.³

- 1.4 The concentration of those affected by NIDs tends to exist in populations mired in deep poverty throughout the Latin American and Caribbean region. Consequently, debilitating social and economic factors further entrench neglected tropical disease burden in various foci in LAC. Furthermore, the diseases "...predominantly affect people of African descent and indigenous groups, as well as other vulnerable groups such as women and children."⁴ The proliferation of diseases in the region has been partially attributed to a "legacy of slavery",⁵ as several of the present-day tropical diseases within the LAC region arrived by means of the Atlantic slave trade.⁶ Today, in areas with populations of predominantly African descent, especially in the Caribbean, Central America and Brazil, NID incidence remains particularly high. In more rural areas, especially in Bolivia, Colombia, Ecuador, Guatemala, Mexico and Peru – home to 80% of the region's indigenous citizens – elevated NID rates also prevail.
- 1.5 The following is a summary of the status of a select group of infectious diseases in LAC:
 - a. *Chagas disease*. About 9 million people chronically infected; 40,000 new cases per year and approximately 108 million at risk of infection in 2005.⁷
 - b. *Leishmaniasis*. Growing problem in rural and peri-urban areas in many LAC countries, with approximately 30,000 cases reported in Brazil in recent years.
 - c. *Lymphatic Filariasis*. Afflicts over half a million people in the region with up to 6–8 million at risk, principally in Haiti but also in Guyana, Dominican Republic, and northeastern Brazil.
 - d. *Onchocerciasis (River blindness)*. Half a million people at risk in the region. Primarily concentrated in an extensive region of remote communities of

³ Bitran R. et al. 'Regional Study to Estimate the Cost of Preventing, Controlling, and Eliminating Selected NTDs in the Americas.' February 2009.

⁴ From "New Analysis Finds that Neglected Tropical Disease Burden in Latin America and Caribbean May Exceed that of HIV/AIDS, TB and Malaria", available from <http://www.prwebdirect.com/releases/2008/9/prweb1377304.htm>.

⁵ Lammie, Patrick J et al. "Eliminating Lymphatic Filariasis, Onchocerciasis, and Schistosomiasis from the Americas: Breaking a Historical Legacy of Slavery." *PLoS Neglected Tropical Diseases* 1.2 (2007): e71. Available from <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2100373>.

⁶ Hotez, Peter J et al. "The Neglected Tropical Diseases of Latin America and the Caribbean: A Review of Disease Burden and Distribution and a Roadmap for Control and Elimination." *PLoS Neglected Tropical Diseases* 2008, 2.9: e300. Available from <http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0000300>.

⁷ Remme, J.H.F. et al. (2006) Tropical diseases targeted for elimination: Chagas disease, lymphatic filariasis, onchocerciasis and leprosy. In *Disease Control Priorities in Developing Countries* (2nd edn), pp. 433–449, World Bank/Oxford University Press. Franco-Paredes C. et al. Chagas Disease: an impediment in achieving the MDGs in Latin America. *BMC International Health and Human Rights*. Biomed Central. 28 Aug 2007.

indigenous people (Yanomami) on the border of southern Venezuela and northern Brazil and of northern Guatemala and southern Mexico.

- e. *Dengue Fever*: Increasingly a health problem in urban areas of the tropical and sub-tropical areas of Latin America where localized epidemics of the disease are common, notably in Brazil, Mexico and the countries of Central America. In 2007 there were more than 890,000 cases of dengue reported in the Americas. In early 2009 an epidemic in Bolivia caused 31,000 cases and 16 deaths, while in Argentina, 9,673 were infected in a separate outbreak.
 - f. *Human rabies transmitted by dogs*. Near 90% reduction of the human and canine cases in the last 20 years. Rabies in dogs is currently located in the low-income outskirts of large cities in Latin America and Haiti.
 - g. *Schistosomiasis*. Affects at least four countries in the region, with up to 36 million at risk of infection and up to 25% prevalence among certain poor agricultural communities.
 - h. *Soil-Transmitted Helminthiasis (intestinal worms)*. Estimates indicate that up to 20 to 30 percent of all Latin Americans are infected. The prevalence in slums and in some rural areas often reaches 50 percent and may be as high as 95 percent in some Amerindian tribes.
 - i. *Trachoma*. Geographic foci in Brazil, Guatemala, Mexico and possibly Bolivia and Peru. Surveillance data is limited.
- 1.6 NIDs are increasingly recognized as a group of diseases that are amenable to elimination, particularly given the focalized epidemiology of these diseases in Latin America and the Caribbean. In addition to improving health and well-being, a concerted effort to control and eliminate NIDs would contribute to global health by: (a) defining transmission thresholds; (b) validating the tools needed to monitor the interruption of transmission; (c) evaluating strategies to scale up drug treatment regimens for integrated NID treatment, with particular attention to mass drug administration (MDA); and (d) establishing surveillance protocols. The following table illustrates the disease-specific intervention, target population and years of MDA required for control or elimination for five select NIDs.

Table I-1

Disease	Soil Helminthes	Lymphatic Filariasis	Onchocerciasis	Schistosomiasis	Trachoma
Main objective	Control	Eliminate	Eliminate	Control	Eliminate
Definition of Selected Interventions for costing	Annual MDA-albendazole, safe water provision and sanitation	Annual MDA-albendazole+DEC, safe water provision and sanitation; bednets to women and children <5	Bi-annual MDA-ivermectin	Annual MDA-praziquantel, safe water provision and sanitation	Annual MDA -azithromycin, safe water provision and sanitation; eyelid surgery to eligible cases.
Definition of MDA-Target Population	School age Children in high risk areas	Entire population in transmission areas	Entire population in transmission areas	School age Children in high risk areas	Children 1-10 yrs old in transmission areas
Years of MDA	5 - 20	5 - 8	4	5 - 20	5 - 8
Target Populations by country					
Bolivia	1,224,791				
Brazil	8,191,313	1,700,000	9,987	2,350,827	10,248,791
Colombia	1,387,720				
Dominican Republic	453,132	786,312			
Ecuador	294,563		18,496		
Guatemala	1,344,481		107,366		220,938
Guyana	51,874	630,000			
Haiti	1,591,021	9,598,000			
Honduras	549,585				
Mexico	4,411,545		106,994		22,314
Nicaragua	726,106				
Saint Lucia	3,237				
Suriname	6,124			18,251	
Venezuela	1,684,520		110,698	102,331	
Total target population	21,920,013	12,714,312	353,541	2,471,409	10,492,043

Source: IDB 2008 with data from PAHO

- 1.7 **Key problems this TC seeks to address.** Although safe and cost-effective interventions to prevent, control and even eliminate NIDs exist, progress to reduce their burden of disease is impeded by: (a) lack of institutional and human capacity to scale-up NID programs – in LAC, health information systems tend to be under-resourced and there is a dearth of skilled health workers in all cadres; (b) lack of resources allocated for drugs and other proven public health interventions that prevent and halt the morbidity caused by NIDs; (c) lack of collaboration between health programs and across sectors to address the root causes that perpetuate the transmission of NIDs; and (d) technical challenges implementing NID programs in hard-to-reach communities. This TC seeks to design a proposal to create a Facility that would directly address these impediments to a healthier population. The Facility would create a funding mechanism to finance NID prevention, control and elimination programs in the region to be administered by the Bank, pursuant to the policies and procedures of the Bank. The specific characteristics of the Facility and its governance arrangements would be defined as part of the proposed project's activities.
- 1.8 **Relation with Bank activities.** The proposed project fits well with the Bank's social sector development strategy which seeks to implement innovative practices in order to increase the coverage and quality of preventive and curative health care services, with a particular focus on the poor. Likewise, the proposed project attends to the mission of the Bank's social protection and health division, namely to prevent and manage infectious diseases as well as maternal and early childhood mortality.

- 1.9 **Related activities and project's added value.** The Facility will support LAC nations in their efforts to prevent and treat NIDs, and will contribute to poverty alleviation and the fulfillment of several of the UN Millennium Development Goals, particularly goal six to “combat malaria, HIV/AIDs and other diseases.” It will also build upon the momentum gathering around NIDs; the WHO, PAHO and the American and British governments recently have increased commitment and to combat NIDs. In addition, several World Health Assembly resolutions on NIDs as well as large scale drug donation programs to treat NIDs have strengthened country commitment to these programs.. A few examples of discrete efforts to address NIDs include:
- a. *Global Alliance to Eliminate Lymphatic Filariasis*, established in 2000 to assist WHO with advocacy, resource mobilization and program implementation.
 - b. Onchocerciasis Elimination Program for the Americas, created in 1995, with support from the IDB (TC9309239-RG).
 - c. PAHO's proposed resolution for the Elimination of Neglected Diseases and other Poverty Related Infections to be discussed at the 144th session of its Executive Committee on June 2009.
 - d. *PAHO's 2006 regional strategic plan framework for NIDs* provides donated screening and diagnostic test kits and drugs for NIDs and develops databanks and epidemiological profiles for neglected populations which allow georeferenced targeting.
 - e. WHO's NTD Scientific and Technical Advisory Group.
 - f. Global Network for NTDs, Committed to raising the profile of NTDs and leveraging international resources to end suffering and death through effective, low-cost treatments.
- 1.10 This project will coordinate efforts with the Commission of Health Ministers of Central America (COMISCA) in its efforts to define regional health policies. Furthermore, the project will also work together with the “Sistema Mesoamericano de Salud Publica” to ensure consistency of activities, such as promoting and integrated health information system and control of infectious diseases. Additionally, the project relates to the strengthening of health information systems, which is consistent with the activities outlined in the “Programa Mesoamericano de Vigilancia Epidemiológica Regional” (RG-T1224). One of the objectives of this regional TC is the identification of the most effective route for the transmission of epidemiological information for rapid action and decision making.
- 1.11 The proposed project is critical to the launch of a Facility to fight NIDs in LAC, which will add significantly to the growing momentum to put an end to these preventable and controllable diseases of poverty. IDB's comparative advantage is based on its previous operations in this area, its close relationship with LAC government agencies and its proven capacity to plan and manage large-scale, rigorous impact evaluations in health, nutrition and education.

B. Objective, components and cost

- 1.12 The goal of this TC is to prepare for a major effort to reduce the incidence and prevalence of NIDs. In particular, this initiative focuses on impoverished indigenous and Afro-descendent populations throughout the region.
- 1.13 The purpose of this TC is to develop and launch a designated Facility that would support state and national level entities, both governmental and non-governmental, to scale-up efforts towards controlling and eliminating NIDs. In particular, the NID Facility would support: (1) mass drug administration or preventive chemotherapy to fight NIDs; (2) technical assistance to strengthen national and local health information systems; and (3) inter-sectoral and inter-programmatic approaches to NID control (ie, vector control and liaising with health initiatives such as immunization, malaria and Vitamin A/micronutrient campaigns) and relevant sectors outside of health (such as water and sanitation and education).
- 1.14 **Component 1 – Towards a NID Facility.** The **objective** of this component is to develop the architecture, governance and operational arrangements for a dedicated Facility to scale-up activity to reduce the burden of disease caused by NID in LAC. The proposed characteristics of this Facility as well as the type of activities to be funded are described in [the attached Proposal](#) and have been reviewed during an initial consultation with IDB member countries hosted by PAHO in late 2008. The following is a list of activities to be completed to meet this objective.
- a. **Activity 1.1.** Establish a small group of core staff that would oversee the design of the proposal to create the Facility and initial grant-making efforts under the proposed project. Activities to be undertaken by the group -- in consultation with partner institutions, country representatives and stakeholders -- include the definition of the architecture, governance, operational and monitoring/evaluation arrangements and requirements for the Facility. Investments of the Facility would be targeted toward the elimination of Onchocerciasis and Lymphatic Filariasis and the prevention/control of Schistosomiasis, STH, Trachoma and Chagas Disease, but also include interventions to control or drastically reduce prevalence of other diseases that could be part of an integrated plan, for example dengue, leishmaniasis, rabies transmitted by dogs, plague and other NIDs. The Facility will support two types of funding mechanisms: (1) ‘challenge grants’ for national governments; and (2) ‘traditional grants’ for state-level governments and non-governmental entities. These grants will support the following activities: (a) preventive chemotherapy/MDA and other proven public health interventions; (b) technical assistance to improve national and local health information and surveillance systems; and (c) inter-sectoral disease and vector control and collaboration with IDB projects in water and sanitation.
 - b. **Activity 1.2.** Conduct background studies and convene expert working groups in collaboration with PAHO and Sabin to inform the design of the Facility and its grant-making processes. Technical advisory services contracted under this

activity would support the work of the small group of core staff in the development of operational guidelines, governance, monitoring and evaluation and procurement protocols. In particular, a demand-based Request for Proposal (RFP) process will be designed and a model to determine ex ante prioritization of resource allocation will be developed. Among the factors the model should consider are: country's income classification, burden of disease caused by NID, the number and concentration of 'hot spots' in the country or state, government budgetary commitment, and opportunity for elimination. Another background study will be the second phase of TC Costing the prevention, control and elimination of NTDs (RG-T1667), to estimate the amount of resources needed to eliminate certain NID in the presence of health and non-health sector interventions focusing on six additional NIDs⁸. Honoraria of experts (technical advisors), travel and related costs to convene working groups around governance, the RFP process and monitoring/evaluation will also be covered under this activity.

- c. **Activity 1.3.** Support for two demonstration grants with rigorous experimental or quasi-experimental impact evaluation. It is anticipated that the demonstration projects would be conducted in states in Mexico and Brazil. The criteria for selecting the states will be multiple NID presence, significant disease burden, government commitment, opportunity for elimination and presence of an IDB water and sanitation project. Demonstration grants are intended to provide Facility proof of concept – operationally and in terms of impact, on proximate and distal outcomes.⁹ A detailed study protocol for the impact evaluation of the pilots will be developed in cooperation with partners and expert advisors, and submitted to the relevant study ethics committees in demonstration grant countries. One key goal of the demonstration projects is to explore the relative effectiveness of combining health and water/sanitation interventions and/or other proven public health interventions. Intermediate results will be a key input into the future fundraising campaign to resource the Facility. Demonstration projects would be overseen by the core group with support from partner institutions (PAHO, Sabin), consultants, and IDB water and sanitation experts.
- d. The resources dedicated to these demonstrations would support the following activities: baseline surveillance, monitoring, a household-level follow up evaluation survey, laboratory work, drugs for MDA treatment, technical assistance and supervision, training for health workers and community mobilization. PAHO will participate actively in the design of demonstration projects and their evaluation systems, and will provide technical advice and accompaniment –in close cooperation with local and national health

⁸ The diseases include (number refers to LAC countries affected): (i) Chagas Disease (21); (ii) Neonatal tetanus (16); (iii) Human rabies transmitted by dogs (10); (iv) Leishmaniasis; (v) Congenital syphilis (6); and (vi) Dengue.

⁹ Proximate outcomes include changes in NID incidence and prevalence and re-infection rates and, in the corresponding cases, intensity of infection. Distal outcomes include school attendance and performance, anemia prevalence, child growth and development outcomes, among others.

authorities- to implementation. It is expected that national and state governments will actively participate in these projects, working in collaboration with local institutions. The current cost estimates for the two demonstration projects are preliminary and subject to change. It is anticipated that both projects would receive complementary resources from country contributions and other donations currently under development. Savings will be sought in both project budgets in order to finance additional small-scale projects that satisfy the developed criteria of prioritization, ideally selected via the RFP process established as part of the governance arrangements. Lastly, the lessons learned from these demonstration grants would be developed into case studies to highlight operational challenges and opportunities for future grantees of the Facility.

- 1.15 **Component 2 - Resource mobilization strategy and advocacy campaign.** The objective of this component is to design a strategy for the financing of the Facility and build momentum towards controlling NIDs in the region. Estimates reveal that the total cost to control the five leading NIDs (Onchocerciasis, STH, Filariasis, Schistosomiasis and Trachoma) in LAC –excluding safe water supply and sanitation costs and surveillance and program costs- is estimated to be higher than \$171.8 million in a base case analysis. Although this number may seem high, on a country by country basis, the cost of controlling NIDs within the health care sector appears to be within reach for most countries.¹⁰
- 1.16 The IDB’s Office of Outreach and Partnerships (ORP), in collaboration with SCL/SPH will design a resource mobilization strategy. This internal group will collaborate closely with the Global Network for the Neglected Tropical Diseases (GNNTD), charged with spearheading the outreach and mobilization for the global initiative. PAHO will also participate in efforts for advocacy and resource mobilization. The outputs of this component include the following: (i) develop marketing and advocacy materials to support fundraising efforts; (ii) identify potential partners; (iii) travel to the region to raise money and political will for the Facility; and (iv) meet with foundations, private sector entities and multi and bilateral aid agencies to resource the NID Facility.
- 1.17 It is envisioned that the mobilization strategy will include:
- a. **Activity 2.1.** Developing marketing materials (in coordination with the IDB’s External Relations Office (EXR) and the GNNTD and PAHO) to explain the purpose and activities of the Facility to potential donors in and outside the region (such donors include: governments, foundations and multi and bilateral aid agencies).

¹⁰ Bitran et al. ‘‘Regional Study to Estimate the Cost of Preventing, Controlling, and Eliminating Selected NTDs in the Americas.’ February 2009.

- b. **Activity 2.2.** ORP will work with SCL/SPH, GNNTD and PAHO to identify potential public and private sector partners, local champions and donors to the Facility.
 - c. **Activity 2.3.** Approaching foundation presidents, philanthropists and the directors of aid agencies to request financial resources for the Facility.
 - d. **Activity 2.4.** Regional meeting of donors no later than February 2010 convened by the GNNTD (not funded by the TC).
- 1.18 The cost of this operation is US\$2,500,000, as detailed in the budget below (for greater detail see the [Detailed Budget](#)). All activities will be financed by The Bill and Melinda Gates Foundation via Sabin. A co-financing agreement (COFAB) will be signed between IDB and Sabin regarding the receipt and administration of the resources. The resources are granted on a non-reimbursable basis and will be transferred in two installments. The second installment from Sabin will payable when the IDB has represented to Sabin that the following milestones have been met: (1) Design of the Facility structure, design of the process of the Request for Proposal (RFP) described in activity 1.2 above, and the definition of the review mechanism; to be used in the RFP process (2) Communication and outreach effort have been undertaken towards the project indicators reflected in the Results Framework (Annex II); and (3) Design of protocol for implementation and evaluation of demonstration projects developed and baseline surveys contracted as described in activity 1.3 above.

Table I-2
Summary Budget (US\$)

ACTIVITY	TOTAL COST (USD)
<u>Component 1</u>	
Coordination (core group)	\$465,600
Experts and working groups	\$648,000
Demonstration projects	\$1,057,027
Component 1 Total	\$2,170,627
<u>Component 2</u>	
Develop marketing materials and advocacy	\$60,000
Travel & per diem for int'l fundraising (6 int'l trips @ \$2,000/trip)	\$12,000
Travel & per diem for domestic fundraising (5 trips @ \$1,200/trip)	\$6,000
Component 2 Total	\$78,000
Administrative fee to IDB (5%)	\$125,000
Contingencies (5.75%)	\$126,373
Grand Total (rounded)	<u>\$2,500,000</u>

C. Key results indicators

- 1.19 The indicators selected reflect the products that are to be commissioned and developed, all of which will inform the development of the Facility. In particular,

by the end of the first year from the date of entry into force of the COFAB agreement (or date of approval of the operation by the Board of Executive Directors, whichever is later) expected milestones include such milestones as describe in Paragraph 1.18 above. By the end of the second year from the date of entry into force of the COFAB agreement (or date of approval of the operation by the Board of Executive Directors, whichever is later), expected milestones include: (1) Facility in operation; and (2) Baseline surveys completed and demonstration projects in execution with process evaluation results available.

II. EXECUTING AGENCY, MECHANISM AND MAIN RISKS

A. Executing Agency

- 2.1 The Bank's Division of Social Protection and Health (SCL/SPH) will be the executing agency for this program. The SCL/SPH team has participated in preparatory and technical meetings with global experts on NIDs for several months and therefore is prepared to implement the activities outlined in this TC.

B. Executing period and disbursement schedule

- 2.2 Project execution is expected to be completed within 18 months from its approval. The disbursement period will be two years (24 months). SCL/SPH will monitor the schedule of contributions from the donor (Sabin), as well as the disbursements made to all TC consultants and contractors in order to supervise the availability of funds.

C. Procurement of services

- 2.3 The Bank will manage and oversee the procurement of all activities. Specifically, the IDB will establish a small group of core staff to develop and oversee the technical documents needed to outsource the preparatory work described in the Activities 1.2 and 1.3 section of Component one. It is anticipated that these activities will be outsourced to consultants from IDB member countries with the technical expertise and regional knowledge required to complete the work. Terms of reference for the consultancies can be found in the Annexes. The Bank will carry out all procurement of goods, works and services, as well as selecting and hiring of consulting services. The Bank's current procurement policies (GN-2349-7 and 2350-7) and the Project Procurement manuals will be observed.
- 2.4 It anticipated that the demonstration grants will receive complementary financial resources from their respective counterparts. Design and implementation will be led by local and national governments, with technical support provided by the initiative partners (IDB, PAHO, Sabin) and local specialized technical institutions in Brazil and Mexico. Selected local institutions, contracted under this project, will have the expertise and experience needed to provide continuous support to develop and implement demonstration projects in a timely manner.

D. Environmental and social safeguard risks

- 2.5 This project is not expected to have any significant negative environmental or social impacts. The team members of the Environment and Social Review (ESR) cleared this COFAB and as per their procedures classified it as a Project 'C' on January 16, 2009. As specified under the ESR procedures this operation has been cleared by ESR secretariat. No further action is required in the ESR process.

E. Program benefits and risks

- 2.6 **Program benefits.** Addressing NIDs is one component of a multifaceted approach to breaking the cycle of poverty. The proposed TC is expected to generate a positive social impact over the long run because decreasing the incidence and prevalence of NIDs will positively impact individuals and communities by improving work and school attendance, and strengthening the health of children and pregnant women. In particular, it will benefit impoverished indigenous and Afro-descendent populations throughout the region because these groups disproportionately suffer from the consequences of NIDs. Specifically, the information generated by this proposed TC would serve as an evidence base to aid in fundraising and generating the political will required to scale-up long term efforts to address NIDs.
- 2.7 **Beneficiaries.** In addition to the people in Mexico and Brazil who will benefit from the demonstration intervention grants, the Bank's Division of Social Protection and Health will benefit in that this TC will produce information and knowledge that will be an essential input into the larger effort to develop and finance a dedicated Facility to scale-up action to combat NIDs in the region. Also, it is anticipated that the results would be used by countries for program planning, development and fundraising. However, it is our hope that the ultimate beneficiaries will be the people of Latin America and the Caribbean whose lives and livelihoods would be expected to improve, as a result of this work.
- 2.8 **Risks.** The primary risk in launching a dedicated Facility to combat NIDs is that governments could use this as a replacement for their national NID budgets, as opposed to the Facility's intent which is to add additional resources to national NID programs. It is anticipated that this risk will be mitigated by the technical assistance IDB will provide to countries to develop their national plans to fight NIDs, as part of the work supported by this COFAB.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Summary implementation arrangements

- 3.1 Sabin has recently been awarded US\$34 million from The Bill and Melinda Gates Foundation for the purpose of investing in the control of Neglected Tropical Diseases. Included in the funded proposal is a sub-grant to the IDB for the purpose of establishing a Facility to address NIDs in the Latin American and Caribbean region to be implemented jointly by the IDB and PAHO.

- 3.2 The Division of Social Protection and Health (SCL/SPH) is working with the Legal Department towards a cofinancing “Administrative Agreement” between Sabin and IDB, pursuant to the “Operational Procedures for Grant Co-financing Contributions Administered by the Bank” (“COFAB”) (Document CC-5732). Under such agreement, the resources for this TC will be administered by the Bank and the Bank will charge an administrative fee of five percent (5%) of the contribution, which is duly identified in the budget of this TC. The Project Team has evaluated and taken into account the selection criteria of the strategic partner (Sabin) and the origin of the resources (Gates Foundation), as described in Section E of “Guidelines for Strategic Partnerships with the Private Sector and IDB Operational Procedures” (Document CC-6007-1), e.g. value added, competition, transparency, experience, good standing, financial standing and has determined them to be a viable partner.

B. Summary of arrangements for monitoring results

- 3.3 Monitoring of the proposed technical cooperation program. The Project Coordinator, who is a member of the small group of core staff, will be responsible for ensuring that deliverables are produced according to schedule and that disbursements are made in a timely fashion. All key deliverables will be shared with and reviewed by IDB and Sabin, and other participating organizations upon which IDB and Sabin agree.
- 3.4 Progress and final reports. Standard Bank procedures for auditing, financial management of the resources and reporting will be followed. A midterm report on the proceedings of all components will be submitted to Sabin by the Bank. Likewise, a final report will be submitted following the completion of the program and the last disbursement.
- 3.5 During project execution the Bank (SCL/SPH) will supervise and evaluate the indicators listed in the enclosed Results Framework (see Annex II). In addition, all consultants will be required to submit final reports to document their work and resulting recommendations. The Project Performance Monitoring Report (PPMR) system for non-reimbursable technical cooperations, which will reflect the indicators of the logical framework, will be used as a tool for project supervision.

Development Effectiveness Matrix Summary

Criterion	Score
Section 1. IDB Strategic Development Objectives – Area Rating	9.5
Country Diversification	4.9
Corporate Initiatives	2.5
Harmonization and Alignment	1.1
Beneficiary Target Population	1.0
Section 2. Country Strategy Development Objectives – Area Rating	5.4
Country Strategy Sector Diagnosis	5.4
Country Strategy sector objective and indicator	0
Section 3. Program Logic – Area Rating	6.4
Program Diagnosis	2.4
Proposed Solutions (@ PP)	0
Proposed Solutions (@ POD)	1.1
Results Matrix Quality	2.9
Section 4. Evaluation & Monitoring – Area Rating	6.7
I. Evaluation	5.7
II. Monitoring	1.0
Section 5. Economic Performance – Area Rating	0
Economic Rate of Return	0
Cost-effectiveness	0
Section 6. Risk Management – Area Rating	0
Environmental & social risk classification	C
Environmental & social risk policy compliance	
Risk Matrix Score	0
Mitigation Matrix Score	0
Section 7. Additionality- Area Rating	0

Results Framework Matrix of Indicators

Project Objective: To design and demonstrate proof of concept of Facility that contributes to the reduction of the incidence and prevalence of NID in LAC.

COMPONENT 1	BASE	YEAR 1	YEAR 2	MEANS OF VERIFICATION
<u>Outputs</u>				
1. Expert working groups convened	0	4	2	Working group reports
2. Background studies completed	0	4		Background studies reviewed and approved by IDB
3. Facility governance, RFP process, M&E guidelines completed	0	80%	100%	Documents approved by partners and IDB
4. Disbursement of funding linked to demonstration projects	0	20%	100%	Review of contracts and implementation reports, IDB disbursement reports (WLMS)
<u>Outcomes</u>				
1. Demonstration project outputs and outcomes				Baseline to be collected as part of impact evaluation, targets determined from availability of baseline values, case studies
2. Facility in operation with at least 1 RFP rolling call launched	n/a			Published first round RFP
COMPONENT 2				
<u>Outputs</u>				
1. Marketing & advocacy materials developed		100%		Materials produced
2. 5-8 trips taken to solicit potential donors		50%	100%	Trip reports
<u>Outcomes</u>				
1. US\$10 million mobilized for the Facility	30%	50%	100%	Facility accounting records

**TOWARDS THE DEVELOPMENT OF A FACILITY TO COMBAT NEGLECTED TROPICAL DISEASES AND OTHER INFECTIOUS DISEASES
(RG-X1051)
PROCUREMENT TABLE**

Period included in this Procurement Plan: From September 2009 until August 2011

Ref. No.	Description and type of the procurement contract	Estimated Contract Cost (US\$000)	Procurement method ¹	Review ² (ex-ante or ex-post)	Source of financing and percentage ³		Pre-qualification ⁴ (Yes/No)	Estimated dates		Status (pending, in process, awarded, cancelled)	Comments
					IDB %	Local/ Other %		Publication of specific procurement notice	Completion of contract		
	1. <u>Non-consulting services</u>										
	1.1 Meetings of M&E Experts	US\$40,000	PC	Ex-post	100%		No			Pending	Meeting dates and travel schedule will depend upon the Workplan timeline established by the Facility Coordinator in consultation with the consulting firm that will design the external cohort evaluation
	1.2 Travel & per diem for fund raising	US\$18,000	PC	Ex-post	100%		No			Pending	
	1.3 Marketing materials	US\$60,000	PC	Ex-post	100%		No			Pending	

¹ **Goods and Works:** ICB: International competitive bidding; LIB: limited international bidding; NCB: national competitive bidding; PC: price comparison; DC: direct contracting; FA: force account; PSA: Procurement through Specialized Agencies; PA: Procurement Agents; IA: Inspection Agents; PLFI: Procurement in Loans to Financial Intermediaries; BOO/BOT/BOOT: Build, Own, Operate/Build, Operate, Transfer/Build, Own, Operate, Transfer; PBP: Performance-Based Procurement; PLGB: Procurement under Loans Guaranteed by the Bank; PCP: Community participation procurement. **Consulting Firms:** QCBS: Quality- and Cost-Based Selection QBS: Quality-Based Selection FBS: Selection under a Fixed Budget; LCS: Least-Cost Selection; CQS: Selection based on the Consultants' Qualifications; SSS: Single-Source Selection. **Individual Consultants:** NICQ: National Individual Consultant selection based on Qualifications; ICC: International Individual Consultant selection based on Qualifications

² The IDB will be conducting all reviews.

³ The funds are being provided by the Sabin Vaccine Institute as part of a grant received by the Bill and Melinda Gates Foundation.

⁴ In the case of new Policies it applies only for Goods and Works. In the case Old Procurement Policies it applies for Goods, Works and Consulting Services.

Ref. No.	Description and type of the procurement contract	Estimated Contract Cost (US\$000)	Procurement method ¹	Review ² (ex-ante or ex-post)	Source of financing and percentage ³		Pre-qualification ⁴ (Yes/No)	Estimated dates		Status (pending, in process, awarded, cancelled)	Comments
					IDB %	Local/ Other %		Publication of specific procurement notice	Completion of contract		
	1. Consulting services (firms)										
	1.1 Health information system development Building on existing health information systems, develop an integrated health information strategy for countries to use to monitor work towards controlling NIDs.	US\$50,000	QCBS	Ex-post	100%		No	Sept. 2009	October 2010	Pending	
	1.2 Background studies Produce a model that will illustrate the cost of controlling and or eliminating four select NIDs in the Americas (Phase II)	US\$150,000	Sole sourcing	Ex-post	100%		No	Sept. 2009	January 2010	Pending	This is phase II of TC RG-T1667
	1.3 Demonstration projects Comprised of: baseline NID surveillance, monitoring, household-level follow up evaluation survey, laboratory work, drugs for MDA treatment, technical assistance and supervision, training for health workers and community mobilization.	US\$1,057,027	Sole sourcing	Ex-post	100%		No	Oct. 2009	September 2011	Pending	Complementary funds are being raised to expand the activities in these two pilots

Ref. No.	Description and type of the procurement contract	Estimated Contract Cost (US\$000)	Procurement method ¹	Review ² (ex-ante or ex-post)	Source of financing and percentage ³		Pre-qualification ⁴ (Yes/No)	Estimated dates		Status (pending, in process, awarded, cancelled)	Comments
					IDB %	Local/ Other %		Publication of specific procurement notice	Completion of contract		
	2. Consulting services (individuals)										
	2.1 Facility coordinator (FTE) Provide leadership and coordination to the Social Protection and Health (SCL/SPH) Division of the IDB in activities related to the establishment of a Facility to address NIDs.	US\$241,200	IICC	Ex-post	100%		No	Oct. 2009	September 2011	Pending	
	2.2 Research assistant (FTE) Provide research and coordination support to the IDB's NID team.	US\$132,000	IICC	Ex-post	100%		No	Oct. 2009	September 2011	Pending	
	2.3 Project assistant (FTE) Provide administrative support to the members of the Facility Secretariat	US\$92,400	IICC	Ex-post	100%			Nov. 2009	October 2011	Pending	
	2.4 Technical advisor Provide leadership and technical support to the Social Protection and Health (SCL/SPH) Division in all activities related to the establishment of a Facility to address neglected infectious diseases.	US\$80,000	IICC	Ex-post	100%		No	Nov. 2009	July 2011	Pending	
	2.5 Senior technical advisor Provide technical support to the NID Secretariat with regards to the structure of the Facility's grants and specifically on resource prioritization/allocation and creating a set of incentives for governments to apply for the Fund's 'Challenge Grants'.	US\$24,000	IICC	Ex-post	100%		No	Oct. 2009	September 2011	Pending	