

TC Document

I. Basic Information for TC

▪ Country/Region:	REGIONAL
▪ TC Name:	Support for Community of Practice to Share Practical Experiences in Solving Covid-19 Challenges
▪ TC Number:	RG-T3807
▪ Team Leader/Members:	Perez Cuevas, Ricardo Enrique (SCL/SPH) Team Leader; Ho-A-Shu, Ian (SCL/SPH) Alternate Team Leader; Brown, Nicole (CCB/CJA); Distrutti, Marcella (SCL/SPH); Guerra, Martha M. (SCL/SPH); Hincapie Salazar, Daniel (ORP/REM); Jainauth-Umrao, Naveen (VPC/FMP); Lewis, Alix Xianthe Mary (SCL/SPH); Mendoza Centellas, Mariana Beatriz (ORP/GCM); Negret Garrido, Cesar Andres (LEG/SGO); Pinto Masis, Diana Margarita (SCL/SPH); Tjon A Loi, Mariska Chuquita (VPC/FMP)
▪ Taxonomy:	Research and Dissemination
▪ Operation Supported by the TC:	N/A
▪ Date of TC Abstract authorization:	N/A
▪ Beneficiary:	The Bahamas, Barbados, Guyana, Jamaica, Suriname and Trinidad and Tobago
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	Cofinancing Special Grants(COF)
▪ IDB Funding Requested ¹ :	US\$150,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	12 Months
▪ Required start date:	January 2021
▪ Types of consultants:	Firm
▪ Prepared by Unit:	SCL/SPH-Social Protection & Health
▪ Unit of Disbursement Responsibility:	CCB/CJA-Country Office Jamaica
▪ 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

II. Objectives and Justification of the TC

- 2.1 The objective of this operation is to support the establishment of a COVID-19 Caribbean Community of Practice focused on fostering collaboration and knowledge exchange among The Bahamas, Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago to identify, adapt, and scale-up best practices to improve the response to COVID-19. This community of practice will allow the participating countries to share and develop a harmonized and more integrated response to the COVID-19 pandemic. It will also contribute to the resilience objective, which has been espoused by countries in the region.
- 2.2 **Problem.** The IDB member countries of the Caribbean – The Bahamas, Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago have a combined population of approximately 6.4 million persons. These countries are classified as high or middle income, although their

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

particular economic situation and climate change challenges represent a critical vulnerability. Moreover, the International Health Regulations ranked these countries as having medium capacity to respond to public health events in 13 areas.² This classification signaled the strengths and limitations of the countries to respond systematically to acute health emergencies. The declaration of the outbreak of COVID-19 Public Health Emergency of International Concern as a pandemic, and identification of the first COVID-19 cases in March 2020 prompted these six countries to implement response actions to contain and control the outbreak in congruence with the WHO COVID-19 Strategic Preparedness and Response Plan.³

- 2.3 The COVID-19 pandemic has brought about unprecedented challenges for the Caribbean with respect to the planning and implementing an adequate and integrated response on many levels, 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 striving to minimize the chance of an uncontrolled upsurge in cases.
- 2.4 Within this context, the IDB Caribbean Member countries' governments acted swiftly to contain further importation of the COVID-19 virus once the first set of cases had been confirmed. In keeping with the WHO/PAHO recommendations and following technical guidance from CARPHA and WHO/PAHO, each country-imposed travel restrictions, closed borders, and implemented public health strategies and social distancing measures to control community spread. These measures were successful in flattening the epidemiological curve at the onset of the pandemic. However, these countries, being highly tourism-dependent, are now faced with the daunting challenge of reopening their borders to re-stimulate the tourist trade and promote business commerce while simultaneously managing the prevention and spread of the virus. Moreover, these measures have been modified in accordance with the situation of the pandemic in every country, which has been different among them. Table 1 describes the situation as of 20 November 2020. At that time, Barbados had the lowest case rate (86.8 per 100,000), whereas The Bahamas had the highest case rate (1,829.1 per 100,000). Trinidad and Tobago had the lowest case fatality rate (1.9%) and Guyana the highest (3.0%).

Status of the COVID-19 cases in the Caribbean Countries as of 20 November 2020

	Inhabitants	Total cases	Cases per 100,000 inhabitants	Deaths	Deaths per 100,000 inhabitants	Case fatality rate %	Adjusted case fatality rate (95% CI)
The Bahamas	395,631	7,124	1,829.1	155	39.8	2.2	2.8 (2.2-3.5)
Barbados	285,719	249	86.8	7	2.4	2.8	---
Guyana	777,859	4,662	595.6	138	17.6	3.0	3.8 (3.0-4.8)
Jamaica	2,890,000	9,634	326.8	225	7.6	2.3	2.1 (1.-2.6)
Suriname	563,402	5,261	904.9	114	19.6	2.2	2.3 (1.9-2.8)

² Operational capacity was evaluated based on the percentage of compliance with 13 areas of capacity for handling public health events established in the International Health Regulations (IHR 2005): legislation and financing, coordination, zoonotic events, food safety, laboratory, surveillance, human resources, national health emergency, health service delivery, risk communication, points of entry, chemical events, and radiation emergencies.

³ The eight pillars comprise: 1. Country level coordination and monitoring; 2. Risk communication and community engagement; 3. Surveillance, Rapid Response Teams and Case Investigation; 4. Points of Entry; 5. National laboratories; 6. Infection Prevention and Control; 7. Case Management, and 8. Operational Support and Logistics. https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4.

Trinidad and Tobago	1,369,000	5,930	425.1	111	8.0	1.9	2.3 (1.8-2.9)
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Source: IADB Coronavirus platform. <https://www.iadb.org/en/coronavirus>

- 2.5 All six countries have been working to phase-in the restarting of their economies but remain vulnerable to the challenges associated with re-opening borders. The countries are working to develop their strategies and policies in preparation to return to a state of normalcy. However, the countries are all at different stages of reopening their borders and economies given the disparities in each country's capacity in terms of quality of health care delivery, the condition of physical infrastructure and equipment, trained human resources, and level of financing. While the countries are mindful that "no one size fits all," the opportunity to disseminate and share good practices and lessons learned from public sector managers working in different locations as part of a cross-regional dialogue and decision-making forum is especially relevant, timely, and welcome. In addition, initiatives to promote inter-country support networks among the participating countries can also positively impact the timely and coordinated implementation of actions to contain the pandemic and mitigate its impacts across the Caribbean region.
- 2.6 **Solution.** Recent evidence^{4, 5, 6, 7} has shown that fast-evolving scenarios and rapidly changing global knowledge about ways to respond to the pandemic require that multiple levels of government (international, regional, national, and local) cooperate and coordinate their activities to avoid fragmented solutions, duplication of efforts, and waste of scarce resources. The aim is to avoid a potential worsening of the risks and outcomes of vulnerable sub-groups of the population, including health workers, the elderly, pregnant women, and people with chronic health conditions. Besides, the establishment of mechanisms to facilitate the exchange of best practices among peers facing similar challenges in addressing the pandemic provides more relevant, effective, and practical support to government officials and community leaders in their response to the pandemic. For example, in the United States, the Rockefeller Foundation has an ongoing successful 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.
- 2.7 **Bank experience.** The Bank has demonstrable experience establishing learning and exchange platforms to inform and facilitate public sector dialogue and decision-making within public health emergencies. In 2016, the Bank sponsored a Smarter Crowdsourcing six month initiative conducted by The GovLab that targeted and mobilized global expertise to help governments in LAC prepare for and respond to mosquito-borne diseases and generate innovative and implementable solutions to major infectious disease outbreaks in the region. That initiative had the participation of the Vice-Ministers of Health of Colombia and Panama, the Sub-Secretary of Public Innovation and Open Government and Minister of Health of Argentina, and the Secretary of Health of Rio de Janeiro.⁸

⁴ OECD. The territorial impact of COVID-19: Managing the crisis across levels of government. November 2020.

⁵ United Nations. COVID-19 Pandemic Demonstrates Multilateral Cooperation Key to Overcoming Global Challenges, President Stresses as General Assembly Concludes Annual Debate. September 2020.

⁶ United Nations. United Nations Comprehensive Response to COVID-19: Saving Lives, Protecting Societies, Recovering Better. June 2020.

⁷ Hattke, F. & Martin, H. Collective action during the Covid-19 pandemic: The case of Germany's fragmented authority. September 2020.

⁸ The GovLab. Smarter Crowdsourcing Zika. [Source](#).

- 2.8 In July 2020, the Bank and The GovLab, in partnership with governments from the region, launched the Smarter Crowdsourcing in the Age of Coronavirus initiative (SCC)⁹. To this end, the Bank and The GovLab have 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, creative ideas on how governments and the public can respond to the challenges posed by COVID-19 virus. Conference topics have included testing and contact tracing strategies, and each session brought together 19 and 29 global experts respectively, and 41 government officials who were in charge of the COVID response in Argentina, The Bahamas, Brazil (Ceará), Colombia, Costa Rica, Guatemala, Honduras, Peru, Trinidad and Tobago.
- 2.9 **Proposed approach.** This TC operation provides an opportunity for the participating countries to establish a community of practice focused on fostering collaboration and knowledge exchange. This novel method will allow participating countries to jointly identify, discuss, adapt, and scale-up best practices to improve critical pillars of their response to COVID-19, and craft a more integrated and effective response. In particular, countries will benefit from exchanging their experiences and receiving inputs from technical experts on concrete and practical solutions to specific challenges posed by the COVID-19 virus. For example, countries will identify and then participate in forums on health services management issues within the COVID-19 context, which could include the impact of the virus on vulnerable populations, health performance indicators during the pandemic, and the practical use of telehealth. In addition, the knowledge exchanges will facilitate the discussion of how the participating countries can achieve effective coordination and planning in key areas, which may include : (i) when and how to relax the most stringent restrictions; (ii) how to apply COVID-19 testing protocols for different settings/scenarios such as schools, workplaces or tourism; (iii) how to carry out communication and community engagement with clear factual and consistent messages on testing and vaccination roll-out to instill confidence, build solidarity, and enlist individuals and communities in actions; (iv) how best to protect health workers both with training and protective equipment, as well as attending to their mental health needs; and (v) how to expand the health system capacity to treat severe COVID-19 cases. It is also essential that the costs and economic impact of these interventions be measured, as this will provide an objective basis for making a case for a sustained investment of resources towards a more targeted set of approaches across the region in response to the pandemic.
- 2.10 The activities of the community of practice will be facilitated by one principal collaborating academic institution - either public, private, or not-for-profit - with a strong reputation for leadership and research in public health and health policy with demonstrable experience in the design and application of methods for the engagement of experts to work with the public sector in participating countries.
- 2.11 **Strategic Alignment.** This TC is consistent with the Second Update of the Institutional Strategy (AB-3190-2) because it is aligned with the development challenges of Social Inclusion and Equality through its approach to strengthening healthcare provision to patients with suspicion and diagnosis of COVID-19 and guaranteeing the provision of essential healthcare. 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. Besides, it is

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, 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. [Source](#).

consistent with the Health and Nutrition Sector Framework Document (GN-2735-7) by supporting the strengthening of (i) communication and information actions for behavior change; (ii) the delivery of services and the training of health professionals; and (iii) 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. Moreover, through regional technical cooperation projects, the Bank has supported Caribbean countries' responses to infectious diseases by: (i) strengthening the countries' response capacity to face public health emergencies caused by vector-borne diseases; and (ii) advancing in compliance with the requirements of the International Health Regulations (ATN/OC-15879-RG).

III. Description of activities/components and budget

- 3.1 **Component 1. Creation of a community of practice (US\$142,500).** The objective of the project component is to support the creation, consolidation, and expansion of a community of practice between participating Caribbean countries to identify, adapt, and scale-up best practices to improve critical pillars of the response to COVID-19. In order to achieve this objective, the project will finance the hiring of an academic institution to perform the following activities: (i) recruit members to join the 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) monitor and evaluate the results achieved by the community of practice through surveys that will be administered to the members of the community every two months, as well as through attendance sheets; (v) drawing on the results of the surveys and other data gathering approaches, provide an assessment of the costs and economic impact of the application of the proposed best practices to countries; and (vi) generate and disseminate the knowledge produced through the community of practice. Dissemination channels will include briefing materials, action memos, moderation guidelines, technical notes, research papers, blogs, amongst other products that will be published digitally.
- 3.2 Funds will be allocated for: (ii) an academic institution that will integrate a team comprised of a manager assisted by a coordinator to articulate the activities amongst collaborators and communities of practice, follow up on deliverables, contractual obligations, handle all logistics and ensure timely sourcing of experts. The team also will include researchers and consultants in charge of the dissemination activities, (ii) writing, and research team with subject matter knowledge and know-how of writing rapid and actionable documents; (iii) expenses of the publications' edition. The academic institution will publish the products on its website and the IDB website after fulfilling the institutional publishing requirements.
- 3.3 The expected results include six workshops implemented, with their respective training products, policy briefs and other materials developed, one discussion paper and a final report on health policy recommendations in the form of a technical note.
- 3.4 The Rockefeller Foundation expects to commit US\$150,000 to this project, to be allocated according to the following table:

Indicative Budget¹⁰

Component / Activity	IDB Funding (US\$)	Total Funding (US\$)
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¹⁰ In the case of PSGs, the budget table needs to include the 5% administration fee charged by the IDB. The fee is calculated as 5% of the donor total contribution.

Design, implementation, and dissemination of knowledge products of a community of practice	\$142,500	\$142,500
IDB Administration Fee	\$7,500	\$7,500
Total	\$150,000	\$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-Hoc and CLFGS and a Proposal to Unify Them as Project Specific Grants (PSGs)” (Document SC-114). As contemplated in these procedures, the commitment by 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 upon the Bank’s receipt of the contribution.
- 3.6 **Monitoring.** IDB Jamaica Country Office (CJA) will monitor the progress of the project. The project deliverables from the community of practice will be used as milestones by the IDB to monitor physical progress and financial progress, as payments to the collaborating institution will be linked to these. In addition to the final Project reports, and as part of this Contribution, the Bank will provide the Donor with the following deliverables according to the due dates that will be defined in the agreement between both parties: (1) Brief report outlining the sub-regional or country partners selected, to implement sub-regional or subnational convenings, accompanied by suggested discussion topics for sub-regional convenings. (2) Interim narrative progress report detailing the convening held thus far per sub-region or country, indicators of engagement by participants, as well as summary documentation from convening discussions.
- 3.7 **Evaluation.** 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 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 community of practice and collaborating institutions after two months following the end of the project.

IV. Executing agency and execution structure

- 4.1 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.
- 4.2 The Executing Agency (EA) is the IDB through the IDB Jamaica Country Office (CJA). The project will be executed by the IDB from the Country Office Jamaica in keeping with Annex 10 of GN-2629-1, which authorizes the Bank to act as the Executing Agency for Regional Technical Cooperation. The Bank will execute this TC given that: (i) it has experience in preparing research and dissemination projects to strengthen health services; and (ii) the administrative burden associated with the execution of the process is low since a good part of the activities will be carried out through the hiring of a firm to provide services. The work will guarantee close collaboration between researchers and technical experts from the government counterparts, private sector, and not-for-profit organizations at the country level, both for technical exchanges and reporting the results. All planned activities and communications between the consulting firm and country’s participants will be conducted virtually. The project does not require the in-country presence of consultants, nor will fieldwork take place. In the event that this situation changes, no activities will be executed in a

participating country without obtaining the letter of non-objection of the country where such activities would take place.

- 4.3 All activities to be executed under this TC have been included in the Procurement Plan (See Annex IV) and will be contracted in accordance with Bank policies as follows: (a) AM-650 for Individual consultants; (b) GN-2765-4 and Guidelines OP-1155-4 for Consulting Firms for services of an intellectual nature; and (c) GN-2303-28 for logistics and other related services.
- 4.4 The IDB will monitor the quality and progress of the TC through the IDB's institutional systems, under the supervision responsibility of the TC Project Team Leader and sector specialist, Ricardo Perez Cuevas (SCL/SPH). The final products will also be reviewed by the Project Team to ensure the quality of products and services funded under this TC.
- 4.5 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.

V. Major issues

- 5.1 There are three risks associated with this project. The first risk is related to the availability of policymakers and technical health staff to actively engage in the virtual sessions, and the institutional capacity of national and subnational governments to adopt initiatives proposed by the community of practice. This risk will be mitigated by adopting 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 could include collaborators from the private and non-for-profit sectors as well as collaborators from each participating country with active roles. There will be consultancies hired to accompany the activities, and the executing period of this TC (12 months) is relatively short. These factors will ensure the continuation of activities during and after completion of the TC.
- 5.3 The third risk is related to the potential disruption of the COVID-19 pandemic on the integration or activities of the community of practice, which could delay the accomplishment of the milestones and products. There are three actions to mitigate the risk. First, all activities will be virtual. Second, the activities' programming will consider the pandemic conditions and the restriction measures in each country. Third, participation from experts from academia and the private and not-for-profit sectors will complement the community of practice to minimize the risks of not reaching enough local participants.

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 - RG-T3807](#)

[Results Matrix - RG-T3807](#)

[Terms of Reference - RG-T3807](#)

[Procurement Plan - RG-T3807](#)