

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

REGIONAL

**SUPPORT FOR PREVENTION AND CONTROL OF THE
AH1N1 INFLUENZA EPIDEMIC AND OTHER INFECTIOUS
DISEASES IN LATIN AMERICA AND THE CARIBBEAN**

**(RG-T1733)
(RG-T1740)**

LOAN PROPOSAL

This document was prepared by the project team consisting of: Amanda Glassman, Project Team Leader (SCL/SPH); Leonardo Pinzón (SCL/SPH); Carolina González (SCL/SPH); Martha Guerra (SCL/SPH); and Juan Carlos Pérez-Segnini (LEG/SGO).

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BASIC SOCIOECONOMIC DATA

For basic socioeconomic data, including public debt information, please refer to the following address:

<http://www.iadb.org/RES/index.cfm?fuseaction=externallinks.countrydata>

ABBREVIATIONS

CDC	Centers for Disease Control
CEPREDENAC	Centro de Coordinación para la Prevención de los Desastres Naturales en América Central [Coordinating Center for the Prevention of Natural Disasters in Central America]
COMISCA	Consejo de Ministros de Salud de Centroamérica [Council of Ministers of Health of Central America]
FOD	Food Price Crisis Response Strategic Thematic Fund
JICA	Japan International Cooperation Agency
JSF	Japan Special Fund
NIPPPs	National influenza pandemic preparedness plans
OC	Ordinary Capital
SCL/SPH	Social Protection and Health Division
SISCA	Secretaría de la Integración Social Centroamericana [Secretariat of Central American Social Integration]
WHO/ PAHO	World Health Organization / Pan American Health Organization

EXECUTIVE SUMMARY

Beneficiary:	Countries of Latin America and the Caribbean	
Project team leader/members:	Amanda Glassman, Project Team Leader (SCL/SPH); Leonardo Pinzón (SCL/SPH); Carolina González (SCL/SPH); Martha Guerra (SCL/SPH); and Juan Carlos Pérez-Segnini (LEG/SGO)	
Executing agency:	Inter-American Development Bank	
Coexecuting agencies:	Pan American Health Organization (PAHO) and the CDC Foundation (of the Centers for Disease Control)	
Beneficiaries:	Populations in the region at risk of exposure to the AH1N1 influenza virus.	
Sources of financing:	Japan Special Fund (JSF)	US\$2 million
	Ordinary Capital (OC)	<u>US\$3 million</u>
	Total:	US\$5 million
Objectives:	To support the public health response to the AH1N1 influenza epidemic and other infectious diseases in Latin America and the Caribbean through the transfer of know-how and technology for the design and implementation of an epidemiological surveillance system to monitor infectious diseases and respond effectively to future outbreaks.	
Terms:	Execution period:	12 months
	Disbursement period:	24 months
Special contractual conditions:	None.	
Exceptions to Bank policies and procedures:	None.	
Environmental and social review:	The Environmental and Social Impact Review Secretariat (ESR) reviewed and cleared the project profile on 18 May 2009, confirming the operation's classification as category "C."	
Coordination with other development finance institutions:	The Bank is working closely with the Pan American Health Organization (PAHO), the United States Centers for Disease Control (CDC), and the World Bank to coordinate a regional response.	

I. BACKGROUND AND RATIONALE

- 1.1 **Background.** As of at 06:00 Greenwich Mean Time on 10 June 2009, the World Health Organization (WHO) had officially reported 27,737 cases of human infection due to the AH1N1 influenza virus, including 141 deaths, in 74 countries. The pandemic alert for AH1N1 influenza now stands at level five of six, an acknowledgment that there is currently sustained human-to-human transmission in two countries, and on the basis of which it is recommended that all countries activate their pandemic preparedness plans.
- 1.2 One obstacle to determining an appropriate response is the uncertainty regarding the outbreak's evolution. The epidemiology of this new virus has not yet been fully characterized (mortality rates, vulnerable groups, transmission mechanisms). There are standard protocols for addressing influenza being applied worldwide, according to which primary prevention consists of frequent hand-washing and limited contact with the ill, while secondary prevention recommends early treatment with medications. The procurement and distribution of a modified influenza vaccine for the next flu season will be among the priorities in the coming months.
- 1.3 The AH1N1 may potentially have serious human, social, and economic consequences, with a major impact on trade and tourism. It is likely that these consequences will hit the region's countries particularly hard, due not only to their geographic proximity to the source of the outbreak, but also to their limited readiness respond to it. In this regard, it is important to consider that the poorest countries, in general, are not adequately prepared, and their characteristics, in terms of health and nutrition, make their populations more vulnerable. Even if the outbreak is controlled, given the virus's potential to mutate, it is extremely important to be prepared for influenza before the next flu seasons.
- 1.4 The experience of Mexico—which put its influenza epidemic response plan into practice and had well-trained human resources, public information materials prepared, and a reserve of antiviral drugs—has served as an example of the challenges to be faced in the event of an outbreak. Since the virus is new, symptoms were initially hard to identify for patients and healthcare providers. The flow of information about cases, as well as the protocols related to the exchange of information between federal and municipal authorities posed a challenge. Early in the outbreak, when biological samples were taken, the diagnosis took time given laboratories' lack of capacity to diagnose the disease. The barriers faced by the poor in accessing health services without insurance became evident: it is more likely that the poor will have difficulties accessing care in a timely manner, and in general chronic illnesses—a factor increasing a person's vulnerability to the virus—have a greater impact on the poor. The Mexican government implemented various measures to slow the transmission of the disease and reduce mortality, such as the distribution of antiviral medications to all healthcare units, the publication of specific guides for providers, and the establishment of a call center for the public

seeking information on healthcare, all potentially relevant actions for the rest of the region.

- 1.5 The coming months will be decisive in determining the scope and impact of the epidemic. Although the countries in the southern part of the region have more and better diagnostic and response capability, the epidemiology and seriousness of the upcoming flu season cannot be clearly foreseen. The beginning of the flu season in the southern hemisphere, together with the detection of confirmed cases in a number of countries (the Southern Cone countries with 2,005 confirmed cases and two deaths), create a concern that new transmission of the AH1N1 influenza virus may give rise to large-scale outbreaks in the coming months. The countries in the southern hemisphere that are entering the flu season should anticipate the effects of outbreaks and therefore increase surveillance. It is important to take into account that the flu virus can circulate year round in tropical regions. Therefore, these countries should maintain greater surveillance.
- 1.6 This cooperative initiative will provide continuity to the support provided by the IDB for the regional integration process in Central America and Mexico, through the development of a regional epidemiological surveillance system, based on the strengthening of national systems, work done with the Secretariat of Central American Social Integration (SISCA) whose results have contributed to the development of the surveillance component of the Mesoamerican Public Health System.¹ In this context, it is important to consider that some national systems have been evaluated, and significant limitations detected, related to human resources training, lack of coverage of health services, and limited surveillance processes. For this reason, it is important to continue strengthening public surveillance systems so as to lay a solid foundation for regional integration. A recent study of national strategic pandemic influenza preparedness plans in Latin America showed that only 50% of the 15 countries included in the analysis (which assessed such variables as planning and coordination, surveillance, communication, and plan implementation) had completed their plan. The ability of different health systems to respond to emergencies was found to vary considerably, especially in low-income countries where infrastructure is fragile, resources are limited, and current capacity is insufficient. However, the region needs to ensure early detection and optimal response to diseases.

II. THE PROGRAM

A. Objective

- 2.1 The objective of this operation is to support the public health response to the AH1N1 influenza epidemic and other infectious diseases through the transfer of

¹ The Mesoamerican Public Health System, the result of efforts by the presidents of Central America and Mexico, has focused on four vertical areas (immunizations, maternal health, nutrition, and congenital conditions) and two horizontal areas (public health surveillance and human resources capacity-building).

know-how and technology for the design and implementation of an epidemiological surveillance system to monitor infectious diseases and respond effectively to future outbreaks.

B. Components

2.2 **Component 1. Regional public health surveillance system.** This component's objective is to strengthen knowledge, research, and epidemiological surveillance of infectious diseases through the development of a regional public health surveillance system, a regional epidemiological study of the AH1N1 influenza virus, and technical assistance activities for the proper care and prevention of this type of influenza. This component will have two subcomponents: one regional and one based on each country's specific activities.

2.3 **Subcomponent 1. Development of the regional public health surveillance system and evaluation of the outbreak.** At the regional level, the development of a regional public health surveillance system and a comprehensive evaluation of the outbreak will be supported, including the compilation and analysis of data on the epidemiological, clinical, and virological characteristics, as well as an analysis of the lessons learned in the handling of the response to date, in terms of social, health, and economic impact. The regional public health surveillance system will include the following elements:

- a. Regional information platform. This is aimed at knowledge management and timely reporting on the occurrence of an illness and the actions to be taken to effectively prevent and control disease. Activities will be focused on the technical aspects of establishing this platform and review of available surveillance platforms. Initially, work will be done with the Council of Ministers of Health of Central America (COMISCA) and the Pan American Health Organization (PAHO) to ensure that country needs are identified and addressed.
- b. Regional network of public health laboratories. This regional network of laboratories will confirm cases of contagious diseases and other infectious diseases that have the potential to cross borders and become an issue of interest to neighboring countries. Specifically, support will be provided to:
 - (i) implement CDC and WHO/PAHO protocols for influenza surveillance;
 - (ii) strengthen the specific mapping of the disease in regional laboratory networks and their reference laboratories;
 - (iii) characterize the outbreak through the compilation and analysis of data on epidemiological, clinical, and virological characteristics;
 - (iv) develop other networks for priority diseases and conditions;
 - (v) frequently evaluate the operation of the laboratory's current information systems, identifying gaps and making recommendations to ensure that the laboratory's information provides all data required to support the regional information platform, based on the work done by the IDB in the Mesoamerican epidemiological surveillance project; and
 - (vi) support the creation and institutional strengthening of National Influenza Centers and

facilitate the flow of information and samples, both nationally and among international agencies.

- c. Regional public health emergency systems. The objective is to provide technical assistance to analyze and interpret the surveillance data and turn it into information that can be used to guide the prevention and control of disease. One key in the surveillance function is to provide timely alerts to public health authorities regarding potential problems or emergency situations and the actions that should be taken to control or contain the disease. This process requires alert mechanisms, communication systems, and a response capacity that includes research and implementation of prevention and control policies. Specifically, support will be focused on: (i) generating technical options for the development of a regional early warning system; (ii) evaluating the current state of the regional public health emergency communication capacity, identifying gaps, and making the applicable recommendations to improve it; (iii) evaluating the public health aid currently provided at borders and identifying the areas where it could be expanded; (iv) developing a regional, national, subnational, and local public health plan that can respond to the emergency system, based on the work done with the Coordinating Center for the Prevention of Natural Disasters in Central America (CEPREDENAC); (v) updating the national risk communication strategy; (vi) designing the measures required for the safe transport and mobility of passengers; and (vii) coordinating the response to a pandemic situation by regional and subregional organizations, international institutions, the community, and other stakeholders. Another key element of the system relates to proper communication services with patients and the ill, as well as healthcare providers and the general public on disease prevention, early identification, and measures to limit the spread of the infection. The design, development, publication, and dissemination of graphic materials, as well as the translation of technical materials are among the primary activities to be undertaken.

- 2.4 **Subcomponent 2. Training of health service providers: detection, confirmation, risk evaluation, and local coordination.** Specific technical assistance will be provided to each country for the detection, confirmation, risk evaluation, and coordination of the epidemiological response, in accordance with the International Health Regulations (2005). Training will also be provided to health service providers so that they can recognize the symptoms, provide appropriate treatment, and timely reporting as part of the activities of the epidemiological surveillance system, since one of the main causes of mortality is the late diagnosis of probable cases and inadequate treatment of health complications. Based on the foregoing, this subcomponent will provide financing for the following activities:

- a. Design of regional and national training for health service providers.

- b. Support for health services and health workers to respond to AH1N1 influenza and other infectious diseases through: (i) the formation and training of rapid response groups in the event of detection, confirmation, evaluation of the risk posed by the outbreak, and coordination of the epidemiological response; (ii) development of a coordinated mechanism and manuals for the procurement, establishment of national inventories and needs for medications to address the crisis; (iii) the production and distribution of the guides and specific technical information on AH1N1 influenza; and (iv) development of a pharmacosurveillance system to monitor the use and adverse events associated with the use of antivirals, particularly in mothers and infants under one year of age.
 - c. Development of a strategy for the distribution and application of vaccines for high-risk populations, as well as support in the implementation of the surveillance system to monitor adverse events and analyze coverage of the vaccine and measurement of its impact.
 - d. A conference to discuss project outcomes, lessons learned, recommendations, and next steps.
- 2.5 **Component 2. Regional response plan for the influenza outbreak and infectious diseases.** This component's objective is to support actions for the execution of a regional plan to immediately address AH1N1 influenza, including the subcomponents described below:
- 2.6 **Subcomponent 1. Institutional strengthening of laboratories in the region.** Actions will be undertaken for the institutional and technological strengthening of laboratories by: (i) providing equipment and materials for research on the outbreak, as well as institutional materials to support training, considered essential for achievement of the operation's objectives; (ii) expanding the capacity and response of national laboratories through the procurement of laboratory equipment; (iii) training on the use of new equipment, purchase of materials and consumables necessary for this training; and (iv) technical assistance for certain laboratories in the region to function as National Influenza Centers.
- 2.7 **Subcomponent 2. Training in research on the outbreak.** This subcomponent aims to provide regional and national strengthening of laboratories for a proper response to the influenza outbreak, including data collection, handling, and analysis activities.
- 2.8 **Subcomponent 3. National influenza pandemic preparedness plans (NIPPPs).** Technical assistance will be provided to the region's countries for the updating or finalization of national, multisector, or sector-based influenza pandemic preparedness plans (NIPPPs), including national, subnational, and local dissemination, implementation, and testing.

III. COST AND FINANCING

- 3.1 The estimated total cost of the project will be US\$5 million. The Bank's nonreimbursable contribution will be financed by the Japan Special Fund (JSF) and the Ordinary Capital (OC) of the Bank. The technical cooperation operation will be executed over a period of 12 months, with a 24-month disbursement period.

Table III-1
Costs and Financing

Components/Subcomponents	Source of financing			
	JSF	OC	Total	%
Component 1. Regional public health surveillance system	1,464,000	1,950,000	3,414,000	68%
Subcomponent 1 Development of the regional public health surveillance system and evaluation of the outbreak	1,040,000	700,000	1,740,000	35%
Subcomponent 2 Training of health service providers: detection, confirmation, risk evaluation, and local coordination	424,000	1,250,000	1,674,000	33%
Component 2. Regional response plan for the influenza outbreak and other infectious diseases	200,000	1,050,000	1,250,000	25%
Subcomponent 1. Institutional strengthening of laboratories in the region	0	900,000	900,000	18%
Subcomponent 2. Training in outbreak investigation	0	150,000	150,000	3%
Subcomponent 3. National influenza pandemic preparedness plans (NIPPPs)	200,000	0	200,000	4%
Total components	1,664,000	3,000,000	4,664,000	93%
Contingencies	70,000	0	70,000	1%
Project coordination	196,000	0	196,000	4%
Project technical assistant	70,000	0	70,000	1%
TOTAL	2,000,000	3,000,000	5,000,000	100%

- 3.2 **Acknowledgement of the JSF contribution.** The JSF contribution, to finance activities executed by the CDC Foundation and the IDB, will be acknowledged in any printed materials, presentations, or formal documents prepared within the framework of the technical cooperation project. Information on project execution will be shared periodically with the Japanese embassies in the region and the Japan International Cooperation Agency (JICA). The IDB's Social Protection and Health Division (SCL/SPH) will establish mechanisms for sharing and providing feedback on the project's outputs with the Japanese embassies in the region and JICA. The IDB and JICA will collaborate on the review of technical cooperation opportunities aimed at mitigating the economic effects of the influenza outbreak.
- 3.3 **Use of the Bank's Ordinary Capital.** The present operation meets the criteria for appraising Bank programs eligibility for funding from the special programs/grants of Ordinary Capital resources (document GA-220-12). The latter document (paragraphs 2.7 and 3.4) states that the Board has the authority to approve or

modify special programs and grants of Ordinary Capital resources that satisfy the eligibility criteria set out therein. For the purposes of the present operation, the contribution from the Bank's Ordinary Capital will be US\$3 million. Pursuant to Resolution DE-103/08, Ordinary Capital resources were allocated to the Food Crisis Response Strategic Thematic Fund (FOD), and it is proposed that, without losing sight of the objectives of the FOD, resources be reallocated to finance the present program. The resources being used to finance the present program correspond to a reallocation of the authorized amount of the FOD, and not to a new allocation from the Ordinary Capital.

IV. PROGRAM EXECUTION

- 4.1 **Executing agency.** The executing agency of this technical cooperation operation will be the IDB, given the regional, multisector approach and the Bank's advantage in working with health experts, as well as with all levels of government, which, among other considerations, has allowed it to provide technical assistance and financing at both the regional and national levels, as well as develop and execute specific projects promoting the region's development. The unit responsible for execution of the proposed operation will be the Social Protection and Health Division (SCL/SPH), which will conduct technical monitoring, disbursements, and supervision of any type of audit. Moreover, considering the scope, it will have the support and coordination of other donors operating in the region to ensure synergies and value-added.
- 4.2 **Coexecuting agencies.** The Pan American Health Organization (PAHO) and the CDC Foundation (of the United States Centers for Disease Control) will be coexecuting agencies of this technical cooperation operation. Each of these institutions will sign a letter of intent with the Bank for purposes of formalizing the terms and conditions for supplying the nonreimbursable technical cooperation resources to finance the procurement of goods and services (other than consulting services) and the selection and contracting of consultants necessary for the operation.

PAHO is the regional health authority that will manage a minimum inventory of medications in the beneficiary countries and stock the laboratories in each of the region's countries, using its own resources and those from sources other than this technical-cooperation operation. Specifically, using resources from this operation, PAHO will be responsible for execution of most of the activities of component 1, subcomponent 2 for the training of health service providers, and component 2 for institutional strengthening of the region's laboratories and technology transfer to implement the regional response plan for an outbreak of influenza and other infectious diseases.
- 4.3 The CDC Foundation is a private, nonprofit organization established to support the mission of the Centers for Disease Control and Prevention through partnerships with organizations, foundations, trade groups, educational groups, and private

sector individuals, in order to help obtain better, faster results in fighting threats to health and safety. In the technical cooperation project, the CDC Foundation will be responsible for executing most of the activities of subcomponent 1 for the development of the regional public health surveillance system and the evaluation of the outbreak, as well as the conference to discuss the project's outcomes, lessons learned, recommendations, and next steps.

- 4.4 **Subregional liaison entities.** The IDB, as the executing agency, and the CDC and PAHO as coexecuting agencies, will maintain communication with: (i) the Council of Ministers of Health of Central America (COMISCA), a subregional entity coordinated by the Ministers of Health in Central America and Mexico, to ensure that the needs of Central American countries are identified and addressed; and (ii) CEPREDENAC, a regional intergovernmental organization pertaining to the Central American Integration System (SICA), to develop a regional plan for the public health emergency response system.
- 4.5 **Execution and disbursement periods.** The project will be executed over 12 months, with a 24-month disbursement period.
- 4.6 **Procurement.** Consultants for the project will be selected in accordance with the provisions of document GN-2350-7 ("Policies for selection and contracting of consultants financed by the IDB") of July 2006, the Abbreviated Guide for Bank Contracting, and this document's Procurement Plan.
- 4.7 The procurement of goods and services, considered essential for achieving the operation's objectives, will be conducted in accordance with the provisions of document GN-2349-7 ("Policies for the procurement of works and goods financed by the IDB") of July 2006, and this document's Procurement Plan. According to paragraph 3.9, sections a and b, of these policies, PAHO, as coexecuting agency, may make direct purchases from specialized agencies using its own procurement procedures, given PAHO's ample experience as the region's health authority.

V. MONITORING AND EVALUATION

- 5.1 **Monitoring.** The project coordinator at the IDB will be responsible for monitoring and control activities, verifying eligibility of expenditures, and processing payments to consultants.
- 5.2 **Technical and basic responsibility.** The Social Protection and Health Division (SCL/SPH) will be responsible for technical supervision and disbursements.

VI. BENEFITS AND RISKS

- 6.1 **Program benefits and development impact.** The proposed technical cooperation operation will have a positive social impact over the long term since the decreased transmission of the virus causing AH1N1 influenza will have a favorable effect on the health of the population regionwide. The project will have a positive impact on individuals and communities through improvements in work, school attendance,

and the health of children and pregnant women. Specifically, the information and know-how fostered by this proposed technical cooperation operation will help raise funds and generate the political will to increase efforts to address AH1N1 influenza and other infectious diseases.

- 6.2 **Risks.** The main risk associated with this project is related to the accuracy of the information on the epidemiology of the current outbreak and the data to be shared among the countries. Another problem is the limited preparedness for the current outbreak. This project will assign priority to the poorest countries to ensure the implementation of epidemiological surveillance and public health systems, as well as laboratory diagnostic capacity in the countries of the region, and will coordinate a minimum stock of medications and antivirals with other donors.

VII. ENVIRONMENTAL AND SOCIAL REVIEW

- 7.1 This project includes no activity that could generate negative environmental and/or social impacts. The Environmental and Social Impact Review Secretariat (ESR) confirmed the category “C” classification accorded to the present operation on 18 May 2009. The project’s social impact is expected to be extremely positive regionally, improving living conditions for vulnerable populations and contributing to efforts to address AH1N1 influenza and other infectious diseases.

**SUPPORT FOR PREVENTION AND CONTROL OF THE
AH1N1 INFLUENZA EPIDEMIC AND OTHER INFECTIOUS DISEASES IN LATIN AMERICA AND THE CARIBBEAN
(RG-T1733) (RG-T1740)**

LOGICAL FRAMEWORK

Objectives	Indicators	Means of verification	Assumptions
Goal			
To support the public health response to the AH1N1 influenza epidemic and other infectious diseases in Latin America and the Caribbean through the transfer of know-how and technology for the design and implementation of an epidemiological surveillance system to monitor infectious diseases and respond effectively to future outbreaks.	Two years after project completion: <ul style="list-style-type: none"> - Contributions have been made to controlling the spread of AH1N1 influenza. - The influenza has been characterized, and the beneficiary countries have effective surveillance and response systems. 	Official PAHO/WHO report on confirmed cases and deaths in the region as a result of AH1N1 influenza between 2009 and 2010	<ul style="list-style-type: none"> - The countries' macroeconomic and political stability are maintained. - Program objectives are maintained.
Purpose			
To transfer know-how and technology for the design and implementation of an epidemiological surveillance system to monitor infectious diseases and respond effectively to future outbreaks.	Upon project completion: <ul style="list-style-type: none"> - 80% of the epidemiological surveillance systems are designed. - 30% of the epidemiological surveillance and monitoring systems are being implemented. - 80% of cases of AH1N1 influenza are being monitored. 	<ul style="list-style-type: none"> - Epidemiological surveillance system design document - Two semiannual progress reports - Reports on monitoring AH1N1 influenza - Document analyzing the lessons learned in the handling of the response to date in terms of social, health, and economic impact 	<ul style="list-style-type: none"> - Results of the studies are available in a timely manner. - There is effective coordination among the institutions involved for development of the system.

Objectives	Indicators	Means of verification	Assumptions
Components			
Component 1. Regional public health surveillance system			
To strengthen knowledge, research, and epidemiological surveillance of infectious diseases through the development of a regional public health surveillance system, a regional epidemiological study of the AH1N1 influenza virus, and technical assistance activities for the proper care and prevention of this type of influenza. This component will have two subcomponents: one regional and one based on each country's specific activities.	Upon project completion: <ul style="list-style-type: none"> - Regional information platform is operating. - Regional network of public health laboratories is active. - 8 National Influenza Centers produce annual reports indicating their results with established indicators. - International Health Regulations are properly applied in epidemiological responses. - Adaptation of the tool of the Economic Commission for Latin America and the Caribbean (ECLAC) for the evaluation of the economic impact in a pandemic situation. - Publicity campaign on disease prevention, early identification, and measures to prevent and control transmission, stressing hand-washing 	<ul style="list-style-type: none"> - Report on operation of regional information platform - Cases addressed by the regional network of public health laboratories - 8 National Influenza Centers with annual reports indicating their results with established indicators - Operating test of ECLAC tool to evaluate the economic impact of a pandemic in three countries of the region - Reports on the campaign design and applicability for beneficiaries - Reports and results from each consulting project 	The necessary information is available to perform the regional evaluation.

Objectives	Indicators	Means of verification	Assumptions
Component 2. Regional response plan for the influenza outbreak and other infectious diseases			
To support actions for the execution of a regional plan to immediately address AH1N1 influenza, including the institutional and technological strengthening of laboratories and the transfer of know-how for early detection, accurate diagnosis of diseases, and the establishment of national plans to address influenza and other infectious diseases.	Upon project completion: <ul style="list-style-type: none"> - 3 laboratories in the region are strengthened and can be designated as National Influenza Centers. - Analysis of the inventories each country should have, in order to meet demand in the event of an emergency. - Each country in the region has at least one laboratory team operating for the early detection and diagnosis of the current or a future outbreak. - At least 8 countries in the region have influenza pandemic preparedness plans. 	<ul style="list-style-type: none"> - Analytic reports produced by laboratories in each country - Quantitative analysis of requests made for each country for influenza care. - Report on 8 influenza pandemic preparedness plans finalized and continually updated 	

**SUPPORT FOR PREVENTION AND CONTROL OF THE
AH1N1 INFLUENZA EPIDEMIC AND OTHER INFECTIOUS DISEASES IN LATIN AMERICA AND THE CARIBBEAN
(RG-T1733) (RG-T1740)
ITEMIZED BUDGET**

Components/Subcomponents		Source of financing				
		JSF	%	OC	%	Total
Component 1. Regional public health surveillance system		1,464,000	73%	1,950,000	65%	3,414,000
<i>Subcomponent 1. Development of the regional public health surveillance system and evaluation of the outbreak</i>						
	Subtotal	1,040,000	52%	700,000	23%	1,740,000
<i>1.1.</i>	<i>Regional information platform</i>	<i>80,000</i>	<i>4%</i>	<i>0</i>	<i>0%</i>	<i>80,000</i>
	Analysis and development of technical options and strategies for the regional information network	10,000	1%	0	0%	10,000
	Review of available regional surveillance platforms (United States, European Union, and others).	15,000	1%	0	0%	15,000
	Diagnostic assessment of lessons learned from INFOCOM	5,000	0%	0	0%	5,000
	Contracting of an epidemiologist for COMISCA to support coordination of the response to the AH1N1 epidemic and the development of the epidemiological surveillance system	50,000	3%	0	0%	50,000
<i>1.2.</i>	<i>Regional network of public health laboratories</i>	<i>360,000</i>	<i>18%</i>	<i>350,000</i>	<i>12%</i>	<i>710,000</i>
	Implementation of PAHO-CDC protocol for influenza surveillance and processing of epidemiological data on the behavior of the influenza virus	0	0%	350,000	12%	350,000
	Mapping of current operation of the laboratory networks	10,000	1%	0	0%	10,000
	Characterization of the outbreak and analysis of data on epidemiological, clinical, and virological characteristics	305,000	15%	0	0%	305,000
	Identification of opportunities to improve efficiency through the development of other networks for priority diseases and conditions	5,000	0%	0	0%	5,000
	Evaluation of laboratory information systems	10,000	1%	0	0%	10,000

Components/Subcomponents		Source of financing				
		JSF	%	OC	%	Total
	Information technology consultant for COMISCA to assist with the development and implementation of a regional information platform for AH1N1, followed by a regional surveillance system	30,000	2%	0	0%	30,000
1.3.	<i>Regional public health emergency system</i>	480,000	24%	350,000	12%	830,000
	Development of technical options for the development of an early warning system	10,000	1%	0	0%	10,000
	Strengthening of regional emergency communications systems	20,000	1%	0	0%	20,000
	Evaluation of public health aid currently provided at borders, and identification of areas where it could be expanded	20,000	1%	0	0%	20,000
	Development of options for a regional public health emergency response system	20,000	1%	0	0%	20,000
	Development of a flu pandemic preparedness plan and inclusion of the response as a specific component of the regional, national, subnational, and local coordination mechanisms	0	0%	100,000	3%	100,000
	Identification of benchmarks for improving safety measures related to the transportation of passengers and samples	60,000	3%	0	0%	60,000
	Coordination of the response in a pandemic situation by regional and subregional organizations, international institutions, the community, and other stakeholders	0	0%	250,000	8%	250,000
	Publicity campaign on disease prevention, early identification, and measures to prevent and control its transmission, stressing hand-washing	260,000	13%	0	0%	260,000
	Translations	90,000	5%	0	0%	90,000
1.4.	<i>Analysis of lessons learned in handling the response to date, in terms of social, health, and economic impact</i>	120,000	6%	0	0%	120,000
<i>Subcomponent 2. Training of health service providers: detection, confirmation, risk evaluation, and local coordination</i>						
	Subtotal	424,000	21%	1,250,000	42%	1,674,000
	Design of training for health service providers	334,000	17%	0	0%	334,000
	Support for health services and training of health workers to respond to AH1N1 influenza	0	0%	1,000,000	33%	1,000,000

Components/Subcomponents		Source of financing				
		JSF	%	OC	%	Total
	Development of a strategy for the distribution and application of vaccines for high-risk populations, as well as support for the implementation of a surveillance system to monitor adverse events and analyze vaccine coverage and measurement of its impact	0	0%	250,000	8%	250,000
	Conference to discuss project outcomes, recommendations, and next steps	90,000	5%	0	0%	90,000
Component 2. Regional response plan for the influenza outbreak and other infectious diseases		200,000	10%	1,050,000	35%	1,250,000
<i>Subcomponent 1. Institutional strengthening of laboratories in the region</i>		0	0%	900,000	30%	900,000
	Training	0	0%	180,000	6%	180,000
	Provision of equipment and materials	0	0%	720,000	24%	720,000
<i>Subcomponent 2. Training in outbreak investigation</i>		0	0%	150,000	5%	150,000
	Training on equipment operation	0	0%	75,000	3%	75,000
	Equipment and consumables	0	0%	75,000	3%	75,000
<i>Subcomponent 3. National influenza pandemic preparedness plans (NIPPPs)</i>		200,000	10%	0	0%	200,000
TOTAL COMPONENTS		1,664,000	83%	3,000,000	100%	4,664,000
Contingencies		70,000	4%	0	0%	70,000
Project coordination		196,000	10%	0	0%	196,000
Project technical assistant		70,000	4%	0	0%	70,000
TOTAL		2,000,000	100%	3,000,000	100%	5,000,000

**SUPPORT FOR PREVENTION AND CONTROL OF THE
AH1N1 INFLUENZA EPIDEMIC AND OTHER INFECTIOUS DISEASES IN LATIN AMERICA AND THE CARIBBEAN
(RG-T1733)
(RG-T1740)**

PROCUREMENT PLAN

Period included in this Procurement Plan: From 06/09 until 06/10

Ref. No. ¹	Description and type of procurement contract	Estimated contract cost (US\$000)	Procurement method ²	Review (ex ante or ex post)	Source of financing and percentage		Pre- qualification ³ (Yes/ No)	Estimated dates		Status ⁴ (pending, in process, awarded, cancelled)	Comments
					JSF %	OC %		Publication of specific procurement notice	Completion of contract		
1	Consulting services										
	Consulting service 1										
	Characterization of the outbreak and data compilation and analysis on epidemiological, clinical, and virological characteristics	305,000	QCBS	NA	21%	3%	No	Q2 2009	Q4 2009		
	Consulting service 2										
	Identification of benchmarks for improving safety measures related to transportation of passengers and samples	60,000	CQS	NA	8%	1%	No	Q2 2009	Q4 2009		
	Consulting service 3										
	Publicity campaign on disease prevention, early identification, and measures to prevent and control its transmission, stressing hand-washing	260,000	QCBS	NA	6%	1%	No	Q2 2009	Q4 2009		

Ref. No. ¹	Description and type of procurement contract	Estimated contract cost (US\$000)	Procurement method ²	Review (ex ante or ex post)	Source of financing and percentage		Pre-qualification ³ (Yes/No)	Estimated dates		Status ⁴ (pending, in process, awarded, cancelled)	Comments
					JSF %	OC %		Publication of specific procurement notice	Completion of contract		
	Consulting service 4										
	Analysis of lessons learned in handling the response to date, in terms of social, health, and economic impact	120,000	CQS	NA	55%	45%	No	Q2 2009	Q1 2010		
	Consulting service 5										
	Updating and/or finalization of national, multisector, or sector-based influenza pandemic preparedness plans (NIPPPs), including national, subnational, and local dissemination, implementation, and testing	200,000	QCBS	NA	5%	1%	No	Q2 2009	Q2 2010		
	Consulting service 6										
	Project coordination	196,000	NICQ	NA	4%	0%	No	Q2 2009	Q2 2010		
	Consulting service 7										
	Project technical assistant	70,000	NICQ	NA	4%	2%	No	Q2 2009	Q2 2010		

Ref. No. ¹	Description and type of procurement contract	Estimated contract cost (US\$000)	Procurement method ²	Review (ex ante or ex post)	Source of financing and percentage		Pre-qualification ³ (Yes/No)	Estimated dates		Status ⁴ (pending, in process, awarded, cancelled)	Comments
					JSF %	OC %		Publication of specific procurement notice	Completion of contract		
	Consulting service 7										
	Publishing and translation	90,000	NICQ	NA	2%	0%	No	Q3 2009	Q2 2010		

¹ If there are a number of similar individual contracts to be executed in different places or at different times, these can be grouped together under a single heading, with an explanation in the comments column indicating the average individual amount and the period during which the contracts would be executed. For example: an education project that includes school construction might include an item “school construction”, for a total value of US\$20 million, and an explanation in the comments column such as: “This encompasses some 200 contracts for school construction averaging US\$100,000 each to be awarded individually by the participating municipal governments over a three-year period between January 2006 and December 2008.”

² **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

³ In the case of new policies, applies only for goods and works. In the case old procurement policies, applies for goods, works and consulting services.

⁴ This “Status” column should be used for retroactive procurement and for procurement plan updates.

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-____/09

Regional. Nonreimbursable Technical Cooperation ATN/-_____-RG and ATN/-_____- RG
Support for Prevention and Control of the AH1N1 Influenza Epidemic and Other Infectious
Diseases in Latin America and the Caribbean

The Board of Executive Directors

RESOLVES:

1. That the President of the Inter-American Development Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, and as Administrator of the Japan Special Fund, to enter into such agreements as may be necessary with the Pan American Health Organization and with the CDC Foundation, and to take such measures as may be pertinent for the execution of the plan of operations referred to in document AT-____ with respect to a nonreimbursable technical cooperation to provide Support for Prevention and Control of the AH1N1 Influenza Epidemic and Other Infectious Diseases in Latin America and the Caribbean.

2. To amend resolution DE-103/08, by reducing the amount of resources allocated to the IDB Food Price Crisis Response Fund (FOD BID) to US\$12,000,000, thus allowing the remaining resources authorized under said resolution, in an amount of US\$3,000,000, to finance the nonreimbursable operation referred to in the paragraph above.

3. For the purposes of this resolution: (i) up to the sum of US\$2,000,000 shall be authorized, chargeable to the resources of the Japan Special Fund; and (ii) up to the sum of \$3,000,000, shall be authorized, chargeable to the resources referred to in the paragraph above.

4. That the above-mentioned sums are to be provided on a nonreimbursable basis.

(Approved on _____ 2009)

LEG/SGO/CID/IDBDOCS#2015927
RG-T1733, RG-T1740