

## TC DOCUMENT

### I. BASIC PROJECT DATA

<b>Country:</b>	Jamaica
<b>TC Name:</b>	Institutional Strengthening to the Ministry of Health to Improve National Surveillance, Prevention and Control of Infectious Diseases
<b>TC Number:</b>	JA-T1102
<b>Team Leader/Members:</b>	Donna Harris (SPH/CJA), Team Leader; Ian Ho-A-Shu (SPH/CTT); Graham Williams (FMP/CJA); Lila Mallory (FMP/CJA); Javier Jiménez (LEG/SGO); Martha Guerra (SCL/SPH); and Janet Jean Quarrie (CCB/CJA).
<b>Taxonomy:</b>	Client Support
<b>Date of TC Abstract Authorization:</b>	November 6, 2014
<b>Beneficiary:</b>	Jamaica
<b>Executing Agency and Contact Name:</b>	Ministry of Health, Dr. Kevin Harvey, Ag Permanent Secretary
<b>Donor Providing Funds</b>	Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (SOF)
<b>IDB Funding Requested:</b>	US\$250,000
<b>Local counterpart funding, if any:</b>	None
<b>Disbursement period:</b>	18 months (execution period: 12 months)
<b>Required start date:</b>	December 20, 2014
<b>Types of consultants:</b>	Individuals
<b>Prepared by Unit:</b>	SPH/CJA
<b>Disbursement Responsibility Unit:</b>	CCB/CJA
<b>TC Included in Country Strategy (y/n):</b>	Y
<b>TC included in CPD (y/n):</b>	Y
<b>GCI-9 Sector Priority:</b>	The TC is aligned with the Report on the Ninth General Capital Increase in the resources of the Inter-American Development Bank (CA-511)] strategic priority which focuses on the special needs of the less developed and small countries.

### II. OBJECTIVE AND JUSTIFICATION OF THE TC

2.1 This TC aims to strengthen the Jamaica's response to the Chikungunya Virus (CHIKV) and preparation for the threat of Ebola Virus Disease (EVD). Specifically, TC aims to improve national surveillance systems, establish an institutional coordination mechanism, develop strategies and implement specific actions to prepare for the potential threat of (EVD) and control the current outbreak of the CHIKV. This TC falls within the context of the International Health Regulations (IHR), which was **adopted by the World Health Assembly in 2005 and to** which all countries, including Jamaica, are signatories.<sup>1</sup>

<sup>1</sup> The purpose of the IHR is to "prevent, protect against, control and provide a public health response to the international spread of disease" and "to establish a single code of procedures and practices for routine public health measures". The scope was widened in IHR 2005 version (from the 1969 version) to "report all major events, that may constitute Public Health Emergency of International Concern (PHEIC)" which includes H1N1, cholera, chikungunya, and Ebola, amongst others.

- 2.2 The potential impact of EVD and the current effects of the CHIKV on the Jamaica tourism dependent economy can be significant.** The Tourism sector in Jamaica currently contributes approximately 7.7% to GDP directly and 25.6% indirectly.<sup>2</sup> In terms of employment, the sector directly accounts for 7% of the labour force and indirectly 23.4%. Drawing on the experience of Mexico in 2009, where the swine flu outbreak<sup>3</sup> resulted in a decline in tourist arrivals by 50% compared to the previous period, the Jamaica authorities anticipate that an Ebola scare will have a similar devastating effect on its Tourism Sector. On the other hand, the debilitating effects of the CHIKV have impacted negatively on labour productivity. A survey of 81 companies conducted by the Jamaica Manufacturing Association (conducted the first half of October 2014) revealed infected workers were absent from work for an average of four days, representing 35,072 of lost man hours. In addition, the Private Sector Commission of Jamaica has estimated, up to October 15, 2014, that approximately 13 million man hours may have been lost due to the CHICKV epidemic, with a potential economic loss of more than JMD6 billion due to sick days.<sup>4</sup>
- 2.3 Jamaica has made significant progress managing the threat of infectious diseases over the past three decades but challenges remain.** A marked decline in communicable diseases and improvements in the overall health and wellbeing of the population are a direct result of public health policies and improvements in the primary health care system. Jamaica Expanded Program on Immunization (EPI) initiative started in 1978 and became one of Jamaica's most successful public health services programmes. The policy of making immunization mandatory for school enrollment has contributed to achieving immunization goals. Immunization coverage for major vaccines has been recorded at an average of 92%<sup>5</sup> for 2011-2013. Notwithstanding, Jamaica still experiences persistence of certain infectious diseases.<sup>6</sup> In the last decade, there have been three outbreaks of dengue (2007, 2010, 2012/13) identified by the MOH. In 2006 after 44 years of eradication of malaria, Jamaica experienced an outbreak. The MOH mounted an emergency response for control using the strategies of early case identification, prompt treatment, vector control, public education and inter-sectorial collaboration. The World Health Organization subsequently declared the country malaria free in 2012.<sup>7</sup>
- 2.4 The CHIKV epidemic in Jamaica has presented a major public health threat.** The local transmission of the CHIK-V was identified on August 5<sup>TH</sup> 2014. Since then, the MOH has been engaged in a multisectoral response with strategies and activities being implemented in keeping with the Caribbean Sub-Regional plan. The MOH has projected that the virus may affect up to 68% per cent of the Jamaican population by the end of the outbreak.
- 2.5** Up to November 1<sup>st</sup>, 2014, the National Epidemiology Unit received 3,349 notifications, of which 1015 were classified as suspected and 74 confirmed positive by laboratory analysis. It is to be noted that once local transmission had been established, testing focused on establishing transmission in new geographical areas rather than for diagnostic purposes. However, there have been several widespread anecdotal reports which attest to the negative impact of the virus on productivity, school attendance (teachers and students), general health status and the overall quality of life of Jamaicans, especially among the vulnerable population (elderly and children and the poor). Cases

<sup>2</sup> World travel and Tourism Council, and Caribbean Tourism Organization, 2014.

<sup>3</sup> In April 2009, WHO had announced a phase 5 pandemic with origins in Mexico.

<sup>4</sup> The Jamaica Gleaner, Wednesday October 15, 2014

<sup>5</sup> Ministry of Health Jamaica, EPI Database 2014

<sup>6</sup> Victora and Rodrigues, 2008

<sup>7</sup> World Malaria Report 2012:

[http://www.who.int/malaria/publications/world\\_malaria\\_report\\_2012/wmr2012\\_full\\_report.pdf](http://www.who.int/malaria/publications/world_malaria_report_2012/wmr2012_full_report.pdf)

have been confirmed and anecdotal reports have been received in all the parishes. There is a marked difference between the number of reported cases received through the national surveillance mechanism and the anecdotal reports. The incongruity between the views on the ground and the official reports as presented, points to a weakness in the system of data capturing and case reporting despite CHIK-V having been classified as a Class 1 Notifiable disease, requiring immediate mandatory reporting upon suspicion. The Caribbean Public Health Agency (CARPHA) that performs confirmatory laboratory testing by Polymerase Chain Reaction provides Real Time testing for the Chikungunya Virus, while the Virology Department at the University of the West Indies also conducts Immunoglobulin M (IgM) testing for CHIKV for the MOH.

- 2.6 **With limited fiscal space Jamaica has responded to the CHIKV epidemic** by first issuing an administrative order to raise the threat level and thus activate the intervention of the Office of Disaster Preparedness and Emergency Management (ODEPM) to help strengthen surveillance and trigger an inter-agency coordination process.<sup>8</sup> A budget allocation of \$500 million was made to step up vector control, increase surveillance and purchase pharmaceuticals. Under the cover of the order, the MOH coordinated and partnered with several organizations to develop and institute an enhanced vector control plan to remove potential breeding sites. Community workers continue to be trained to identify sites for clean-up and fogging to eliminate mosquito larva and adult mosquitos through larvicidal and adulticidal activities respectively. Simultaneously, the MOH has embarked on a public education campaign to inform the public on the process of the disease and methods of prevention. Importation of analagics (painkillers) and repellants were significantly increased to address the initial supply shortages with Food for the Poor, Jamaica (international relief and development NGO) donating approximately 1.6 million tablets of paracetamol on October 14.
- 2.7 **The threat of the EVD presents a major public health challenge for Jamaica.** On the 8<sup>th</sup> August 2014, the World Health Organization (WHO) declared Ebola as a Public Health Emergency of International Concern based on the risk of international spread through travelers and trade. The WHO has indicated that as of 31 October 2014, there have been 13,567 cases and 4,951 deaths in seven Ebola-affected countries: Guinea, Liberia, Sierra Leone, Nigeria, Senegal, Spain and the United States of America. However, following a successful response in both Senegal and Nigeria the outbreaks of EVD were declared over, on 17<sup>th</sup> October and 19<sup>th</sup> October 2014, respectively. Given its high travel traffic as a preferred tourist destination, high volume of travel among the Caribbean nations and between the region and North America, the risk of the EVD reaching Jamaica is high. An outbreak of Ebola in Jamaica can impose a major burden on the population, the public health system and the economy. There is a major cause for concern with respect to tourism, as an outbreak of the EVD can affect individual decisions to travel. There is already evidence that it has. A recent poll in the US found that 45% of Americans said they would avoid international travel due to the EVD threat. This will put further strain on the severe fiscal challenges being experienced in the Jamaican economy given the high contribution of tourism to the economy especially, the reliance on the North American market.<sup>9</sup>
- 2.8 **Like most countries in the Region Jamaica faces constraints in responding adequately to the EVD threat.** Despite limited resources however, Jamaica has already developed and commenced implementation of some aspects of a draft preparedness plan. The Prime Minister has elevated this

<sup>8</sup> MOH and ODEPM partnered with several agencies such as local government, private sector and community organization.

<sup>9</sup> Contribution of tourism to GDP is: Direct contribution 7.7% and indirect contribution 25.6%. Employment in tourist sector is: direct 7% and indirect 23.4%.

threat to the national level and has commissioned a multisectoral committee to ensure a nationally coordinated preparedness and response programme.<sup>10</sup> The strategies and activities being implemented are in keeping with the WHO Consolidated Checklist and includes: (i) building capacity in clinical management; (ii) raising awareness and communication including a risk communication strategy; (iii) laboratory strengthening that includes establishment of partnership with the United States Centers for Disease Control and Prevention, and the Public Health Agency of Canada for the testing of samples of suspected cases of EVD; (iv) finalization of a plan to train and retrain laboratory staff for International Air Transport Association IATA certification<sup>11</sup>; (v) Inter-sectoral collaboration and an Inter-Ministerial joint response; (vi) heightened surveillance activities that focuses on strengthening capacities at points of entry; identifying and refurbishing a dedicated isolation treatment centre and adaption and finalization of requisite protocols and guidelines including sensitization and training of staff. Despite its noble efforts, to date Jamaica has not been in a position to adequately develop and implement the actions outlined in the WHO's consolidated check list due to limited human and financial resources.

**2.9 Country strategy (CS) and GCI-9.** This TC is in line with 2012-2014 Country Strategy (GN-2694) that supports the GOJ in preserving social stability and mitigating economic and fiscal measures on the poor and vulnerable. In terms of GOJ priorities, the TC is fully aligned to the GOJ health strategy outlined in the National Strategic Plan (Vision 2030) and supports the Government's efforts to manage the epidemiological transition. This TC is also aligned with the Ninth General Increase of the Resources of the Bank (GCI-9 [CA-511]) strategic priority, focusing on the needs of the less developed and small countries and also to the Health and Nutrition Sector Framework (GN-2735).

**2.10 Country programming.** Technical assistance to support the MOH has been identified in the Jamaica 2014 CPD dated November 2013 in Annex III, where the indicative TC pipeline is detailed.

### III. DESCRIPTION AND ACTIVITIES AND OUTPUT

**3.1** The GOJ has requested TC funds and has identified the following components as priorities for improving its public health capacity:

**3.2 Component 1: Strengthen public health capacity within the MOH to prevent and control the spread of infectious diseases.** This component will strengthen surveillance systems to monitor current and emerging infectious diseases with principal focus on EVD and CHIKV. There will be two areas of investment. The first area of investment is development and finalization of a National Preparedness Plan and Road Map to prepare for the potential threat of EVD. The plan will include, inter alia, an institutional and coordination mechanism to prepare for the EVD threat, protocols, guidelines, flow charts and algorithms that clearly identify lines of reporting for suspected cases and clear responsibility for such actions; simplified case-definitions for use in hospitals and community health centres and a training plan to train teams at both the national and regional levels on contact tracing and data management. The second area of investment will be the development of a National Integrated Vector Control Plan to deal with all vector borne diseases, including CHIKV, dengue, and malaria. This plan will touch on most elements of (WHO) Vector Control and Management guidelines, including an assessment of the policy and institutional

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<sup>10</sup> Notably in response to the CHIKV outbreak and the threat of EVD as at 1<sup>st</sup> October 2014, the Public Health (Class 1 Notifiable Disease) (Amendment) Order, 2014 has amended the 2009 Order to include EVD and CHIKV as Class 1 Notifiable Diseases.

<sup>11</sup> Certified to prepare and package for air transport dangerous goods such as highly infectious agents (Ebola, TB specimen etc.).

framework, organization and management of resources, assessment of disease situation including local determinants of the diseases, methods of control, surveillance, implementation strategy and a framework for monitoring and evaluation. These plans will be developed in collaboration with both PAHO and CARPHA. The component will fund consultants to prepare the plans.

- 3.3 Component 2: Development and implementation of a communication strategy and public education programme.** This component supports the MOH Risk Communication Strategy, for both the CHIKV and the potential threat of EVD as a significant element of its National Plan of Action. The strategy will be a collaborative effort with representatives of various Ministries, Departments and Agencies; as well as, PAHO, Media and other key partners. This component will fund technical assistance to develop a public education programme to sensitize the general public about the diseases, symptoms and associated risk factors; using a behavior change framework and a community based approach involving NGOs, professional bodies, faith based organizations and community leaders. The strategy will also include, but not be limited to, the development of a media campaign to include print and electronic messages, billboards, social media, and use of technology (cell phones) to deliver health messages and dispel myths; establishing a 24/7 hotline manned by medically trained staff; establish a dedicated blog to receive messages and respond to queries. The component will also support the upgrading of the MOH website and institutional strengthening of MOH's communication department with the supply of audiovisual equipment, computer hardware and accessories to ensure sustainability after project completion.
- 3.4 Component 3: Support to the Establishment of Emergency Response Centers.** This component seeks to undertake the following: establish trained Rapid Response Teams (at national and regional levels within Jamaica) responsible for early detection and surveillance as well as contact tracing. Conduct 'train the trainers' workshops to build island-wide capacity among public/community health providers; development of manuals and tool kits to support the training and retooling of healthcare workers; and strengthening the preparedness of emergency response centers through the provision of supplies of protective gear, equipment and materials, including suits and masks in collaboration with PAHO.

#### IV. RESULTS MATRIX

Component	Results/final deliverable	Intermediate Milestone	Expected Completion date
<b>Strengthening Surveillance capacity</b>	EVD Preparedness Plan and Road Map developed, including Protocols, guidelines, flow charts and algorithms developed, printed and disseminated.	Draft Ebola Preparedness Plan and Road Map	Feb 2015
	Simplified case-definitions for use in hospitals and community developed, printed and disseminated	Case investigation forms and standard case definitions prepared	February 2015
	National Integrated vector control strategy and action plan developed, printed and disseminated	Integrated vector control strategy and action plan developed	June 2015
<b>Communication Strategy</b>	MOH EVD and CHIKV HPE Communication Strategy developed and implemented. Includes the risk communication strategy	Survey conducted to determine target populations and stakeholders needs for IEC materials development	Feb 2015
<b>Emergency Response Centres</b>	Emergency response Centres established with trained Rapid Response Teams (RRT)	Develop scope of work and competencies for RRT Identify and assign members of the team	Jan 2015

Component	Results/final deliverable	Intermediate Milestone	Expected Completion date
	Personal Protective Equipment procured and delivered	Specifications developed Proforma Invoices received	March 2015
	Key stakeholders trained, including health care workers community leaders, lay educators, schools, organizations and immigration/port personnel conducted	Draft Training plan approved	March 2015
	Twenty (20) Teams members at both national and regional levels trained on contact tracing and data management	Training outline, schedule and plan prepared	May 2015

## V. INDICATIVE BUDGET

Activities/Component	IDB/Fund Funding \$US	Counterpart Funding	Total Funding
Component 1: Strengthening Surveillance capacity	58,000		58,000
Component 2: Communication Strategy	95,350		95,350
Component 3: Emergency response Centre	62,000		62,000
Component 4: Project Administration	34,650		34,650
- Final Evaluation and M&E 20,000			
- Staff cost 8,400			
- Audit 6,250			
<b>Total</b>	<b>250,000</b>		<b>250,000</b>

- 5.1 **The designated focal point in CCB/CJA** for project supervision is Donna Harris, (SPH/CJA).
- 5.2 **Monitoring Project Progress.** At the level of project execution, the MOH will monitor project execution in line with the TC Results Matrix. The Bank will monitor and evaluate project progress as part of its project supervision. In terms of reporting, the MOH will be obligated to submit several key reports to the Bank, including: Semi-Annual Reports (due August 30<sup>th</sup> and February 28<sup>th</sup> respectively); Annual Operating Plan (inclusive of Procurement Plan) due on 30<sup>th</sup> November of each year; a Final Audited Financial Statement submitted within 90 days following the date stipulated for the final disbursement of the Financing. The final audit will be financed from the resources of the project and conducted by an independent auditor, contracted in accordance with the Bank's procurement procedures for audit services.
- 5.3 **Evaluation reports.** The IDB and the MOH will contract an independent consultant to conduct a final evaluation at the closure of the project.

## VI. EXECUTING AGENCY AND EXECUTION STRUCTURE

- 6.1 **Executing Unit.** The MOH will be the Program's Executing Agency and the Health Services Planning and Integration Department will assume day to day responsibilities for implementing all project activities. These responsibilities will include coordinating all technical, financial, procurement, and administrative tasks related to the project. The Director of the Planning and Integration Department has been identified as the Project Manager supported by a Project Assistant partially funded by the project. The Project Manager, who reports to the Permanent Secretary of the Ministry, will be responsible for program implementation, including: (i) presenting the annual operating plan and progress reports to the Bank; (ii) managing compliance of program's outputs/activities, (iii) the procurement and processing of the contracts required for the implementation of the agreed program interventions; and (iv) the financial

management of the program. The Ministry's central procurement and accounting units will assume respective responsibilities.

- 6.2 **PAHO's Role.** In keeping with its mandate, PAHO normally plays a pivotal role in providing technical cooperation (TC) to the MOH guided by their structure whereby the Ministers of Health of member countries make up the Directing Council of PAHO. In this respect, PAHO operates jointly with Ministries of Health to execute its technical functions, particularly in situations of emergencies as in the case of the EVD threat and the CHIKV epidemic in Jamaica. In this instant, PAHO will collaborate and provide technical support in the following areas: (i) source consultants; (ii) review of protocols, guidelines and manuals; (iii) capacity building in epidemiological surveillance, contact tracing, case management, infection prevention and control, public awareness and community engagement; (iv) enhancement of capacities at Points of Entry; (v) capacity building in safe collection of samples and transportation of specimens; (vi) development of the risk communication strategy; and (vii) procurement of personal protective equipment. The instrument to formalize the collaboration on this programme will be a Letter of Concurrence signed by both parties that will be a condition for first disbursement in the TC agreement.
- 6.3 **Fiduciary Arrangement with PAHO.** There will be no service/agency fees accruing to PAHO for the technical assistance provided. All relevant costs incurred by PAHO for technical assistance activities (areas identified in 6.2) during the execution of this program) will be reimbursed to that agency. PAHO will therefore be required to maintain sound financial records, procure goods and services in accordance with the IDB procurement policies and procedures in order to be reimbursed. MOH as the executing unit will be the sole agency responsible for the disbursement function.
- 6.4 **CARPHA's Role:** The MOH will coordinate with CARPHA at a technical level to ensure that all plans and interventions are adapted to regional guidelines.

## **VII. MAJOR ISSUES**

- 7.1 Maintaining effective inter agency and inter-ministerial coordination is the key implementation risk. The government has triggered the coordination mechanism raising the level of the emergency and automatically activating the involvement of the Office of Disaster Preparedness and Management that legitimizes the involvement of other, government agencies, private sector and NGOs. The plans that will be prepared in component one will also serve to mitigate this risk.

## **VIII. EXCEPTIONS TO BANK POLICY**

- 8.1 There are no exceptions to Bank policy.

## **IX. ENVIRONMENTAL AND SOCIAL STRATEGY**

- 9.1 The safeguard policy filter categorized this loan as "C". Environmental and social impacts are likely to be positive for beneficiaries who have increased access to health services (See [Filters](#)).

### **Required Annexes:**

- Annex I - [Letter of Request from the client](#)
- Annex II - [Terms of Reference for services to be procured](#)
- Annex III - [Procurement Plan](#)

**INSTITUTIONAL STRENGTHENING TO THE MINISTRY OF HEALTH TO IMPROVE  
NATIONAL SURVEILLANCE, PREVENTION AND CONTROL OF INFECTIOUS  
DISEASES**

**JA-T1102**

**CERTIFICATION**

I hereby certify that this operation was approved for financing under the Social Fund (SOF) through a communication dated November 6, 2014 and signed by Goro Mutsuura (ORP/GCM). Also, I certify that resources from said fund are available for up to US\$250,000, in order to finance the activities described and budgeted in this document. Please note that the **approval of this operation must be obtained before December 17, 2014.** The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, for which the Fund is not at risk.

*(Original signed)*

12/10/14

\_\_\_\_\_  
Sonia M. Rivera  
Chief  
Grants and Co-financing Management Unit  
ORP/GCM

\_\_\_\_\_  
Date

**APPROVAL**

Approved:

*(Original signed)*

12/10/14

\_\_\_\_\_  
Ferdinando Regalia  
Unit Chief  
Social Protection and Health Division  
SCL/SPH

\_\_\_\_\_  
Date