

AFRICAN DEVELOPMENT BANK



TECHNICAL ASSISTANCE FUND FOR MIDDLE-INCOME COUNTRIES

REPUBLIC OF TUNISIA

**STUDY ON EMERGING AND RE-EMERGING DISEASES TO
STRENGTHEN THE HEALTH MONITORING SYSTEM**

GRANT APPROVAL REQUEST

**HUMAN DEVELOPMENT DEPARTMENT
HEALTH DIVISION (OSHD.3)**

May 2009

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Currency Equivalents

(May 2009)

UA 1	=	TND 2.13031
UA 1	=	USD 1.49507
UA 1	=	Euro 1.12344

Fiscal Year

[1January – 31 December]

Acronyms and Abbreviations

ADB	:	African Development Bank
AIDS	:	Acquired Immunodeficiency Syndrome
CSP	:	Country Strategy Paper
HIV	:	Human Immunodeficiency Virus
MIC	:	Middle-Income Countries
ND	:	Notifiable Disease
ONMNE	:	National Observatory of New and Emerging Diseases
PLHIV	:	Person Living with HIV
STI	:	Sexually Transmitted Infections
TAF	:	Technical Assistance Fund
TND	:	Tunisian Dinar
UA	:	Unit of Account

Logical Framework

Hierarchy of objectives	Expected Outcomes	Reach	Performance Indicators	Indicative Targets & Schedule	Assumptions/risks
<p>Goal Contribute to improving the health status of Tunisia's population</p>	Reduced morbidity and mortality specific to major transmissible diseases	<ul style="list-style-type: none"> - Vulnerable populations - Entire population 	<ul style="list-style-type: none"> Specific morbidity rate Specific mortality rate 	Reduction, from x to y of specific morbidity and mortality rates of emerging and re-emerging diseases: HIV/AIDS, bird flu, malaria, tuberculosis, cholera, etc.	
<p>Purpose Strengthen the National Epidemiological Monitoring Mechanism to efficiently cope with risks of emerging and re-emerging diseases</p>	<ul style="list-style-type: none"> - The National Observatory of New and Emerging Diseases (ONMNE)'s capacity building - Efficient early detection, early warning and early response system put in place for emerging disease factors - Improved health security 	<ul style="list-style-type: none"> - Health planners - Sector's Partners - Vulnerable populations - Entire population 	<ul style="list-style-type: none"> - Rate of specific detection - Proportion of detected cases that are efficiently managed and treated - Periodic Reports of the Observatory 	<ul style="list-style-type: none"> 90% of HIV/AIDS, bird flu, malaria, tuberculosis and cholera cases detected in 2012 100% of detected HIV/AIDS, bird flu, malaria, tuberculosis and cholera cases efficiently treated in 2012 	ONMNE has the necessary human, material and financial resources to carry out their missions
<p>Activities i) Analysis of epidemiological profile of emerging and re-emerging diseases ii) ONMNE capacity building</p> <p>Total Costs Goods: UA 254 907 Services: UA 403 770 Operating cost: UA 129 089</p>	<ul style="list-style-type: none"> - Reliable information (disaggregated by sex, income level, etc) on morbidity, mortality as well as risk factors for emerging and re-emerging diseases, accessible to health professionals and partners of the sector - The population's level of information on risk factors increased - ONMNE able to ensure health monitoring and organize appropriate response to cope with emerging and re-emerging diseases 	<ul style="list-style-type: none"> - Health planners - Sector's Partners - Vulnerable populations - Entire population 	<ul style="list-style-type: none"> - Regularly published epidemiological bulletins and/or technical reports concerning emerging diseases - Periodic reports from Institut Pasteur of Tunis - Periodic reports of the Observatory - Number of men and women trained, by field 	<ul style="list-style-type: none"> - 7 technical assistants (men and women) recruited (one epidemiologist, one entomologist, etc) - 3 bulletins/reports out of 4 published at the required frequency from 2011 - 4 male and female senior staff trained on the establishment of a database on the mortality and morbidity of transmissible diseases, medical information coding, a hospital emergencies monitoring network and a warning system within ONMNE - 45 persons (including at least 20 women) trained on health information systems management - 120 persons (including at least 50% women) trained in "shoe-leather" epidemiology 	The operating costs of the Observatory are borne by the Government The trained professional f remain in service.

1. INTRODUCTION

1.1 Basic Information

1.1.1 Tunisia's health system has been comparatively efficient, resulting in demographic and health indicators that are higher than those of sub-Saharan Africa. Indeed, according to data from the Bank's Statistics Department (Annex 2), life expectancy at birth in Tunisia was 74.1 years in 2008 against an average of 54.5 years in sub-Saharan Africa. The maternal mortality rate was 41 per 100 000 live births against 683, while child mortality was 21.7 per 1000 compared to 137.4 in sub-Saharan Africa. These figures reflect several factors, including good health coverage at 80%, with equitable distribution of infrastructure and human resources as well as an insurance system/medical assistance programme accessible to a large segment of the population.

1.1.2 However, challenges remain, in particular: i) strengthening the financial protection system for families, which already bear 53.6% of health care costs, which are likely to increase, owing to improved life expectancy and the increase in the number of patients with chronic diseases; ii) protection of the access of the poorer segments to healthcare, given the risk of adverse selection in social protection which could lead private health-care providers to attend only to financially well-off patients; iii) greater decentralization of the health system and increased accountability of healthcare providers, the formulation of a national health master plan that specifies the target area and level of prospective investments; and iv) strengthening the information system to adapt to on-going epidemiological and demographic changes.

1.1.3 The main source of information on the incidence of transmissible diseases in Tunisia is the Notifiable Diseases Reporting System, despite its passive nature, notification delays and incomplete coverage. The statistics published by the system are published regularly, weekly and with varying delays, quarterly; occasionally, they are published only annually. In addition, vaccine-preventable diseases, those already eradicated (malaria, bilharzia) or those for which specific control programmes exist (tuberculosis, leishmaniasis, STI/AIDS) are being monitored through programmes. The annual statistics report of the Ministry of Public Health contains a relatively detailed review of the performance of these monitoring systems.

1.1.4 In the event of propagation of epidemics (typhoid fever for instance), the health system involves ongoing collection of data for the period of the epidemic and generally up to its end. This process is not always well documented, moreover, Tunisia, like all other countries in the world, faces the risk of emerging diseases (HIV/AIDS, avian influenza, etc.) and re-emerging diseases (cholera, malaria, bilharzia, poliomyelitis, diphtheria). In addition, potentially epidemic endemic diseases (influenza, viral conjunctivitis, bacterial or viral meningitis, orally transmitted viral hepatitis, cutaneous leishmaniasis, etc.) by definition entail the risk of epidemic outbreaks. Consequently, the surveillance mechanisms must make up an effective health watch system: early detection, early warning, adequate investigation and appropriate response.

1.1.5 Recent data is not available on such re-emerging diseases as malaria. In an article published in 2001, Dr. M. K. Chahed and collaborators of the National Observatory of New and Emerging Diseases (Observatoire National des Maladies Nouvelles et Emergentes – (ONMNE)) reported that, following the eradication of indigenous malaria in 1979, "40 to 50

new cases of imported malaria occur every year. More than 60% of such cases involve foreign students or nationals of malaria-endemic countries in Tunis for brief periods.” (Bull Soc Pathol Exot, 2001, 94, 3, 271-276). It is expected that these figures are increasing proportionately to the inflow of students and since the relocation of the Bank to Tunis, with the numerous trips made by its civil servants, consultants and various partners to and from, malaria-endemic countries.

1.1.6 Concerning cutaneous leishmaniasis, the annual average incidence is estimated at 2.58, (Dr Moncef BenSaid of the Sousse Faculty of Medicine et al; Science Direct, 13/12/2005). This article is based on 41 patients with cutaneous lesions seen at the Sousse Farhat Hached University Teaching Hospital Centre (CHU) from 1990 to 2001. As regards HIV/AIDS and tuberculosis, the 2007-2008 Human Development Report records a prevalence of 0.1% {0.1-0.3} among persons aged 15-49 years and 28 cases out of 100 000 persons, respectively in 2005.

1.1.7 To respond to these challenges, the Government of Tunisia has submitted to the Bank a request for the financing of the study on emerging and re-emerging diseases with a view to strengthening its health monitoring system, so as to adapt it to current epidemiological and demographic transition. A document review and several working sessions organized with the main stakeholders, especially ONMNE and Institut Pasteur of Tunis, have provided the basis for this report, which describes the activities to be financed with financial assistance from the Bank.

1.2 Study Objectives

The ultimate goal is to improve the health status of the population of Tunisia. The project objective is to strengthen the national epidemiological monitoring apparatus with the aim of curbing the risk of occurrence of emerging and re-emerging diseases.

1.3 Justification for Resources

1.3.1 The development strategy under Tunisia’s Eleventh strategic Development Plan attaches great importance to human resource development and consolidating the country’s progress in the social sphere, since human resources are seen to constitute the engine of development. The Plan envisages strengthening the health system and improving care, thereby extending life expectancy. One of the Plan’s strategic components is the improvement of the country’s health security and the consolidation of preventive health programmes. The aim is to: i) ensure the sustainability of programmes for control of transmissible diseases, in order to consolidate the benefits of their eradication (malaria, bilharzia, cholera), their elimination (polio, measles, leprosy) or control (tuberculosis, AIDS, water-borne diseases); and ii) put in place new epidemiological surveillance systems: sentinel systems and laboratory networks, climate warning systems.

1.3.2 ONMNE was established in 2007 to meet the need to strengthen the capacity of the national health monitoring apparatus with respect to early detection and early warning against new and emerging diseases and potentially endemic indigenous diseases. It organized the health watch on the outbreak of the recent avian influenza pandemic and the current Influenza A (H1N1). These two challenges revealed the weakness of the existing apparatus, namely: inadequate expertise in various areas of health surveillance, inadequate technical support for provision of the necessary information and communication networks, inadequate

administrative and financial management structure. Therefore, the Bank's assistance should include an ONMNE institution-building component to remedy such weaknesses.

1.3.3 Bank support for the implementation of the health component of the "Eleventh Plan" ties in with the International Health Regulations adopted by WHO in 2005 in that it seeks to strengthen the health information system to adapt it to ongoing demographic and epidemiological changes. The proposed Bank financing will enable the country to improve the quality of data on emerging and re-emerging diseases (including HIV/AIDS and malaria) and strengthen health monitoring, thereby contributing to improving the health system and the welfare of the population.

1.3.4 In addition, the Bank's support is consistent with Pillar 3 of its 2007-2011 strategy for Tunisia, namely the consolidation of human capital. While this pillar focuses primarily on strengthening the linkages between the educational and labour sectors, in order to make training more relevant to employment, and thereby reduce unemployment, this strategy envisages the financing of a study on emerging and re-emerging diseases by means of a grant. Data quality will be improved through staff training at all levels. Other projects that may be financed by the Bank in the priority areas of the Eleventh Plan may follow from the current intervention: construction of the National Health Laboratory and National Public Health School and formulation of the National Health Master Plan.

1.3.5 In addition, the use of an MIC grant is justified by the in-depth economic policy dialogue with the country and knowledge of development constraints. It is in line with the revised Directives pertaining to the administration and use of the Technical Assistance Fund for Middle-Income Countries (October 2005). Eligible activities are as follows: capacity - building, institutional support, sector-based studies and other country-wide analysis. The Bank's intervention is justified by its experience in the health information system in regional member countries and in the control of transmissible diseases. Given that emerging and re-emerging diseases in Tunisia are mainly transmissible diseases, this experience will be used to refine the health system's responses on the basis of reliable information, thereby guaranteeing the country's health security.

2. PROJECT DESCRIPTION

2.1 Components

2.1.1. Project components are: i) Analysis of the epidemiological profile of emerging and re-emerging diseases; and ii) ONMNE capacity-Building.

Component I: Analysis of the Epidemiological Profile of Emerging and Re-emerging Diseases

2.1.2. This component aims at improving the knowledge of emerging and re-emerging diseases with a view to efficiently organizing the health watch and response. This requires the conduct of several studies and surveys, especially on: i) the morbidity and mortality of transmissible diseases, including malaria and STI/HIV/AIDS, ii) microbiological risk; iii) risks relating to climate change and their impact on health; iv) risk related to leishmaniasis; v) the prevalence of Human Papilloma Virus (HPV) and the identification of its strains in Tunisia; vi) risk of Chikungunya and Rift Valley Virus outbreaks in Tunisia; vii) medical information coding by private practitioners and a health monitoring system based on the

network of urban practitioners; viii) the feasibility of a health monitoring network based on emergency hospital services, to detect seasonal epidemiological phenomena. These studies will use gender and poverty, among other variables. The assumption is that both men and women suffer from these diseases, but their social and economic implications differ according to gender. Another assumption is that the tendency of men not to visit health centres may distort statistics. The poverty variable (or income level) will be used to analyse the population segments most vulnerable to such diseases; the vulnerability level will be analysed on the basis of gender.

Component 2: ONMNE Capacity- Building

2.1.3. This component will enable ONMNE to address the weaknesses described in paragraph 1.3.2 and to efficiently play its role in the country's health care system. ONMNE's institutional capacity will be built through the recruitment of a technical assistant, training, procurement of equipment and the creation of a database. Technical assistance will comprise 7 experts to support implementation of specific ONMNE programmes on the epidemiology of infectious diseases, sentinel systems, biological risk analysis, entomology, ornithology, animal health and veterinary medicine, and climatology.

2.1.4. Short training sessions will be organized nationally and internationally to prepare senior staff of the institution and members (regional and peripheral) of the networks that will be used for data collection, transfer and analysis. Two senior staff from ONMNE will undergo 6-months' training abroad on microbiological risk and the impact of climate change on health. Four senior staff (men and women) from ONMNE will take 3-month training courses abroad on: the establishment of a database on the morbidity and mortality of transmissible diseases; medical information coding and establishment of a monitoring system that includes private practitioners; the establishment of a health surveillance network, hospital emergency units, to detect seasonal epidemic phenomena; and setting-up a unit within ONMNE for managing alerts.

2.1.5. Training courses at the national level will concern: i) the establishment and management of health information systems (45 men and women for 5 days); and ii) « Shoe-leather » epidemiology (120 men and women for 5 days); various topics at the rate of 4 week-long sessions per year with network members.

2.1.6. The procurement of equipment concerns: i) computer and communication equipment for the development of monitoring applications using new communication technologies; ii) vehicles required to develop the operational capacity of the Observatory teams; iii) laboratory equipment (equipment for collection and trapping disease vectors and reservoirs, diagnostic reagents and transport media, transfer equipment for biological products and the computer equipment required for surveillance laboratories).

2.1.7. Creating a database entails the establishment of a complete data collection system that provides concrete information and supplements the current existing routine passive system based on compulsory notification of diseases. This new system will make it possible to systematically incorporate data from programmes for control of priority pathologies, surveys, publications by medical teams, publications and theses, data from hospitals and private practitioners.

2.2 Implementation

ONMNE is responsible for coordinating the implementation of activities, and its Director General will be the study Coordinator. It enjoys relative autonomy and comprises a central team supported by a vast network of national and regional partners from various disciplines and fields. Given its weaknesses described in paragraph 1.3.2, ONMNE will be provided with technical assistance and support in the form of equipment to enable it to conduct the study and acquire the capacity to fulfil its health monitoring mission. Specifically, an Accounting Manager will be recruited for the study, to support the administrative and financial management team comprising a senior staff member and an administrative assistant responsible for managing the annual budget of TND 200 000 made available to ONMNE by the Government.

2.3 Expected Outcomes

The institutional support given to ONMNE will enable it to play its role within the country's health care system in a sustainable manner and specifically provide Tunisia with effective health information systems for early detection and warnings concerning the risk of new and emerging diseases. The health security of Tunisia's population, especially its vulnerable segments, will be strengthened in the face of these emerging, re-emerging and potentially epidemic diseases. In particular, the project will help to consolidate the eradication of malaria.

3. COST ESTIMATE

3.1 Cost Estimate in Foreign Exchange and Local Currency

The total cost is estimated at TND 1 678 186, including TND 580 000 in foreign exchange, i.e. respectively UA 787 766 and UA 272 261 (UA 1 = TND 2.13031 as of May 2009). The following table presents the cost broken down in foreign exchange and local currency. A cost breakdown is presented in Annex 3.

Table 1
Project Costs in Foreign Exchange and Local Currency

Items of Expenditure	TND			UA			%
	Foreign Exchange	Local Currency	Total	Foreign Exchange	Local Currency	Total	
A. Goods	180 000	363 031	543 031	84 495	170 412	254 907	32.35 %
B. Services	400 000	460 155	860 155	187 766	216 004	403 770	51.25 %
C . Operating expenses		275 000	275 000		129 089	129 089	16.40 %
Total base Cost	580 000	1 098 186	1 678 186	272 261	515 505	787 766	100%

3.2 Financing Plan

The operation will be financed jointly by the Government (23.84%) and the Bank (76.16%), in accordance with the financing plan in Table 2 below. The Bank's contribution will be used to pay for technical assistance, training, training equipment, conduct of studies and surveys, the services of local contract workers for data collection, and part of the operating expenses. The Government's contribution covers the procurement of computer equipment, means of transportation and part of the operating cost for ONMNE.

Table 2
Financing Plan

Sources	TND			UA			%
	Foreign Exchange	Local Currency	Total	Foreign Exchange	Local Currency	Total	
ADB	490 000	788 186	1 278 186	230 013	369 987	600 000	76.16 %
Government	90 000	310 000	400 000	42 247	145 519	187 766	23.84 %
TOTAL	580 000	1 098 186	1 678 186	272 260	515 506	787 766	100%
Percentage	34.56	65.44	100%	34.56	65.44	100%	

3.3 Cost Estimate by Component

Table 3 below summarises the project cost by component in Tunisian dinars and in Bank's Units of Account.

Table 3
Project Costs by Component

Components	TND			AU			%
	Foreign Exchange	Local Currency	Total	Foreign Exchange	ML	Total	
Analysis of epidemiological profile of diseases	100 000	488 031	588 031	46 941	229 089	276 030	35.04 %
ONMNE Capacity- Building	480 000	610 155	1 090 155	225 319	286 416	511 735	64.96 %
Total Base Cost	580 000	1 098 186	1 678 186	272 260	515 505	787 766	100.00%

4. PROCUREMENT ARRANGEMENTS

All procurement of goods and services financed by MIC grant resources will be in accordance with Bank's rules of procedure.

4.1 Procurement of Services

4.1.1 The services of individual consultants (epidemiology of infectious diseases, biological risk, specialists in sentinel systems, entomology, ornithology, animal health and veterinary medicine, climatology, etc.) and consulting firms for studies and surveys will be procured on the basis of short lists with bid price taken into consideration.

4.1.2 The Tunis Institut Pasteur will conduct local training activities, which constitute one of its missions, alongside research, at the Ministry of Health. This scientific facility is recognized in the region and worldwide for its diagnostic, production, research and public health training activities and especially in the field of transmissible diseases. It has a training centre and over the past 15 years, various laboratories and research units have contributed to the training of at least 385 students enrolled at various Tunisian Universities, who have defended 5 *doctorat d'état* theses, 51 doctoral theses, 192 Master's and DEA dissertations, 75 final-year engineering dissertations and 62 theses in human and veterinary medicine. The Institut Pasteur training centre will be strengthened with equipment for the study and future training activities relating to health monitoring.

4.1.3 The choice of institutions for the short training courses abroad will be based on short lists according to specialization.

4.2 Procurement of Goods

The procurement of computer equipment, laboratory equipment and training equipment will be based on quotations obtained from national suppliers. These goods are in two lots, namely a batch of training equipment for the Tunis-based Institut Pasteur training centre and a lot for ONMNE.

5. IMPLEMENTATION SCHEDULE

As shown in the table below, activities will be conducted over 30 months starting in August 2009.

Activities	Periods
- Preparation of documents and recruitment of technical assistance	August-September 2009
- Preparation of documents and procurement of equipment	September-October 2009
- Training abroad	October-June 2009
- Local training courses	Continue as from November 2009
- Surveys	Continue as from December 2009
- Publication of findings	Continue as from February 2010
- Audits	December 2010, December 2011
- Periodic Implementation Reports	February 2010, August 2010, February 2011, August 2011
- Final Report	January 2012

6. MONITORING MECHANISM

6.1 At the central level, representatives of the Department of Basic Health care, Department of Environmental Health and Protection, Department of School and University Medicine, and ONMNE will ensure implementation of activities through a Technical Monitoring Committee comprising the Tunis-based Institut Pasteur, the private medical sector, health NGOs and representatives of disease-control associations (e.g. PLHIV Association). This committee will prepare periodic implementation reports and a final report submitted to the Government and the Bank. At the regional level, project activities will be coordinated by the Regional Department of Health through the decentralized services of the Observatory.

6.2 The participation of the three central departments of the Ministry of Health is justified by their role in the epidemiological surveillance of transmissible diseases in Tunisia: i) the Department of Basic Health care, responsible for managing the compulsory notifiable diseases system and the control programme's surveillance systems; ii) the Department of Environmental Health and Protection, which monitors food-borne diseases, health care-related (nosocomial) infections and Legionnaires' disease; and iii) the Department of School and University Medicine, which primarily conducts the surveillance of imported diseases in student communities.

7. FINANCING MODALITIES, GRANT CONDITIONS, AUDIT

The Government will open a special account with a commercial bank acceptable to the Bank to receive the grant resources. The funds will be paid in one tranche into the said bank account and ONMNE will transmit an annual audit report to the Bank. The audit will be conducted by the Office of the Auditor which, at the end of every year, carries out an audit of all projects financed by various donors.

8. CONCLUSIONS AND RECOMMENDATIONS

8.1 Conclusions

The Bank's institutional support to ONMNE, in accordance with its assistance strategy for Tunisia, will contribute to strengthening the national epidemiological monitoring mechanism, and consequently protect the population from emerging, re-emerging and potentially epidemic diseases.

8.2 Recommendations

In light of the foregoing, it is recommended that a grant of UA 600 000 from the Technical Assistance Fund for Middle-Income Countries be awarded to the Republic of Tunisia. In accordance with TAF/MIC directives, this grant approval will be submitted to the Board of Directors in accordance with the Lapse-of-Time Procedure.

Request signed by the Ministry of Finance

REPUBLIC OF TUNISIA
**Ministry of Development
and International Cooperation**

09/03/02 218

Tunis, 17 NOV. 2008

TO
Mr. Ahmed ZEJLI,
(Acting Director, Regional Department–
North 1)
African Development Bank
13 Avenue de Ghana
P.O. BOX 323. 1002 Tunis Belvedere
Tunis

Regional Department, North A Directorate of Regional Department, North 1 (ORNA.O) 18 NOV. 2008 AFRICAN DEVELOPMENT BANK

Subject : Financing of a health partnership programme with grant resources

Attachs : 01

Sir,

I request that you kindly consider the possibility of financing a health partnership programme using grant resources.

The programme cost estimate stands at 1.61 MTD, while the financing requested from the Bank amounts to 1.21 MTD.

Please find hereto attached, a detailed programme sheet.

Yours sincerely,

For the Minister of
International Cooperation
and by Delegation,
The Head of Cabinet

Signed: Med Ali MOUELHI

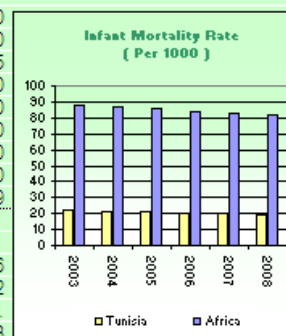
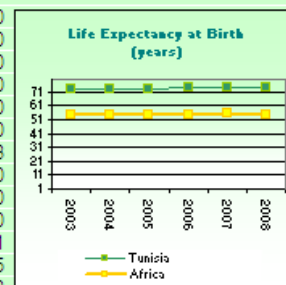
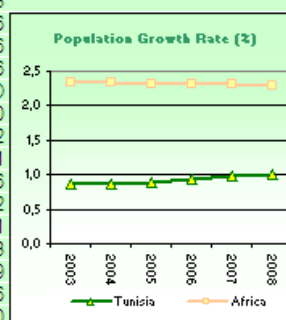
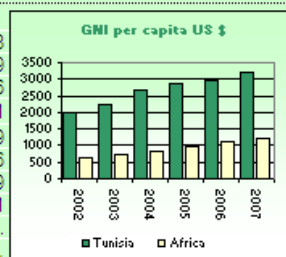
REQUEST FOR FINANCING FROM THE MIDDLE-INCOME COUNTRIES FUND

1.	Project/study or programme description	:	REQUEST FOR GRANT TO FINANCE A HEALTH PARTNERSHIP PROGRAMME
2.	Country	:	Tunisia
3.	Executing Agency	:	
	a) Name	:	National Observatory of New and Emerging Diseases, Ministry of Health
	b) Address	:	57 Rue Khartoum, Immeuble Diplomat, 13 th Floor, Belvedere, Tunis
4.	Description of activities	:	(See attached document)
5.	Justification for Activities	:	(See attached document)
6.	<u>Project Cost Estimates:</u>		
	a) foreign exchange	:	USD 1,000,000
	b) local currency	:	TD 1,210,000
	c) Total amount	:	USD 1,000,000
7.	<u>Financing Plan</u>		
	a) ADB	:	TD 1,210,000
	b) Government	:	TD 400,000
	c) Total	:	TD 1,610,000
8.	<u>Procurement method proposed</u>	:	
	a) Services	:	(See attached document)
	b) Goods (if need be)	:	(See attached document)
	c) Others, including local personnel training.	:	(See attached document)
9.	<u>Implementation Plan</u>	:	Project will span 4 years: 2009-2012
10.	<u>Proof of Government's commitment to implement the targeted project, study or programme. (to be incorporated in the CSP)</u>	:	
	a) Explain and assess the likelihood that the targeted project/study or programme is a priority for the Government.	:	Support to a newly formulated innovative programme to adapt the country to global changes.
	b) Give the name and the position of the official who will sign the Letter of Agreement.	:	Minister of Public Health.
	c) Give the name of project coordinator who will be responsible for monitoring activities and the use of Fund resources.	:	Director-General of the Observatory
11.	Name of Secretary General of the Ministry of Finance.	:	
12.	Signature/Seal of the Ministry of Finance	:	

Tunisia

COMPARATIVE SOCIO-ECONOMIC INDICATORS

	Year	Tunisia	Africa	Developing Countries	Developed Countries
Basic Indicators					
Area ('000 Km²)		164	30 323	80 976	54 658
Total Population (millions)	2008	10	986	5 521	1 229
Urban Population (% of Total)	2008	66,5	39,1	44,2	74,6
Population Density (per Km²)	2008	63,8	32,6	66,6	23,1
GNI per Capita (US \$)	2007	3 200	1 226	2 405	38 579
Labor Force Participation - Total (%)	2005	35,5	42,3	45,6	54,6
Labor Force Participation - Female (%)	2005	33,1	41,1	39,7	44,9
Gender -Related Development Index Value	2005	0,750	0,482	0,694	0,911
Human Develop. Index (Rank among 174 countries)	2006	95	n.a.	n.a.	n.a.
Popul. Living Below \$ 1 a Day (% of Population)	2005	...	34,3	25,0	...
Demographic Indicators					
Population Growth Rate - Total (%)	2008	1,0	2,3	1,4	0,3
Population Growth Rate - Urban (%)	2008	1,6	3,3	2,5	0,6
Population < 15 years (%)	2008	23,7	56,0	40,0	16,6
Population ≥ 65 years (%)	2008	6,7	4,5	3,3	15,6
Dependency Ratio (%)	2008	44,5	78,0	52,8	49,0
Sex Ratio (per 100 female)	2008	101,2	100,7	96,7	106,0
Female Population 15-49 years (% of total population)	2008	28,8	48,5	53,3	47,2
Life Expectancy at Birth - Total (years)	2008	74,0	54,3	65,8	77,1
Life Expectancy at Birth - Female (years)	2008	76,2	55,5	67,6	80,6
Crude Birth Rate (per 1,000)	2008	16,1	35,8	22,2	11,2
Crude Death Rate (per 1,000)	2008	5,9	12,4	8,1	10,1
Infant Mortality Rate (per 1,000)	2008	19,5	81,8	51,4	6,3
Child Mortality Rate (per 1,000)	2008	21,9	134,5	77,4	7,9
Total Fertility Rate (per woman)	2008	1,8	4,6	2,7	1,6
Maternal Mortality Rate (per 100,000)	2007	41,0	683,0	450,0	9,0
Women Using Contraception (%)	2006	60,2	29,7	61,0	75,0
Health & Nutrition Indicators					
Physicians (per 100,000 people)	2006	99,7	39,6	78,0	287,0
Nurses (per 100,000 people)*	2006	301,6	120,4	98,0	782,0
Births attended by Trained Health Personnel (%)	2006	89,7	51,2	59,0	99,0
Access to Safe Water (% of Population)	2006	94,0	64,3	84,0	100,0
Access to Health Services (% of Population)	2005	...	61,7	80,0	100,0
Access to Sanitation (% of Population)	2006	85,0	37,6	53,0	100,0
Percent. of Adults (aged 15-49) Living with HIV/AIDS	2005	0,1	4,5	1,3	0,3
Incidence of Tuberculosis (per 100,000)	2005	0,1	315,8	275,0	19,0
Child Immunization Against Tuberculosis (%)	2007	99,0	83,0	89,0	99,0
Child Immunization Against Measles (%)	2007	98,0	83,1	81,0	93,0
Underweight Children (% of children under 5 years)	2003	1,0	25,2	27,0	0,1
Daily Calorie Supply per Capita	2004	3 344	2 436	2 675	3 285
Public Expenditure on Health (as % of GDP)	2006	1,7	2,4	1,8	6,3
Education Indicators					
Gross Enrolment Ratio (%)					
Primary School - Total	2007	97,3	99,6	106,0	101,0
Primary School - Female	2007	97,4	92,1	103,0	101,0
Secondary School - Total	2006	84,9	43,5	60,0	101,5
Secondary School - Female	2005	87,0	40,8	58,0	101,0
Primary School Female Teaching Staff (% of Total)	2005	51,7	47,5	51,0	82,0
Adult Illiteracy Rate - Total (%)	2007	22,3	38,0	21,0	1,0
Adult Illiteracy Rate - Male (%)	2007	13,6	29,0	15,0	1,0
Adult Illiteracy Rate - Female (%)	2007	31,0	47,0	27,0	1,0
Percentage of GDP Spent on Education	2007	5,1	4,5	3,9	5,9
Environmental Indicators					
Land Use (Arable Land as % of Total Land Area)	2005	17,6	6,0	9,9	11,6
Annual Rate of Deforestation (%)	2005	...	0,7	0,4	-0,2
Annual Rate of Reforestation (%)	2005	...	10,9
Per Capita CO2 Emissions (metric tons)	2006	2,1	1,0	1,9	12,3



Sources : ADB Statistics Department Databases; World Bank: World Development Indicators; last update : septembre 2009

UNAIDS; UNSD; WHO; UNICEF; WRI; UNDP; Country Reports.

Note : n.a. : Not Applicable ; ... : Data Not Available.

PROJECT COST BREAKDOWN

<u>COMPONENTS</u>	<u>Total</u>	<u>GVT</u>	<u>ADB</u>	<u>DEV</u>	<u>ML</u>
	<u>TND</u>	<u>GVT</u>	<u>TND</u>		
<u>CATEGORY</u>					
<u>GOODS</u>					
COMPUTER AND COMMUNICATION EQUIPMENT	90000	90000			90000
LABORATORY EQUIPMENT	180000	90000	90000	180000	
TRAINING EQUIPMENT	173031	50000	123031		173031
TRANSPORTATION	100000	100000			100000
TOTAL GOODS	543031	330000	213031	180000	363031
<u>SERVICES</u>					
TECHNICAL ASSISTANCE	300000		300000	300000	
LOCAL CONTRACT WORKERS	60155	10000	50155		60155
STUDIES AND SURVEYS	230000		230000		230000
TRAINING	230000		230000	100000	130000
AUDIT	40000		40000		40000
TOTAL SERVICES	860155	10000	850155	400000	460155
<u>OPERATING COST</u>					
PRINTING OF DOCUMENTS	35000	10000	25000		35000
TELEPHONE AND INTERNET SUBSCRIPTION	50000	20000	30000		50000
TRAVEL EXPENSES	80000	20000	60000		80000
LABORATORY CONSUMABLES	110000	10000	100000		110000
TOTAL OPERATING COST	275000	60000	215000	0	275000
<u>GRAND TOTAL</u>	1678186	400000	1278186	580000	1098186

AFRICAN DEVELOPMENT BANK

BOARD OF DIRECTORS

Resolution N° B/TN/2009/49

Adopted by the Board on a lapse-of-time basis, on November 3, 2009

Grant to the Republic of Tunisia from the Middle Income Country Technical Assistance Fund to finance the Study on Emerging and Re-emerging Diseases to Strengthen the Health Monitoring System

THE BOARD OF DIRECTORS,

HAVING REGARD to: (i) the Agreement Establishing the African Development Bank (the "Bank"), in particular Articles 1, 2, 12, 14 and 17; (ii) the Financial Regulations of the Bank, in particular Regulation 8.1; (iii) the Revised Guidelines for the Administration and Utilization of the Technical Assistance Fund for Middle Income Countries (MIC-TAF) contained in Document ADB/BD/WP/2005/90/Rev.1/Approved; and (iv) the Grant proposal contained in document ADB/BD/WP/2009/182/Approval/Extension (the "Proposal");

DECIDES AS FOLLOWS:

1. To award to the Republic of Tunisia, a Grant of an amount not exceeding the equivalent of Five Hundred Eighty-one Thousand Two Hundred and Twenty-three Units of Account (UA 581,223) from the MIC-TAF resources to finance the Study on Emerging and Re-emerging Diseases to Strengthen the Health Monitoring System;
2. To authorize the President of the Bank to conclude a Letter of Agreement, between the Bank and the Republic of Tunisia, under the terms and conditions specified in the Revised Guidelines for the MIC-TAF, and in the Proposal;
3. The President may cancel the Grant if the Letter of Agreement is not signed within ninety (90) days from the date of approval of the Grant; and
4. This Resolution shall become effective on the date above-mentioned.