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| BOARD APPROVAL Lapse-of-time Procedure 18 August 2014 |
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| FOR INFORMATION |
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MEMORANDUM

TO : THE BOARD OF DIRECTORS

FROM : Cecilia AKINTOMIDE
Secretary General

SUBJECT: GUINEA - PROPOSAL TO AWARD A GRANT OF USD 1,000,000 AS EMERGENCY ASSISTANCE TO FIGHT THE EBOLA VIRUS DISEASE EPIDEMIC*

The above-mentioned document and the related draft resolution were submitted for your consideration on a **Lapse-of-time basis**, on August 16, 2014

As no objection was received by **6.00 p.m., on August 18, 2014**, the document is **considered approved** and the **Resolution adopted**.

Attach.

Cc: The President

*Questions relating to this document may be addressed to:

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ABBREVIATIONS

| | |
|-----------------|--|
| ADB | African Development Bank |
| ECOWAS | Economic Community of Western African States |
| EOC | Emergency Obstetric Care |
| EVD | Ebola Virus Disease |
| NGO | Non-Governmental Organization |
| PPE | Personal Protective Equipment |
| WAHO | West African Health Organization |
| WHO | World Health Organization |
| WHO-AFRO | World Health Organization - Africa Region |

Guinea – Supporting the Planned Response to the Ebola Virus Disease Epidemic

| Country and project title: Guinea / Supporting the Planned Response to the Ebola Disease Epidemic in Guinea | | | | | | |
|---|--|--|---------------|--|---------------------------|--|
| Objective of project: The objective of the project is to reduce morbidity and mortality due to Ebola | | | | | | |
| RESULTS CHAIN | | PERFORMANCE INDICATORS | | | MEANS OF VERIFICATION | RISKS / MEANS OF MITIGATION |
| | | Indicator | Baseline | Target | | |
| IMPACT | Reduced morbidity and mortality due to Ebola | Mortality rate | More than 60% | Less than 25% | Epidemic/Outbreak reports | |
| | Good quality infection control; Timely detection and response to alert and suspected cases within the community; Effective case management. | Number of alert cases responded to within 24 hours of notification | Less than 50% | 100% | Epidemic/Outbreak reports | <u>Risk:</u> Poor Community support or resistance to project activities particularly early reporting & presentation of suspected cases to health facilities <u>Means of mitigation :</u> Intensification of community sensitization, education and mobilization; |
| | Health worker confidence in dealing with suspected Ebola cases; Good infection control practices in all health facilities. | Number of cases and deaths by region | | Less than 25% | Epidemic/Outbreak reports | <u>Risk:</u> Poor Ebola epidemic preparedness and infection control in the rest of the country <u>Means of mitigation :</u> Establish, train and equip national and regional response teams ; Pre-position infection control equipment, Ebola management and infection control guidelines in high-risk (neighbouring) districts and referral hospitals; Support improvement of infection control in all health facilities |
| | Improved patient referral, access to hard-to-reach areas for surveillance and contact tracing, effective burial arrangements; Timely notification of suspected cases and home visits by the community alert system. | Number of suspected cases notified timely | Less than 50% | 100% | Epidemic/Outbreak reports | |
| | Improved epidemic response | Number of suspected Ebola cases in health workers Free toll number fully functional | 0 | 0 1 | | |
| OUTPUTS | <u>Component 1:</u> • Coordination of partner inputs • Daily situation reports disseminated to all partners | Number of coordination meetings; Number of timely situation reports produced; | | 1 coordination meeting by day; 1 daily report produced and disseminated | Logistic reports | <u>Risk:</u> Poor infection control in the epicentres of the epidemic <u>Means of mitigation :</u> Ensure effective infection control through provision of PPEs, training, guidelines and standard operating procedures to health facilities in all health facilities |
| | <u>Component 2 :</u> • Adequate numbers of well trained and knowledgeable health workers trained | % of workers trained on surveillance and laboratory diagnosis | Less than 10% | 50% of health workers trained | Training reports | |

| | | | | | | | |
|--|---|--|---|---|---------------------------|--|--|
| KEY ACTIVITIES | <p>Component 3:</p> <ul style="list-style-type: none"> • PPEs sets and infection control supplies procured and timely distributed in at risk districts; • Health workers trained on the use of PPEs • Vehicles and motorcycles procured and distributed to affected districts | <p>Number of PPEs, drug kits distributed</p> <p>Number of high-risk districts with supplies of PPEs</p> <p>Number of health workers trained in Ebola case management</p> <p>Number of ambulances and motorbikes procured and distributed</p> | 0 | <p>500 PPEs and 1000 drug kits distributed & readily available in the whole area</p> <p>15</p> <p>More than 60% of health workers</p> <p>2 ambulances and 20 motorbikes</p> | Epidemic/Outbreak reports | <p><u>Risk:</u> Delayed availability of funds</p> <p><u>Means of mitigation :</u> WHO will re-programme available funds to cater for the most urgently needed or critical activities</p> <p><u>Risk:</u> More deaths due to the disease especially among health workers</p> <p><u>Means of mitigation :</u> Intensive social mobilization and education; Counselling of health workers; Recognition of health workers who volunteer to work in Ebola isolation units</p> | |
| | <p>Component 4:</p> <ul style="list-style-type: none"> • Communication equipment procured & distributed to affected districts • Adequate training and IEC materials are available and distributed | <p>Number of communication equipment procured & distributed</p> <p>Number of IEC materials produced & distributed</p> <p>Number of training materials distributed</p> | | <p>20 communication equipment procured & distributed</p> <p>100,000 IEC materials produced and distributed</p> <p>5,000 training materials available</p> | Epidemic/Outbreak reports | | |
| | COMPONENTS | | | | | INPUTS | |
| | <p>Component 1: Coordination of response activities at all levels Production of daily situation reports</p> | | | | | Resource : USD 1 million | |
| | <p>Component 2: Recruitment and training of health workers on surveillance, infection control and laboratory diagnosis</p> | | | | | SRF : USD 1 million | |
| | <p>Component 3: Procurement and distribution of PPEs to high risk districts and health facilities Training of health workers on how to use them Procurement and distribution of vehicles (ambulances) and motorbikes</p> | | | | | | |
| <p>Component 4: Procurement and distribution of radio communication equipment Printing and distribution of IEC materials Production of training materials</p> | | | | | | | |

1. BACKGROUND AND RATIONALE

1.1 Background – The Ebola Outbreak and Emergency Crisis

1.1.1 Since the Ebola Virus Disease (EVD) epidemic was declared on 21 March 2014, the Government of the Republic of Guinea and its partners have been actively involved in the response effort. The epidemic seemed to have been brought under control in mid-May, but a resurgence in the number of confirmed cases and the emergency of new foci were reported at the beginning of June 2014. The epidemic has also spread further within the country and the capital to the neighboring countries of Sierra Leone and Liberia, and more recently to Nigeria; thus giving the crisis a regional dimension. **By August 5th 2014, Guinea had recorded 495 cases and 363 deaths (347 confirmed cases and 225 deaths),** i.e. a case of fatality rate of 73%. The distribution of the confirmed cases and deaths is provided in Appendix I – table 1).

1.1.2 By way of response, the WHO Regional Office for Africa organized an emergency ministerial meeting in Accra, Ghana on 2-3 July 2014 to enable Member States and partners to reach consensus on a regional strategy to halt the epidemic. On August 1st, following high-level meetings of the Director-General of the World Health Organization (WHO) in Guinea with the Presidents of Guinea, Liberia, and Sierra Leone, a Joint Declaration of Heads of State and Government of the Mano River Union (comprised of Côte d'Ivoire, Guinea, Liberia, and Sierra Leone) was issued and leaders pledged to commit additional resources to the outbreak.

1.1.3 Despite the measures implemented by the government and its partners, the EVD outbreak continues to spread. The major challenges which continue to fuel transmission of the virus among others include: inadequate understanding, poor communication, misconceptions and fear of the EVD among the affected communities; lack of EVD experience among health care workers and limited capacities for rapid response. The risk of exposure to the Ebola virus is exacerbated by inappropriate household care and customary burial procedures. As increasing numbers of people are getting infected through contact with ebola patients, a tide of panic and anxiety is spreading among the communities. Fear of contracting the disease among frontline health workers is leading to either suboptimal care for patients or substandard implementation of infection prevention and control measures. Close community ties and movement within and across borders invariably lead to difficulties in tracing and following up of contacts across the three affected countries.

1.1.4 Considering the exceptional and urgent nature of the situation, the threat to lives of the population of Guinea and the rate at which the epidemic is spreading in the sub-region, Management is proposing an exceptional assistance operation to control this outbreak. Faced with the regional scale of the epidemic, which renders any action within a single country incomplete and inadequate, it is recommended that Special Relief Fund resources be used.

1.2 Justification for Emergency Assistance

1.2.1 The present Emergency Assistance proposal is in accordance with the Bank Group Policy Guidelines and is consistent with the current Bank Group provisions under the Revised Policy Guidelines for Emergency Relief Assistance, and General Regulations of the Special Relief Fund (ADB/BD/WP/2008/211). The request falls under emergency criteria item (iii) as it aims for the adoption of reasonable measures to reduce the risk of further spread of the EVD and a deterioration of the humanitarian situation within the country well as in the neighboring countries. The emergency situation is beyond the capacity of the government and its agencies to handle without significant support from the international community. The activities proposed under it can be carried out expeditiously and effectively within the required timeframe of six months.

2. OVERVIEW OF THE APPEAL FOR EMERGENCY ASSISTANCE

2.1 Heads of State of ECOWAS member countries appealed for international aid at the summit held in Yamoussoukro on 28 and 29 March 2014. Countries were tasked to develop national response plans.

2.2 In response to this call the AFDB in May 2014 awarded a grant of 2 million UA (\$3,052,480) through the regional operation envelope (regional public goods) as exceptional and emergency assistance to fight Ebola in Guinea, Sierra Leone and Liberia and its neighboring countries¹ but given the scale of the outbreak additional resources are immediately required.

On the 31st of July 2014, Dr. Chan, General Director of WHO, also met with presidents of affected West African nations in Guinea to launch a new joint US\$ 100 million Ebola Virus Disease Outbreak Response Plan as part of an intensified international, regional and national campaign to bring the outbreak under control within the next 6 months. The Ebola Virus Disease Outbreak Response Plan in West Africa identifies the need for several hundred more personnel to be deployed in affected countries to supplement overstretched treatment facilities. Of greatest need are clinical doctors and nurses, epidemiologists, social mobilization experts, logisticians and data managers. The plan also outlines the need to increase preparedness systems in neighboring nations and strengthen global capacities as well as step up social mobilization efforts. Finally, reinforcing coordination of the overall health response is critical. In particular, this includes strengthening capacities of the WHO-run Sub-regional Outbreak Coordination Centre, which was opened this month in Conakry, Guinea, to consolidate and streamline support to West African countries by all major partners and assist in resource mobilization.

2.3 Guinea's response plan has been updated to conform with the strategy and objectives at the Accra meeting. The plan is valid for six months, for the period July-December 2014 and is estimated to cost *\$11 million out of which only \$714,000 have been pledged so far* (Ministry of Health of Guinea 2014²).

3. THE PROPOSED EMERGENCY ASSISTANCE OPERATION

3.1 Objective, Beneficiaries and description of Assistance

3.1.1 The ultimate goal of this project is to reduce morbidity and mortality due to Ebola through prompt identification and effective management of cases and contacts, effective social mobilization and psychosocial support to the affected communities. The beneficiaries of this project are the people of the Republic of Guinea and its neighboring countries.

3.1.2 The specific objectives of this project are to: (a) strengthen active surveillance through early detection of suspected cases, investigation of suspected cases and deaths, and identification of contacts to break the chain of transmission; (b) ensure rapid and effective management of all cases at no financial cost to patients; (c) promote preventive action to control Ebola Virus Disease; (d) improve community participation; (e) better coordinate response activities at all levels; (f) monitor and evaluate control measures.

3.1.3 The beneficiaries of this project are the people of the Republic of Guinea and its neighboring countries.

¹ Cote d'Ivoire, Gambia, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone.

² Planned Response to the Ebola Virus Disease Epidemic in Guinea, July-December 2014.

3.2 Project Components

3.2.1 The project includes interventions related to four components.

(i) Component 1: Coordinating the Outbreak Response

Successful implementation of EVD outbreak response depends on strong national leadership and effective coordination of all stakeholders involved in the response. The project will strengthen the coordination of response activities at all levels and support the monitoring and evaluation of the response activities by all the partners. Key activities in this component include the organization of national and cross-border coordination meetings, the development and monitoring of various strategic documents (response plan, community mobilization, logistics plans, etc.), the organization of information and advocacy meetings, the monitoring by teams from the technical coordination committee and district health management teams and the dissemination of the epidemic monitoring report.

(ii) Component 2: Strengthening Epidemiological Surveillance and Laboratory Capacities

The project will strengthen epidemiological surveillance and response systems to deal with the current epidemic. Early detection of suspected cases and identification of contacts will be strengthened through the training of health workers in surveillance of hemorrhagic fevers and proper use of surveillance tools including the wearing of personal protection equipment and the training of community health workers in community-based surveillance techniques. Investigation of suspected cases and deaths will be strengthened through the training of district and regional health management teams in the application of case definitions, investigation techniques and the use of available tools.

(iii) Component 3: Improving Case Management and Infection Prevention and Control of EVD

The project will ensure rapid and effective case management through the replenishment of stocks of emergency medicines, equipment, consumables, nutritional and dietary inputs and personal protective equipment (PPE) at treatment centres. Health workers will be recruited and trained on the use of PPEs. The project will also promote infection prevention and control of EVD through the distribution of hygiene kits at health facilities and in communities in affected areas and the proper disposal of the bodies of the patients who have died from EVD.

(iv) Component 4: Promoting Social Mobilization, Public information and Communication

The project will support communications and awareness raising campaign to strengthen civil society/communities' response to the epidemic. Key activities include the organization of advocacy events at all levels, the development and dissemination of various communication media featuring key messages on preventing EVD infection and mass outreach.

3.3 Cost and Source of Financing

3.3.1 The total cost of the above activities is estimated at USD 1,000,000 including administrative costs of WHO field office in Guinea. The transaction will be financed from the Special Relief Fund of the Bank.

4. IMPLEMENTATION ORGANIZATION AND MANAGEMENT

4.1 Implementation Arrangements

4.1.1 According to the Bank's Revised Policy Guidelines and Procedures for Emergency Relief Assistance and General Regulations of the Special Relief Fund (ADB/BD/WP/2008/211/Rev.1 - ADF/WP/2008/173/Rev.1) the implementation of the emergency humanitarian relief

assistance will be entrusted to appropriate organizations operating in the field at the time of the emergency. They include United Nations agencies, or an appropriate Government Agency or NGO.

4.1.2 The Government of Guinea has indicated that it has entrusted the implementation of his emergency operation to the WHO sub-regional Ebola outbreak Coordinating Center, based in Conakry (Guinea), as implementing Agency. In line with the recommendations of the Ministerial Emergency meeting held in Accra (Ghana) on 2nd and 3rd July, 2014, establishing this center to coordinate all interventions regarding the containment of the Ebola Virus Disease in West Africa. Therefore, the Sub regional center is the appropriate structure to give any technical and financial information about the response to the disease. This center working through the WHO Guinea Country Office will be responsible for the day-to-day management of the project activities. WHO Guinea in exercise of this mandate will work collaboratively with other development partners and government of Guinea. A joint Memorandum of Agreement will be signed between the Bank, WHO and the Government of Guinea. Options for funding to be channeled to other appropriate UN agencies, namely UNICEF for social mobilization activities, will also be explored.

4.2 Procurement

4.2.1 WHO is a specialized agency of the United Nations for health-related issues. In this respect, it has been the executing agency to several emergency aid financed by the Bank to regional member countries. It therefore has the qualifications and experience necessary to effectively coordinate the implementation of this operation on emergency humanitarian aid. In accordance with the provisions of the Rules and Procedures of the Bank for the procurement of goods and works, particularly in paragraph 3.9 which states that “There may be cases where the acquisition directly from specialized agencies, acting providers in accordance with their own procedures, is the most appropriate method for (a) small quantities of goods available on the market, primarily in the fields of education and health and (b) specialized products where the number of suppliers is limited, such as vaccines and drugs “WHO will be responsible for the acquisition and distribution of goods and services needed for the fight against the epidemic of Ebola hemorrhagic fever namely kits protection, laboratory kits, information and communication materials, training of health workers and community workers, technical assistance, institutional support and coordination of national and regional structures. Thus, the WHO will be responsible for the procurement of goods and services using WHO procurement rules and procedures. Given the nature of the operation and that it is of particular urgency, it was recognized that the use of the Bank’s procedures applicable in such a situation would not meet deadlines characterizing this operation.

4.3 Disbursement

4.3.1 Funds for this project will be channeled directly to and managed by the WHO Country Office (WCO) in Guinea. A completion report will be prepared by the WCO at the end of the project period and a project financial statement will be submitted to the Bank before 31st January 2015.

4.3.2 Given the nature of this operation, it is recommended that funds are disbursed in a single tranche upon submission to the Bank by WHO of the following:

- i) A Bank account where the proceeds of the grant will be deposited;
- ii) A signed Tripartite Letter of Agreement (LOA) entered into between the Bank, the Government of Guinea and WHO.

Again it is critical to explore options of joint partnerships in implementation among UN health agencies such as WHO/UNICEF/UNFPA. UNICEF and UNFPA have experience in supporting primary health care oriented programs.

4.4 Implementation Schedule

4.4.1 Overall the project will work within existing Ebola coordination structures at national and district levels which include the EOC and national taskforce. The project will be implemented in close collaboration with Ministry of Health (MOH) Guinea and other relevant health partners to avoid duplication. The project will be implemented for six months starting from 15th August 2014.

4.4.2 The transaction will be implemented in the short time and the total duration does not exceed six months.

4.5 Reporting, Supervision and Auditing

4.5.1 At the end of the operation, WHO-AFRO will provide the Bank and the Government a detailed technical and financial report within three months following completion of the emergency activities. Given that UN agencies do not prepare audit reports for each separate institution, WHO-AFRO will produce a written report at the end of the transaction certifying compliance with the terms of the Tripartite Letter of Agreement (LAT). WHO-AFRO cannot deduct more than 7% of the budget for administrative costs. The Bank will provide continuous monitoring of the progress made in relation to the intervention. The WHO AFRO will prepare quarterly progress reports to inform on the progress of the operation. All reports will be forwarded to headquarter and country offices of the Bank and the relevant state structures.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The magnitude and geographical extent of the EVD outbreak in Guinea require significant and robust response capacities and structures. This outbreak poses serious challenges in terms of human capacity, financial, operational and logistics requirements and threatens national and international health. This funding proposal will complement the efforts of governments and other partners to mobilize and involve all sectors, including civil society and communities to develop a coordinated and effective response to the epidemic.

5.2 Conditions of Disbursement

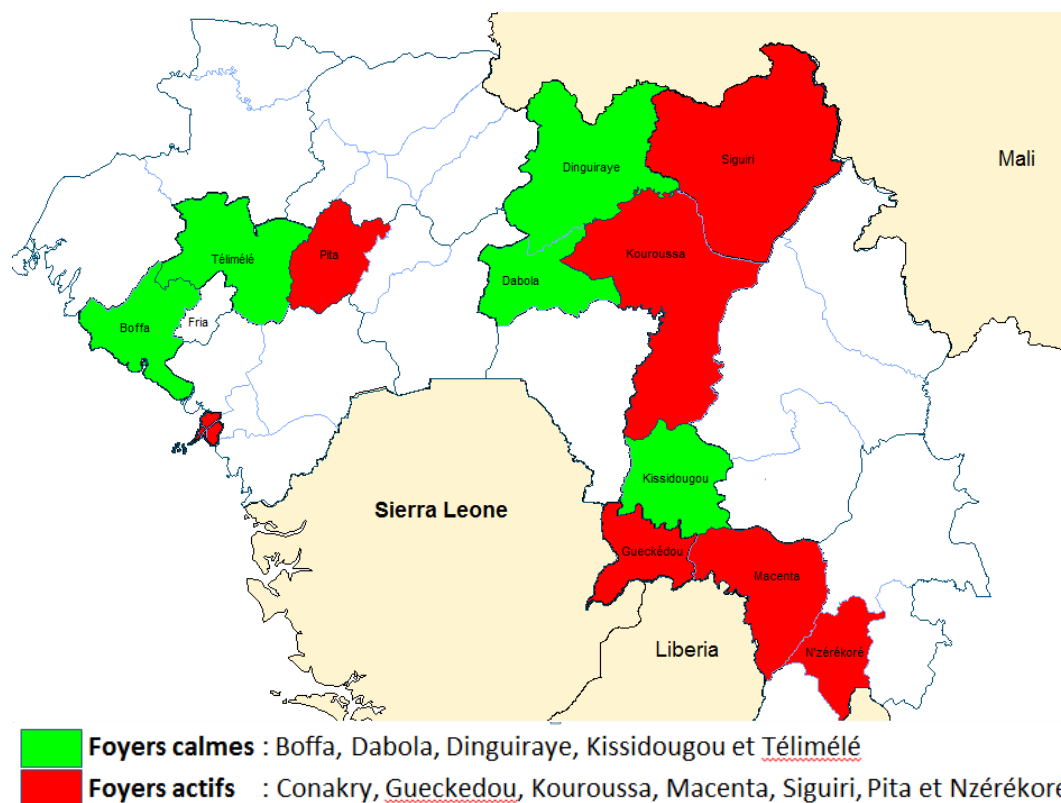
A Tripartite Letter of agreement will be signed by the WHO, the Government and the Bank. The WHO will provide the Bank with reference of a bank account into which shall be paid the grant resources for the financing of this emergency assistance.

5.3 Recommendations

It is recommended that the Board of Directors of the Bank i) approves this Emergency Assistance for the amount of one million USD (USD 1,000,000) to support the Government of Guinea's efforts to urgently strengthen its Ebola epidemic response capacity; and ii) waives, exceptionally for this operation, the application of the Bank's Rules and Procedures for Procurement, and authorizes the application of the procurement rules of the United Nations World Health Organization.

ANNEX I: Information on the Ebola outbreak in Guinea

Figure 1. Map of the Epidemiological Situation in Guinea as of 4 August 2014



Source: Report on the epidemiological situation, Guinea, Ebola Virus Disease, Situation as of 4 August 2014, 6pm.

Table 1: Distribution of Ebola confirmed cases and deaths in Guinea

| Location | Cases | Deaths |
|------------------------|-------|--------|
| Guéckédou | 285 | 247 |
| Macenta | 39 | 29 |
| Kissidougou | 6 | 5 |
| Conakry | 95 | 42 |
| Dabola | 4 | 4 |
| Telimele | 26 | 10 |
| Boffa | 23 | 16 |
| Kouroussa | 4 | 3 |
| Dinguiraye | 1 | 1 |
| Pita | 2 | 2 |
| N ^z erekore | 4 | 1 |
| Siguiri | 6 | 3 |
| TOTAL | | |

Source: Report on the epidemiological situation, August 5th, 2014, World Health Organization.

ANNEX II: Provisional Schedule of the Assistance

| Activities | Agency Responsible | Deadline |
|--|---------------------------|-------------------------|
| Board approval on lapse-time basis | AfDB | August 2014 |
| Signature of the Grant Protocol/effectiveness | AfDB/WAHO | August 2014 |
| Signature of the Letter of Agreement with a view to implementation of the operation's activities | AfDB/WHO/WAHO | August 2014 |
| Submission of the disbursement request | WAHO/WHO | End of August 2014 |
| Disbursement | AfDB | September 2014 |
| Procurement/Delivery | WHO | September/February 2015 |
| Submission of a technical and financial report | WHO | March 2015 |
| Submission of quarterly activity reports | WHO | |

ANNEX III: Cost Summary of the Assistance by Component and Expenditure Category

Cost Summary by Component

| Description of activities | Cost (UA) | Cost (USD) | Percentage (%) |
|---|----------------|---|----------------|
| Component 1: Coordinating the Outbreak Response - Coordination of response activities at all levels - Production of daily situation reports | 84,894 | 130,000 | 13 |
| Component 2: Strengthening Epidemiological Surveillance and Laboratory Capacities - Recruitment and training of health workers on surveillance, infection control and laboratory diagnosis | 169,789 | 260,000 260,000 | 26 |
| Component 3: Improving Case Management and Infection Prevention and Control of EVD - Procurement of drugs, medical supplies and equipment (especially PPEs) - Recruitment, training of health workers on the use of PPEs - Procurement of ambulances - Procurement of motorbikes | 261,215 | 400,000 100,000 180,000 100,000 20,000 | 40 |
| Component 4: Promoting Social Mobilization, Public information and Communication - Procurement of communication equipment - Production and distribution of IEC materials - Production and distribution of training materials | 91,425 | 140,000 20 10,000 100,000 | 14 |
| WHO Administrative Cost | 45,712 | 70,000 | 7 |
| Grand total | 653,036 | 1,000,000 | 100 |

Project Expenditure by Category

| Expenditure category | Activity | Cost (UA) | Cost (USD) |
|---|---|----------------|------------------|
| Goods Procurement of essential supplies | Drugs, medical supplies and equipment (especially PPEs), vehicles | 359,169 | 550,000 |
| Services | Training of health workers and community workers | 182,849 | 280,000 |
| | Technical assistance | 65,304 | 100,000 |
| Operation | WHO administrative cost (7%), institutional support for national and regional structures, and activity coordination | 45,712 | 70,000 |
| Total | | 653,036 | 1,000,000 |

*NB: Procurements will be based on WHO rules of procedure.

BANQUE AFRICAINE DE DEVELOPPEMENT

CONSEIL D'ADMINISTRATION

Résolution N° B/GN/2014/32

Adoptée par le Conseil selon la procédure de non-objection, le 18 août 2014

Octroi d'un don à la République de Guinée provenant des ressources du Fonds spécial de secours en vue de financer une partie des coûts de l'aide d'urgence pour la Lutte contre l'épidémie de la maladie à virus Ebola en Guinée

LE CONSEIL D'ADMINISTRATION,

VU : (i) les articles 1, 2, 8, 12, 13, 14 et 32 de l'Accord portant création de la Banque africaine de développement (la "Banque") ; (ii) les Directives révisées du Groupe de la Banque en matière d'aide d'urgence (les "Directives") ; (iii) le Règlement général du Fonds spécial de secours ("FSS") tel qu'amendé ; et (iv) la proposition de don contenue dans le document ADB/BD/WP/2014/126/Approbation (la "Proposition") ;

CONSIDERANT le caractère exceptionnel et urgent de la situation, l'ampleur et la portée géographique de l'épidémie de la fièvre hémorragique Ebola en Guinée et les difficultés auxquelles la République de Guinée fait face pour endiguer la propagation de l'épidémie dans la sous-région ;

NOTANT l'appel lancé par les Chefs d'État des pays membres de la Communauté économique des Etats de l'Afrique de l'ouest (CEDEAO) lors de leur Sommet tenu les 28 et 29 mars 2014 à Yamoussoukro pour une aide de la communauté internationale ainsi que les réunions de haut niveau tenues à Accra les 2 et 3 juillet 2014 et à Conakry le 31 juillet 2014 afin d'élaborer une stratégie régionale de riposte ;

DECIDE ce qui suit :

1. de consentir à la République de Guinée, sur les ressources du FSS, un don d'un montant maximum de un million de dollars des États-Unis (1 000 000 dollars EU), en vue de financer une partie des coûts de l'aide d'urgence pour la lutte contre l'épidémie de la maladie à virus Ebola ;
2. de déroger, exceptionnellement, à l'application des règles et procédures de la Banque en matière d'acquisition et d'autoriser l'application de celles de l'Organisation mondiale de la santé (OMS) ;
3. d'autoriser le Président de la Banque à conclure une Lettre d'Accord Tripartite (la "Lettre d'Accord") entre la Banque, la République de Guinée et l'OMS, selon les modalités et conditions indiquées dans les Directives, le Règlement général du FSS et dans la Proposition ;
4. Les ressources du don seront directement décaissées au Bureau pays de l'OMS en Guinée en sa qualité d'Organe d'exécution du Projet ;
5. d'autoriser le décaissement des ressources du don en une seule tranche en faveur du Bureau pays de l'OMS après soumission à la Banque : (i) de la Lettre d'Accord signée entre la Banque, la République de Guinée et l'OMS ; et (ii) des références du compte bancaire destiné à recevoir les ressources du don ;
6. le Président peut annuler le don si la Lettre d'Accord n'est pas signée dans un délai de quatre-vingt-dix (90) jours à compter de la date d'approbation de la présente résolution ; et
7. la présente résolution entre en vigueur à la date susmentionnée.