

**BOARD APPROVAL:**  
Lapse-of-time Procedure  
18 August 2014

FOR INFORMATION

## MEMORANDUM

**TO :** THE BOARD OF DIRECTORS

**FROM :** Cecilia AKINTOMIDE  
Secretary General

**SUBJECT:** LIBERIA - 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 16 August 2014.

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

**Attach.**

**Cc:** The President

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## ABBREVIATIONS

ADB	African Development Bank
CHT	Country Health Teams
ECOWAS	Economic Community of Western African States
MOHSW	Ministry of Health and Social Welfare
NTF	National Task Force
WHO	World Health Organization
EOC	Emergency Obstetric Care
EVD	Ebola Virus Disease
NGO	Non-Governmental Organization
ORTS	Transition Support Department
OSHD	Human Development Department
PPE	Personal Protective Equipment
TSF	Transition Support Facility
WHO-AFRO	World Health Organization - Africa Region
WAHO	West African Health Organization
NGO	Non-Governmental Organization

**Country and project title: Liberia / Supporting the Ebola Viral Haemorrhagic Disease (EVD) Epidemic Response in Liberia**

**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	<p><u>Risk:</u> Poor Community support or resistance to project activities particularly early reporting &amp; presentation of suspected cases to health facilities <u>Means of mitigation :</u> Intensification of community sensitization, education and mobilization;</p> <p><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</p>
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%	100%	Exit interviews/Surveys		
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	39 (Feb-Aug) 0	0 1			
OUTPUTS	<u>Component 1: Coordinating the Outbreak Response</u> <ul style="list-style-type: none"> <li>Improved coordination of partner inputs</li> <li>Daily dissemination of situation reports to all partners</li> <li>Deployment of multidisciplinary teams to hot spot districts</li> </ul>	Number of coordination meetings; Number of timely situation reports produced Number of teams deployed to hotspots	Less than 30%	1 coordination meeting by day; 1 daily report produced and disseminated 80%	Logistic reports Epidemic/Outbreak reports	<p><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</p> <p><u>Risk:</u> Delayed availability of funds <u>Means of mitigation :</u> WHO will re-programme available funds to cater for the most urgently needed or critical activities</p>
	<u>Component 2 : Strengthening Epidemiological Surveillance and Laboratory</u> <ul style="list-style-type: none"> <li>Adequate numbers of well trained and knowledgeable health workers</li> </ul>	% of Laboratory technicians trained on surveillance and laboratory diagnosis	20	100 trained	Training reports	<p><u>Risk:</u> More deaths due to the disease especially among health workers</p>

	<p>Component 3: Improving Case Management and Infection Prevention and Control</p> <ul style="list-style-type: none"> <li>Improved case management</li> <li>Recruitment and deployment of relevant technical staff</li> <li>PPEs sets and infection control supplies procured and timely distributed in at risk districts</li> <li>Health workers trained on the use of PPEs</li> </ul>	<p>Number of health workers trained in Ebola case management</p> <p>Number of PPEs, drug kits distributed</p> <p>Number of high-risk districts with supplies of PPEs</p>	50	<p>More than 60% of health workers</p> <p>500 PPEs 1,000 drug kits distributed &amp; readily available in the whole area; All high-risk districts</p>	Epidemic/Outbreak reports	<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: Promoting Social Mobilization, Public information and Communication</p> <ul style="list-style-type: none"> <li>Vehicles, motor cycles and communication equipment procured &amp; distributed to affected districts</li> <li>Adequate materials for all the different trainings are available</li> </ul>	<p>Number of Vehicles and communication equipment procured &amp; distributed</p> <p>Number of IEC materials produced &amp; distributed Number of training materials distributed</p>		<p>3 ambulances, 20 motorbikes and 15 communication equipment procured &amp; distributed 100,000 IEC materials produced and distributed 5,000 training materials available</p>	Epidemic/Outbreak reports	
<b>KEY ACTIVITIES</b>	<b>COMPONENTS</b>					<b>INPUTS</b>
	<p><b>Component 1:</b> Coordination of response activities at all levels Production of daily situation reports</p>					Resource : USD 1 Million
	<p><b>Component 2:</b> Recruitment and training of health workers on surveillance, case management, infection control and laboratory diagnosis</p>					SRF : USD 1 Million
	<p><b>Component 3:</b> 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><b>Component 4:</b> 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 Following the confirmation of Ebola Virus Disease (EVD) outbreak in Guinea, the Ministry of Health and Social Welfare (MOHSW) in Liberia has recorded two episodes of EVD epidemics in less than six months.** The first epidemic which began on 22<sup>nd</sup> March and ended in April, 2014 mainly affected two counties. The last case was confirmed on 10<sup>th</sup> April, 2014. Cumulatively, six cases were confirmed positive of the virus and all died at the time, (Case Fatality Rate of 100%). On 25<sup>th</sup> of May 2014, the Ministry received an investigation report of what became the index case of the second wave of EVD epidemic from Lofa County. Both episodes of the epidemic were cross border importation with the first wave of the epidemic imported from Guinea.
- 1.1.2 Since then the Ebola virus disease has continued to spread in the country with nearly 50% (seven counties) of the 15 counties affected, including an increasing number of cases in the capital, Monrovia.** The affected counties often referred to as response counties include Bomi, Bong, Grand Gedeh, Margibi, at risk counties referred as alert counties are now six and they include: Grand Cape Mount, Gbarpolu, Montserrado, Lofa and Nimba, while Grand Bassa, Rivercess, Sinoe, and River Gee. The spread of the disease to Monrovia, where the case load has accelerated in recent weeks, presents unprecedented challenges to contain the epidemic in a densely populated urban environment. As of 24<sup>th</sup> July 2014, the cumulative number of cases recorded from both waves of the epidemic is 296 with 147 deaths (CRF=49.62%). Already 39 cases have been recorded among health workers with 17 deaths (CFR=43.6%). The Ministry with support of partners has continued to respond to the current wave of the epidemic but clearly does not have sufficient capacity to contain the epidemic. Response activities are being implemented in all affected counties.
- 1.1.3 On 26<sup>th</sup> July 2014, the President of the Republic, Madam Ellen Johnson Sirleaf declared the EVD epidemic as national health emergency and established National Task Force** to be chaired by her and co-chaired by the Minister of Internal Affairs, and inclusive of major stakeholders. With support of partners, national technical staff was deployed to support county efforts in the affected and at risk counties and technical and in-kind support was provided by partners to support the Ministry of Health based on their comparative advantages and expertise. More than twenty technical assistants from different partner organizations have arrived in the country to support the Ministry of Health, however they are yet to be deployed to support the affected counties in a more coordinated manner. Emergency medical supplies, including PPE kits have been mobilized and sent to the affected counties. In addition, treatment centers have been scaled up to accommodate the increasing number of suspected, probable and confirmed cases.
- 1.1.4 Despite this progress, there are operational gaps/challenges that affect the scope and quality of the response both in urban and rural areas.** These include weak capacity for case detection and late follow up; inadequate capacity of investigation teams which lead to an increasing number of cases and deaths. Leads for suspected cases are not systematically followed, lost to follow up or not captured in the tracking system. Slow burial of dead bodies either confirmed or suspected of Ebola leads to increased exposure. Moreover, health workers and managers in public and private health facilities are not participating in adequate numbers in training sessions that are being organized for improving prevention and treatment of Ebola cases. Furthermore, the increasing pockets of resistance and denial in both rural and urban areas is creating additional barriers to containing the epidemic.
- 1.1.5 At the community level, customs and misinformation present additional challenges:** Denial, mistrust and rejection of proposed public health interventions arising from misinformation regarding the cause of the disease has led to a lack of acceptance about knowledge and adoption of prevention strategies. Fear of contracting the disease by frontline health workers puts patients at risk of being denied care or receiving suboptimal care. Some prayer houses and spiritual

healing centers are being used by suspected patients, which is further spreading the contagion. Furthermore, myths and false beliefs about the disease abound which prevent the adoption of appropriate prevention and care behaviors among communities.

- 1.1.6 The Ministry of Health in collaboration with partners responded to the first wave of the epidemic and there are concerted efforts to interrupt the current wave of the epidemic.** From onset of the epidemic, a multi-disciplinary National Task Force (NTF) chaired by the Minister of Health and Social Welfare was re-activated in March 2014 to ensure effective coordination of response efforts. The NTF meets on a daily basis to review the epidemic situation and provide guidance to the field teams. Similarly, the affected counties are being supported to establish a similar Task Force to enhance planning, implementation and monitoring of the epidemic response operations at the local level.
- 1.1.7 Given the unprecedented scale of the epidemic,** the threat to people's lives in Liberia and the grave risk presented by the rate at which the epidemic is spreading in the sub-region, Management is proposing an exceptional assistance operation to control this outbreak and recommends 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 countries<sup>1</sup> but given the scale of the outbreak additional resources are immediately required.**
- 2.3 The WHO Regional Office for Africa in collaboration with other partners convened a two-day emergency ministerial meeting on EVD outbreak in Accra, Ghana from 2nd to 3rd July 2014.** The meeting brought together ministers of health and key stakeholders to obtain consensus on the optimal way of interrupting the on-going EVD transmission in West Africa. The outcome of the meeting was the regional EVD response strategy. Following this regional meeting the NTF commissioned a review of the national operational plan aligning it to the Accra strategy. The Liberia National Accelerated EVD Operational Plan (based on the regional response strategy) is estimated to cost US\$20,894,880 million out of which only US\$ 6,185,830 million has been pledged as at 31<sup>st</sup> July 2014.
- 2.4 On the 31<sup>st</sup> of July 2014, Dr. Margaret Chan, Director General of the WHO, also met with presidents of affected West African nations in Guinea to launch a new joint US\$ 100 million**

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

**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. The greatest need is for 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.

### **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 virus and to interrupt its transmission in the country and in neighboring countries.**

**3.1.2 The specific objectives of this project are to:** (a) ensure effective coordination of the outbreak response activities at all levels; (b) strengthen early detection, investigation, reporting, active surveillance and diagnostic capacity; (c) institute prompt and effective case management and psychosocial support; and (d) create public awareness about EVD, the risk factors for its transmission, its prevention and control among the people.

#### **3.2 Project 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. Key activities of the project will include the deployment of multi-disciplinary team to each hot spot district to supervise response operations; ensure that all health care providers from public and private sectors are fully engaged in the active surveillance efforts; ensure high level engagement of political leadership to mobilize the necessary human, financial and logistical resources; convene national multi-sectoral meetings to engage other relevant sectors in the implementation of response operations; support deployment of senior national coordinators to the affected districts to provide coordinated outbreak response; strengthen logistics management systems to support response activities.

##### **(ii) Component 2. Strengthening Epidemiological Surveillance and Laboratory Capacities**

The project will strengthen epidemiological surveillance and response systems to deal with the current epidemic. Key activities of the project will include: strengthening EVD diagnostic capacity at the national reference laboratories; deploying field mobile laboratories to support surveillance and case management activities, with the addition of routine diagnostic testing (blood chemistries and counts) as necessary and transition to more permanent laboratory capacity over time.

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

The project will ensure rapid and effective case management through the following key activities: establishing specific EVD treatment centres proximate to all major active foci of viral transmission; training and mentor national and district level health care workers on EVD case management and IPC practices; including safe burial practices; deploy experienced international case management experts to support establishing treatment centres; deploy experienced and trained clinicians to supervise local health workers; provide adequate medicines, medical supplies, IPC supplies including PPEs to all treatment centres; strengthen infection prevention and control practices in all health care setting including establishing triage systems, the provision of essential IPC supplies and monitoring routine IPC practices; organize or conduct counseling to Ebola patients and survivors and develop a “discharge package” for both survivors and families of non-survivors; improve communication between families and patients admitted to treatment facilities; proactive projection of needs for medications, supplies,



PPE and ensure delivery to point-of-care; standardize and ensure access to protocols and training for case management and IPC.

#### **(iv) Component 4. Promoting Social Mobilization, Public information and Communication**

The project will support engagement and dialogue with with community leaders to share information on the disease and jointly find locally adapted solution to stop transmission (safe home based care, safe burial and early reporting of suspected cases to treatment centres); provide support to the communities in implementing locally adapted solution; engagement and involvement of political, local, traditional, religious and opinion leaders and “change agents” at all levels in the process of social mobilization and community-based strategies; increase awareness on Ebola and social mobilization at all levels through multiple communication channels and ensure that the focus remains on behavioral changes;

### **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 Liberia.** 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 In line with the recommendations of the Ministerial Emergency meeting held in Accra (Ghana) on 2<sup>nd</sup> and 3<sup>rd</sup> August, 2014, the WHO sub-regional Ebola Outbreak Coordinating Center, based in Conakry (Guinea) has been established 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 centre working through the WHO Liberia Country Office will be responsible for the day-to-day management of the project activities. WHO Liberia in exercise of this mandate will work collaboratively with other development partners and government of Liberia. A joint Memorandum of Agreement will be signed between the Bank, WHO and the Government of Liberia.

### **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 for several emergency assistance operations financed by the Bank in 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 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) Liberia.** A completion project report will be prepared by the WCO at the end of the project and a project financial statement will be submitted to the Bank before 31<sup>st</sup> 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 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.** It (project) will be implemented in close collaboration with the MOHSW Liberia its Country Health Teams (CHTs) and other relevant health partners to avoid duplication. The project proposal and activities will be continuously revised based on the changing epidemiology of the outbreak and new developments.

**4.4.2 The transaction will be implemented in the shortest 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 the geographical extent of the EVD outbreak in Liberia require significant and robust response capacities and structures. This funding proposal will complement the efforts of the government and other partners to mobilize and involve all sectors, including civil society and communities, to develop a coordinated and effective response to the Ebola epidemic.

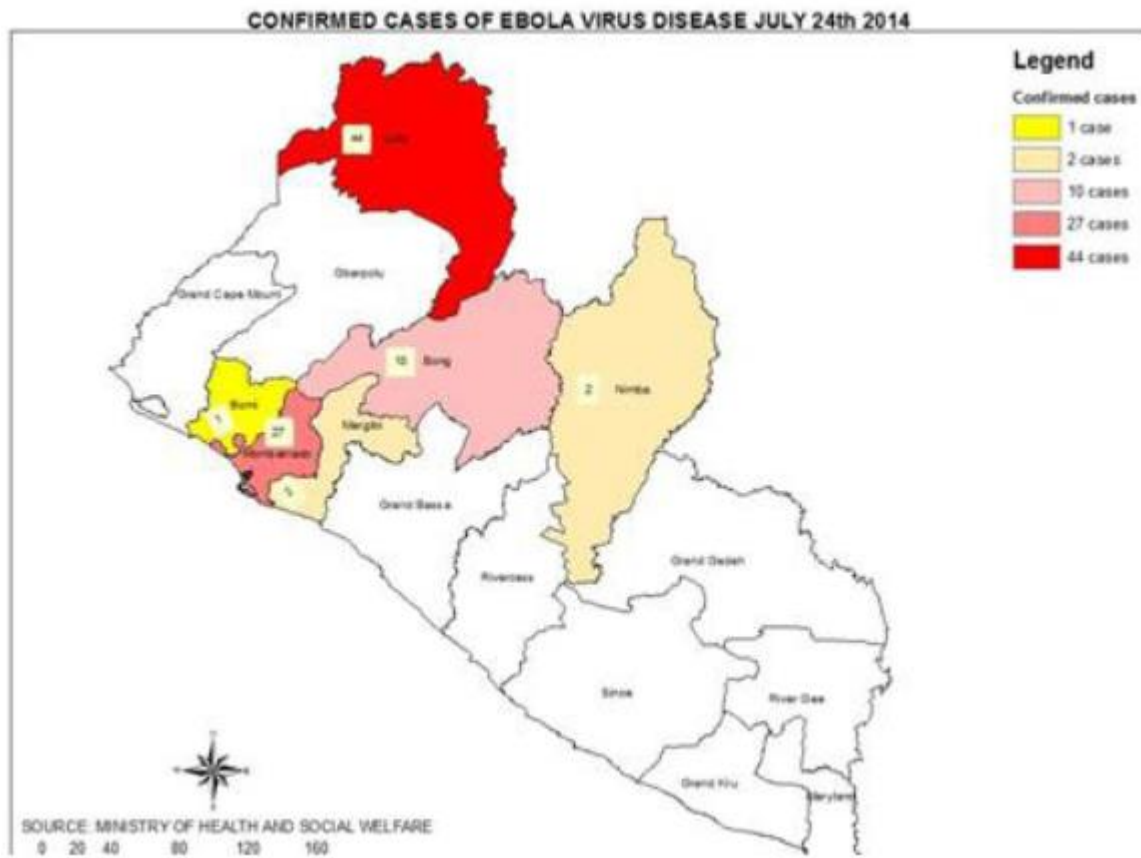
## **5.2 Conditions of Disbursement**

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 Liberia'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: Map of the Epidemiological Situation in Liberia as of July 24th 2014



**ANNEX II: Provisional Schedule of the Assistance**

<b>Activities</b>	<b>Agency Responsible</b>	<b>Deadline</b>
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 (%)
<b>Component 1: Coordinating the Outbreak Response</b> - Establishment, furnishing and equipment of Emergency Operation Centre (EOC)	<b>65,303</b> 65,303	<b>100,000</b> 100,000	<b>10</b>
<b>Component 2: Strengthening Epidemiological Surveillance and Laboratory Capacities</b> - Operational support to contact tracing and active surveillance in affected countries - Procurement of 20 motorbikes	<b>111,016</b> 65,303 13,060	<b>170,000</b> 100,000 20,000	<b>17</b>
<b>Component 3: Improving Case Management and Infection Prevention and Control of EVD</b> - Recruit, train and facilitate 10 doctors and 20 nurses for three months - Procurement of drugs, medical supplies and equipment (especially PPE) - Procurement of three ambulances	<b>352,078</b> 123,515 130,607 97,955	<b>539,140</b> 189,140 200,000 150,000	<b>54</b>
<b>Component 4: Promoting Social Mobilization, Public information and Communication</b> - Procurement of communication equipment - Production and distribution of IEC materials - Production and distribution of training materials	<b>78,926</b>	<b>120,860</b> 30,000 60,000 30,860	<b>12</b>
<b>WHO Administrative Cost</b>	<b>45,712</b>	<b>70,000</b>	<b>7</b>
<b>Grand total</b>	<b>653,036</b>	<b>1,000,000</b>	<b>100</b>

#### Project Expenditure by Category

Expenditure category	Activity	Cost (UA)	Cost (USD)
<b>Goods</b> Procurement of essential supplies	Drugs, medical supplies and equipment (especially PPE)	306,927	<b>470,000</b>
<b>Services</b>	Training of health workers and community workers	300,396	<b>460,000</b>
<b>Operation</b>	WHO administrative cost (7%), institutional support for national and regional structures, and activity coordination	45,712	<b>70,000</b>
<b>Total</b>		<b>653,036</b>	<b>1,000,000</b>

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

**AFRICAN DEVELOPMENT BANK**

**BOARD OF DIRECTORS**

**Resolution N° B/LR/2014/33**

**Adopted by the Board on a lapse-of-time basis, on 18 August 2014**

**Grant to the Republic of Liberia from the Special Relief Fund to finance part of the cost of the Emergency Assistance to Fight the Ebola Virus Disease Epidemic**

**THE BOARD OF DIRECTORS,**

**HAVING REGARD** to Articles 1, 2, 8, 12, 13, 14, and 32 of the Agreement Establishing the African Development Bank (the "Bank"), the Revised Policy Guidelines and Procedures for Emergency Relief Assistance (the "Guidelines"), the General Regulations (the "Regulations") of the Special Relief Fund ("SRF"), as amended, and the Grant Proposal contained in Document ADB/BD/WP/2014/130/Approval (the "Proposal");

**CONSIDERING** the unprecedented scale of the Ebola Virus Disease epidemic and urgent nature of the situation, the threat to lives of the population in Liberia and the rate at which the epidemic is spreading in the sub-region;

**HAVING NOTED** the appeal of the Heads of State of the Economic Community of Western African States (ECOWAS) member countries for international aid at summit held in Yamoussoukro on 28<sup>th</sup> and 29<sup>th</sup> March 2014 as well as the high level meetings held in Accra from 2<sup>nd</sup> to 3<sup>rd</sup> July 2014 and in Conakry on 31<sup>st</sup> July 2014 to launch an Ebola Virus Disease Outbreak Response Plan;

**DECIDES** as follows:

1. To award to the Republic of Liberia, from the resources of the SRF, a grant (the "Grant") not exceeding One Million United States Dollars (USD 1,000,000) to finance part of the cost of the Emergency Assistance to Fight the Ebola Virus Disease Epidemic;
2. To waive, exceptionally, the application of the Bank procurement rules and procedures and authorize the use of the procurement rules of the World Health Organization (WHO);
3. To authorize the President of the Bank to conclude with the Republic of Liberia and the World Health Organization (WHO), a Tripartite Letter of Agreement (the "Letter of Agreement") on the terms and conditions specified in each of the Guidelines, Regulations, and in the Proposal;
4. The Grant will be disbursed to WHO Country Office (WCO) in Liberia as the Executing Agency;
5. To authorize the disbursement of the Grant to WCO, in one installment upon submission of evidence to the Bank of: (i) the signature of the Letter of Agreement between the Bank, the Republic of Liberia and WHO; and (ii) bank account details where the Grant resources will be deposited;
6. The President may cancel the Grant if the Letter of Agreement is not signed within ninety (90) days from the date of approval of this Resolution; and
7. This Resolution shall become effective on the date above-mentioned.