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FOR CONSIDERATION

MEMORANDUM

TO : THE BOARDS OF DIRECTORS

FROM : Cecilia AKINTOMIDE
Secretary General

SUBJECT: MULTINATIONAL – STRENGTHENING WEST AFRICA'S PUBLIC HEALTH SYSTEMS RESPONSE TO THE EBOLA CRISIS (SWAPHS)*

GRANT OF UA 40.00 MILLION (USD 60.00 MILLION)

Please find attached the Appraisal Report on the above-mentioned Project.

The draft Resolution will be submitted to you as an addendum.

Attach:

Cc.: The President

* Questions on this document should be referred to:			
Mr. J. LITSE	Officer-In-Charge/ Director	ORVP/ORWA	Extension 4047
Ms A. SOUCAT	Director	OSHD	Extension 2046
Mr. S. TAPSOBA	Director	ORTS	Extension 2075
Mr. F. ZHAO	Division Manager	OSHD.3	Extension 2117
Mrs. C. JEHU-APPIAH	Task Manager	OSHD.3	Extension 1519
Ms. Y. DUKHAN	Co-Task Manager	OSHD.3	Extension 1655

SCCD:C.H.

AFRICAN DEVELOPMENT BANK GROUP

COUNTRY: MULTINATIONAL

STRENGTHENING WEST AFRICA'S PUBLIC HEALTH SYSTEMS RESPONSE TO THE EBOLA CRISIS (SWAPHS)

PROJECT APPRAISAL REPORT

August 2014

	Team Leader: Caroline JEHU-APPIAH, Principal Health Economist, OSHD.3 **Team Members**: Yohana DUKHAN, Senior Health Economist, OSHD.3 Nicholas WILLIAMS, Manager, OITC.3 Ruth CHARO , Social Development Specialist, EARC Maimouna DIOP LY, Principal Health Analyst, DIRA Gregory OSUBOR, Social Sector Expert, ORNG Sandy JAMBAWAI, Social Sector Expert, SLFO Bitsat Yohannes Kassahun, Infrastructure Environment policy expert, ORTS2 Emile Kemayou, Principal Political Economist, ORTS2 **Regional Director**: Janvier Kpourou LITSE, ORWA **Sector Director**: Agnès SOUCAT, OSHD **Sector Manager:** Feng ZHAO, OSHD.3 **Director,** S. Tapsoba, ORTS **Director** S. Maliko, ONRI **Director** S. PIitamber ,ORSP

Peer Reviewers	Sering Jallow, Senior Adviser to the VP, OSVP Agnes Surry, Senior Resource Mobilization Officer, FRBM.1 Alain Pierre Mbonampeka, Chief Country Programme Officer, LRFO Alexis de Roquefeuil, Manager, OSHD.0 Ali Eyeghe, Principal Social Protection specialist, OSHD.1 Atef Hussein El Maghraby, Chief Health Human Resource Officer, OSHD 3 Baboucarr Sarr Coordinator for the Bani's Horn of Africa, EARC Banda Ngenge, Principal Procurement Officer, ORNG Benedict Kunene, Principal Education Analyst, SARC/OSHD 2 Eric Ogunleye, Consultant , ORNG Etienne Porgo, Lead Education Specialist, OSHD.1 Ibrahim Ansu Bangura, Macro Economist, SLFO Issahaku Budali, Principal Social Protection Specialist, EARC/OSHD.1 Jacob Mukete, Division Manager, OSGE.2 Jonathan Nyamukapa Regional Finance Management Coordinator, ORPF.2 Khadidia Diabi Country Programme Officer, SLFO/ORWA Lawrence Tawah, Assistant to VP, SOAR Margaret Kilo, Res. Rep, LRFO Minemba Traore, Senior Social Development Officer, MLFO Mona Sharan, Senior Gender Specialist , OSHD.3 Mulle Chikoko, Principal Social Protection Officer, OSHD.1 Namawu Alolo Alhassan, Senior Social Protection Specialist, OSHD 1 Nawsheen Elaheebocus, Senior Human Development Officer, OSHD.2 Patricia Laverly, Principal Macro Economist ,OSGE.0 Patrick Opoku-Darkwa , Principal Transport Engineer, ORNG Rex K. Situmbeko, Senior Financial Analyst, OWAS.1 Senait N. Assefa, Division Manager, ORFS.2

AFRICAN DEVELOPMENT BANK GROUP

COUNTRY: MULTINATIONAL

STRENGTHENING WEST AFRICA'S PUBLIC HEALTH SYSTEMS RESPONSE TO THE EBOLA CRISIS (SWAPHS)

PROJECT APPRAISAL REPORT

OSHD

August 2014

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Currency Equivalents

1UA =1.53131 USD

Fiscal Year

July 1 – June 30

Weights and Measures

1metric tonne	=	2204 pounds (lbs)
1 kilogramme (kg)	=	2.200 lbs
1 metre (m)	=	3.28 feet (ft)
1 millimetre (mm)	=	0.03937 inch (“)
1 kilometre (km)	=	0.62 mile
1 hectare (ha)	=	2.471 acres

Acronyms and Abbreviations

AfDB	African Development Bank
ADF	African Development Fund
SWAPHS	Strengthening West Africa’s Public Health Systems project
WHO	World Health Organization
WAHO	West Africa Health Organization
EVD	Ebola Virus Disease
MOH	Ministry of Health
MRU	Mano River Union
WB	World Bank
TSF	Transition Support Facility
RMC	Regional Member Countries
ORTS	Transition Support Department
RPG	Regional Public Goods
RO	Regional Operation
SRF	Special Relief fund
CSP	Country strategy paper
NGO	Non-governmental Organization
REC	Regional Economic communities
WA-RISP	West Africa – Regional Integration Strategy Paper
WAEMU	West African Economic and Monetary Union
ECOWAS	Economic Community Of West African States
GDP	Gross Domestic Product
ICT	Information and Communications Technology
DP	Development Partner
RISP	Regional Integration Strategy Paper
RMCs	Regional Member Countries
ROs	Regional Operations
IPC	Infection Prevention Control

Grant Information

CLIENT'S INFORMATION	
Beneficiary countries	Guinea, Liberia, Sierra Leone, Nigeria, Côte d'Ivoire, Guinea Bissau, Burkina Faso, Ghana, Niger, Togo, Benin, Mali, Senegal, Gambia, Cape Verde
Executing Agency	WHO, WAHO, Governments of the above countries

FINANCING PLAN		
Source	**Amount Financed (UA millions)**	**Instrument**
ADF (RPG, TSF,SRF)	40.00 million	Project Grant
Total Cost	**40.00 million**	

ADF's KEY FINANCIAL INFORMATION	
Grant currency	UA
Interest type	NA
Interest rate spread	NA
Commitment fee	NA
Other Fees (service charge)	NA
Tenor	NA
Grace period	NA

TIMEFRAME – MAIN MILESTONES	
Concept Note Approval	8th August 2014
Project approval	August 2014
Effectiveness	August 2014
Last disbursement	30th November 2016
Completion	31st July 2017
Last repayment	NA

Project Summary

Project Overview: The objective of the project is to contribute to ongoing efforts to reduce morbidity, mortality and to break the chain of transmission of the Ebola Virus Disease (EVD) by strengthening sub-regional public health systems. In the short term, the Bank's assistance will support the EVD Outbreak Response Plan of West Africa (July to December 2014). The main objectives of this plan are to: i) Stop transmission of EVD in the affected countries through scaling up effective evidence-based outbreak control measures and ii) Prevent the spread of EVD to at-risk neighbouring countries by strengthening epidemic preparedness and response measures. In the long term (2015-2017) the assistance will contribute to overall strengthening of public health systems in West African countries to facilitate early detection and response to potential threats arising from epidemic and pandemic prone diseases. The proposed project critically seeks to respond to the specific needs identified by the expert community in response to this category 3 world emergency epidemic.

Project Outcomes**:** The project is centred on three broad strategic outcomes; building human resource capacity and systems for emergency response and preparedness, infrastructure development and strengthening governance and regional institutions. In the short term, the project will support strengthening of technical capacity to deal with the immediate outbreak response interventions. In the long term, public health systems will be strengthened in epidemiological surveillance and response systems to deal with the current and potential future epidemics. Sub regional capacity will be enhanced for effective coordination of the outbreak response activities at all levels.

Needs Assessment**:** Weak capacity and poor public health infrastructure are hampering efforts to contain the escalating Ebola outbreak in West Africa. In addition, the restriction on the movement of goods, people and trade is increasingly disruptive to the economies of affected countries. The regional nature of this epidemic calls for regional solutions, systems strengthening, improved governance, communication, coordination and community involvement. This is the first time the sub region is experiencing EVD. Frontline services have neither the training, appropriate supplies, standard infection control measures nor equipment to deal with the outbreak. The project is thus designed to address both the long term and immediate needs to improve access to quality health services and rebuild health systems to contain the EVD outbreak in the sub region.

Bank Added Value**:** The rapid spread of EVD across the four affected countries indicates it is fueled by porous borders and extensive mobility. This calls for a regional approach to strengthen public health systems and to leverage economies of scale. The Bank has considerable experience in regional integration, fragile states, health systems strengthening, capacity development, and health infrastructure improvements. The latter receives considerably less support from other development partners. This project will thus strengthen regional public health capacity to implement appropriate interventions to control the EVD outbreak in the sub region.

Institutional and Knowledge Building**:** Given that this is the first Ebola outbreak in West Africa, this project seeks to support health research among subregional, regional and international networks of expertise, together with the strengthening of institutional regional, national and decentralised communities' capacities, to control the current and future potential outbreaks.

African Development Bank – RESULTS-BASED LOGICAL FRAMEWORK

Country and project name:	STRENGTHENING WEST AFRICA'S PUBLIC HEALTH SYSTEMS RESPONSE TO THE EBOLA CRISIS
Purpose of the project :	To strengthen sub-regional health systems to contribute to the ongoing efforts to reduce the morbidity, mortality and to break the chain of transmission of the virus in the sub-region

RESULTS CHAIN		PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISKS/MITIGATION MEASURES
		Indicator (including CSI)	Baseline 2014	Target 2017		
IMPACT	Reduced morbidity and mortality due to Ebola	Ebola mortality rate	More than 50%	zero	Periodic reports of ministries of health, WAHO, WHO inter country teams in the region	
OUTCOMES	Epidemic contained through the establishment of effective epidemiological surveillance and response systems	Evolution of Ebola virus epidemics Number of suspected cases notified timely Performance of the epidemiological surveillance system	First outbreak in the sub region Less than 50% No effective epidemiological response system	No major epidemics 100% Epidemiological response system is reinforced	Activity report produced by the WHO and WAHO providing figures on the epidemics evolution right up to its end and on the performance monitoring systems	**Risk**: The current potential of health systems of countries in the region are inadequate to deal with this type of epidemic **Mitigation measures**: the assistance provided by the Bank and other partners will enable control mechanisms to effectively check the epidemic and to lay the foundations for an early warning response system. Governments and their partners will in the medium term include this type of epidemic in their plans
OUTCOMES	West Africa's regional preventive and response capacity built to manage potential and future outbreaks	• Adequate numbers of well trained workers • Operational plans with gender perspective in place and implemented • All health facilities in affected districts report regularly Regional, national and sub-national coordinating committees in place	• Less than 2000 • 8 • Less than 60	• 20,000 • 15 • 100%	• Daily update reports • Daily situation and weekly monitoring records	

OUTPUTS						
	Component 1: Building human resource capacity and systems for epidemic preparedness and response Output 1.1: Improved case management Output 1.2: Recruitment and field deployment of relevant technical staff Output 1.3: Timely detection and response to alert and suspected Output 1.4: Good infection control practices in all health facilities Output 1.5: Adequate number of well trained and knowledgeable health workers trained	• Number of health workers recruited and deployed • Number of health workers trained in Ebola case management • Laboratory technicians trained • Number of laboratories set up • PPEs procured	• 1000 • 2000 • 2000 • 4 • 2000	• 15,000 • 20,000 health workers trained • 10,000 laboratory technicians trained in the new laboratory techniques • 50,000	• Epidemic/outbreak reports • Supervision mission verification	**Risk:** Governments slow to establish and staff coordination centre; **Mitigation measures**: AfDB funds the actual unit, only staffing left to individual countries. Embarrassment if neighbouring countries successfully implement in quicker time. **Risk**: Government inexperienced and slow to draft. **Mitigation measures**: Project envisages system supplier to develop protocols based on international practice **Risk**: Poor infection control in the epicentres of the epidemic **Mitigation measures** : Ensure effective infection control through provision of PPEs, training, guidelines and standard operating procedures to health facilities in all health facilities **Risk**: Mobile service provider refuses to give access to his network for installation; **Mitigation measures**: AfDB funds the system and installation at no cost to the service provider; negative publicity from non-compliance **Risk**: Delayed availability of funds Mitigation measures: WHO will re-programme available funds to cater for the most urgently needed or critical activities **Risk**: More deaths due to the disease especially among health workers Mitigation measures: Intensive social mobilization and education; Counselling of health workers; Recognition of health workers who volunteer to work in Ebola isolation units
	Component 2: Infrastructure development Output 1.1: Installation of an Emergency Alert system on all mobile networks Output 1.2: Installation of a Coordination Centre in three countries Output 1.3: Protocols for management of the emergency alert system in three countries Output 1.4: Strengthened epidemiological surveillance and early warning systems formed Output 1.5: Rehabilitated and newly created isolation centres Output 1.6 Strengthened health information systems in RMCs	• Presence of mobile network system • Presence of coordination IT centre in each country • Presence of published protocols • Number of rehabilitated isolation centres • Number of IEC materials produced	• None • None • None • None • Less than 5000	• Coordination centre in each most affected country (Guinea, Liberia and Sierra Leone) within 7 weeks of contract award • Detailed protocols including authority matrix • 14 networks across three countries within 7 weeks of contract award • Over 50,000 IEC material produced	• AFDB reports	

	Component 3: Strengthening Governance and Regional Institutions Output 1.1: Increased Community awareness and involvement in outbreak control management Output 1.2: Effective coordination among regional and national institutions in responding to the epidemic Output 1.3: enhanced confidence among health workers	• Number of mass campaigns • Effective Joint sub national Ebola framework established • Community complaints resolution • Number of technical guides distributed and used	• Less than 50 • None • None • • Less than 100	• 2000 mass campaigns conducted • Joint sub regional Ebola framework developed and implemented • 5500 technical guides with a gender perspective	WAHO Progress reports	
	Component 1: Building Human Resource Capacity and systems for epidemic preparedness and response. Component 2: Infrastructure development Component 3: Strengthening Governance and Regional Institutions Managing Emergency Assistance				**Cost:** Component 1: UA 16.8 million Component 2: UA 15.8 million Component 3: UA 4.6 million	

Project timeframe

Task	Start	Finish	2014/2015				2015/2016				2016/2017			
1. Grant approval	14/8/2014	30/7/2017	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
2. MOU signatures														
3. Disbursement to implementing agency														
4. Mid-term review														
5. Project completion														

REPORT AND RECOMMENDATION OF THE MANAGEMENT OF THE AFDB GROUP TO THE BOARD OF DIRECTORS ON A PROPOSAL TO AWARD A GRANT OF UA 40,000,000 TO STRENGTHEN WEST AFRICA'S PUBLIC HEALTH SYSTEMS RESPONSE TO THE EBOLA CRISIS

Management submits the following Report and Recommendation on a proposed Grant for UA 40 million [forty million Units of Account] to finance the Project in the West African Sub region.

I. INTRODUCTION AND RATIONALE

1.1 Background – The Ebola Outbreak and Emergency Crisis

1.1.1 The Ebola Virus Disease (EVD), formerly known as Ebola Haemorrhagic Fever (EHF) is a severe, often fatal illness in humans with a case fatality rate of up to 90%. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission by direct contact with blood, saliva or other bodily fluids. **There is as yet no licensed specific treatment or vaccine available for use in people and severely ill patients require intensive supportive care.** EVD first appeared in 1978 in Nzara (Sudan) and Yamkulu (Democratic Republic of Congo). In Congo, the affected villages were situated near the Ebola River which lent its name to the disease (Ebola fact sheet, an overview of the current outbreak and lessons learned from East Africa in Annexes 4-6).

1.1.2 The scale of the outbreak is unprecedented with more than 1 848 cumulative cases including 1013 deaths and counting. This EVD outbreak originated in Guinea in March 2014 and rapidly spread to Sierra Leone, Liberia and Nigeria. It is the largest and deadliest Ebola epidemic historically recorded and is destabilizing the social fabric of the affected countries. What started as an isolated outbreak graded at Level 2, has now been re-graded by the Director General of the WHO on 24th July 24, 2014to level 3, the highest possible level and is now classified as a public health emergency.

1.1.3 Inadequate public health systems do not have the basic tools to diagnose patients, epidemiological tracing, or to communicate with affected areas for up-to-date information. Core capacities for essential public health functions in disease control and prevention are not available. Some of the main challenges for affected countries include lack of laboratory capacity for rapid virology tests, health worker shortages and insufficiently trained personnel for conducting diagnosis, treatment, logistics management and contact-tracing. All these have led to the current health crises. This project will provide an opportunity to rebuild and address some of the structural and institutional deficiencies in the health care systems in the sub region.

1.1.4 All three Mano River Union (MRU) countries at the centre of the epidemic have a history of fragility, civil conflict, weak state-society relations and governance deficit, ongoing insecurity and weak institutional capacity at national and regional levels. A decade on after the end of the region-wide conflicts, the MRU countries have made progress

towards reconciliation, but marginalization due to poverty and unemployment are still major challenges. The lack of employment opportunities especially for women, weak human resource and institutional capacities and limited resources in the MRU governments to provide basic services such as water, healthcare, education and electricity and the perceived prevalence of high levels of corruption are sources of widespread discontent among the countries' population. This problem is compounded by the centralized nature of governments and the lack of trust in government apparatuses and institutions. Lack of trust in government is also a source of suspicion in some of the communities. This project will be carefully designed so that the communities do not view interventions as an overreach by the central government, especially when requiring family members with suspected cases of Ebola to be held under quarantine.

1.1.5 The current outbreak is likely to have a long lasting socioeconomic impact. Since the outbreak, economic activity is increasingly disrupted and reduced in the four affected countries. The closure of schools, sealing of national borders and flight cancellations are further contributing to disruptions of normal socioeconomic activities. Poverty in the affected countries is expected to increase as a long-term consequence of the epidemic. The World Bank (WB) estimates for Guinea show that due to the prolonged Ebola epidemic, economic growth will be 3.5 percent in 2014, down from earlier projection of 4.5 percent; fiscal deficits for Sierra Leone and Liberia will exceed agreed limits though magnitude of impact yet to be estimated. Individual Member States do not have sufficient capacity to stop this epidemic without concerted interventions. The cross-border nature of the epidemic poses a high risk of its spread beyond the sub-region borders if drastic measures are not taken.

1.1.6 In an effort to rapidly prevent the further spread of EVD in West Africa, WHO convened a special ministerial meeting on possible impact driven responses to the outbreak in Accra on 2-3 July 2014. Ministers of Health and senior health officials from 11 African countries1, donors, survivors, representatives of airlines and mining companies were brought together to obtain consensus from member states and partners on the optimal way to interrupt ongoing EVD transmission in West Africa in order to reduce the human, social and economic impact of the current outbreak and any future EVD outbreaks. At the meeting, the Strategy for Accelerated Response to the Ebola Outbreak in West Africa was prepared as a blueprint for a collective response to the epidemic.

1.1.7 Considering the exceptional and urgent nature of the situation, 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 ADF regional resources be used, particularly those falling under regional public goods and Transition support Facility.

[1] Cote D'Ivoire, DRC, Gambia, Guinea, Guinea Bissau, Liberia, Mali, Senegal and Sierra Leone, Uganda, Ghana).

1.2 Rationale for Bank's Involvement

1.2.1 The EVD epidemic is a threat to the development and national security of the West Africa region. The affected countries lack the requisite state resources and capacity to adequately manage this outbreak compounded by institutional weaknesses and weak governance systems. As a result, countries are now struggling to respond effectively to the fast moving EVD situation. Regional health integration programs[2] are yet to translate into improved coordination, harmonized policies and regulations, regionally financed regional public health goods, and ultimately improved health systems. Diseases often transcend borders, as demonstrated by the outbreak of Ebola, and can increase socioeconomic vulnerability of politically unstable and economically disadvantaged countries of West Africa. A healthy population and highly skilled human resources in health are critical for West Africa's transformation and economic prosperity. The Bank investment under this project aims to build health systems over the long term to strengthen the functioning of primary health care, especially at the decentralized levels to deal with current and future epidemics.

1.2.2 The West Africa region remains among the least integrated regions in the world from a trade perspective. Despite good progress in the WAEMU region, where intra-regional trade is 13.5%, the share of ECOWAS intra-regional trade has remained low, with around 7.5% of total trade. This is lower than many other Sub-Saharan Regional Economic Communities (RECs), and it is generally lower compared to major RECs outside of Sub-Saharan Africa[3]. The repercussions of the Ebola epidemic go beyond casualties in lives however, as a month-long border closure between Senegal and Guinea, which lasted from March 29 to May 6, reportedly impacted trade between the two countries, notably for agricultural goods. Economic activity in Liberia has also been disrupted by the closure of Liberia's markets and public administrations at the end of July 2014. This project is designed in line with the WA-RISP proposed Bank support second pillar of building capacity for effective implementation of the regional integration agenda.

1.2.3 West Africa is also one of the most fragile regions in the continent from a political and security stand point. With nearly half of its countries classified as fragile states, and several facing severe drought and food and public security challenges, the region has often suffered social and political instability. Almost all of the West African countries continue to suffer from a number of vulnerabilities due to external shocks, environmental pressures due to drought, fluctuations in commodity prices, and the large numbers of unemployed youth often create a fertile ground for instability. Per capita health care spending in 2013 was just USD 33.4 in Guinea, USD 78.6 in Liberia and USD 106.5 in Sierra Leone, compared with global average of USD179[4]. The three states ranked 139th, 144th and 147th (out of 148 countries) respectively for health and primary education' in the World Economic Forums' 2013-2014 Global

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[2] ECOWAS created the West African Health Organization in 1987 with the objective to promote and protect the "health of the peoples in the sub-region through the harmonization of the policies of the Member States, pooling of resources and encourage a collective and strategic combat against the health problems of the sub-region".

[3] According to the UNCTAD Handbook of Statistics 2013, the intra-trade of the main regional groups in Africa and the world is as follows: EU27, 61.8%; NAFTA, 48.5%; EAC, 20.9%; MERCOSUR, 14.9%; WAEMU, 13.5%; SADC, 11.7%; ECOWAS, 7.5%; COMESA, 6.9%; UMA, 3.3%; ECCAS, 0.8%.

[4] Business Monitor International, 7th August 2014

Competitiveness report. National borders between countries are porous and it is not possible to contain shocks within geographical boundaries. Any upheaval invariably spills across national borders and spreads quickly across the region. For example, with the current epidemic, a heavy concentration of the cases has been found in the border regions (Lofa and Nimba in Liberia, Kalihun and Bo in SL and Macenta in Guinea). Without Bank and donor support, this outbreak could easily destabilise governments in the region.

1.2.4 Governance issues remain a concern and possible cause of political fragility. While the region as a whole appears above the African average of Ibrahim Index of African Governance (IIAG), individual countries' rankings span a wide range of scores at both extremes of the index. Cabo Verde ranks third continent-wide, and leads the region in Governance. Ghana and Senegal also appear in the top 10 of the ranking. On the other hand, nine countries are below the average, with three countries in the bottom 10 (Table 1). Challenges in governance processes include a lack of consistency and effectiveness; capacity constraints, particularly in relation to limited resources, personnel and skills. The current EVD outbreak highlights these weaknesses as a lack of trust in government apparatuses and institutions has led people to reject treatment and advice offered by the government. There have also been widely reported criticisms, especially in Liberia, of the lack of political leadership and slow government response to the epidemic. Tackling community resistance and mistrust of government interventions in managing the Ebola outbreak will be one of the challenges to be addressed by the project. The design of the project will also factor in the critical role of leadership and governance to restore public confidence—which is critical to bring the epidemic under control.

Table 1: **Ibrahim Index of African Governance and Global Peace index for 2013**
(**source**: Mo Ibrahim Foundation, Institute for Economics and Peace)

	Cabo Verde	**Ghana**	**Senegal**	**Benin**	**Gambia**	**Burkina Faso**	**Mali**	**Niger**	**Liberia**	**Sierra Leone**	**Togo**	**Nigeria**	**Guinea**	**Côte d'Ivoire**	**Guinea Bissau**	**West Africa**	**Africa**
GPI	N/A	1.9	2.0	2.15	2.1	2.0	2.34	2.4	2.04	1.9	1.9	2.7	2.7	2.7	2.4	N/A	N/A
IIAG	76.7	66.8	61	58.7	53.6	53	50.7	50.4	50.3	48	45.8	43.4	43.2	40.9	37.1	52.5	51.6

1.3 Project linkages with Relevant Strategies and Objectives

1.3.1 The project is aligned with the Bank's 2013-2022 Strategy core operational priorities including Skills and Technology, Governance and Infrastructure. The project addresses these priorities by including components that draw on human resources and technology more effectively thereby promoting inclusive growth and effective and equitable delivery of services. The Bank's investment is also anchored in the overarching goal of the Human Capital Strategy 2014-2018 to advance skills development for inclusive service

delivery. In line with this priority, the project will have a strong catalytic role and will ensure positive benefits to the countries and the region by building a strong human capital for the country's long term social and economic growth.

1.3.2 The project is also consistent with the Bank's Regional Integration Strategy Paper (RISP) for West Africa (2011 – 2015) rests on two pillars; (i) linking regional markets and, (ii) building capacity for effective implementation of the regional integration agenda. The project will strengthen and build the capacity of health workers to respond to the EVD with appropriate interventions to preserve the health and human capital of the ECOWAS population. Both hard and soft infrastructure will be developed under this project through the construction and rehabilitation of isolation units and deployment of mobile technology to improve disease surveillance and response. As national borders within the region are porous, they allow easy movement of people across countries thereby increasing the risk of spreading diseases. This calls for a regional approach for economies of scale and synergies to minimize the transmission of EVD.

1.3.3 The project is in line with the Bank's Strategy for Addressing Fragility and Building Resilience in Africa (2014-2019). The strategy focuses on three main areas: (i) strengthening state capacity and support effective institutions; (ii) promoting resilient societies through inclusive and equitable access to employment, basic services and shared benefits from natural resources endowments; and (iii) enhancing leadership role in policy dialogue, partnership and advocacy around issues of fragility. The project will also strengthen the capacity of governments in the region to respond to such public health emergencies**.**

1.3.4 The project is aligned with the target Country's Strategy Papers (CSP) and development objectives. For example, Pillar three of the Sierra Leone Agenda for Prosperity (2013-2107) focuses on Human Development which is fundamental to improving living conditions, increasing national prosperity, and building international competitiveness in an equitable environment. The project also supports the Liberia AfDB CSP 2013-2017, which recognizes the inherent fragility of Liberia. The two pillars "Promoting inclusive economic growth through transformative infrastructure investments" and "Enhancing governance and the efficient management of resources" are intended to tackle the root causes of fragility. The project is aligned to the Nigeria CSP (2013 - 2017) two pillars of human capital development and inclusive growth which are to be given special emphasis. As the epidemic disproportionately affects the poor, project strategies will specifically target underserved areas and marginalized populations that are at higher risk of contracting the disease.

1.3.5 The project is aligned with the gender area of emphasis of the Bank's Strategy for 2013-2022 and the Banks Gender Strategy. EVD disproportionately affects women. Data from previous Ebola epidemics show that index cases in several outbreaks are men, who are more likely than women to go into forests and come in contact with infected animals, Although men may be at greater risk of infection at the onset of an outbreak, as the epidemic progresses, females infection rates are often higher than those of males, implying that women's exposure to the virus increases as the outbreak progresses. These incidence patterns suggest that gender-

related factors are key determinants of exposure to, and infection with, the Ebola virus[5]. Women tend to function as caregivers of household members who may be infected and they are expected to participate in funeral rituals of those who died from the disease. In hospital settings, nurses, midwives and ward cleaners are often women who are entrusted with high-risk tasks of caring for sick patients, and disposing highly contaminated waste. Pregnancy is also known to increase the risk of contracting the disease as pregnant women come into contact with health workers and visit health facilities where the risk of infection transmission can be high. The project will address the gender priority by expanding strategies to reduce women's increased risk of contracting the disease.

II. PROJECT DESCRIPTION

2.1. Overview of the Assistance

2.1.1 On March 28th and 29th 2014, Heads of State of ECOWAS member countries appealed for international aid at the summit held in Yamoussoukro. The Government of Guinea sent a formal request to the Bank in March 2014 to deal with the epidemic of Ebola. A national response plan was in place and a crisis committee was set up. Guinea alone estimated a budget of USD 4,512,703 to deal with the response of which an amount of USD 697,063 (15% of requirements) was available with a gap of USD 2,370,222 (53% of requirements). The health authorities of neighbouring countries had also developed plans for warning and response and appealed for assistance.

2.1.2 The Bank provided an early response to this crisis. In response to the ECOWAS call, the AFDB group in May 2014 awarded a grant of UA 2 million (USD 3,052,480) as exceptional and emergency assistance to fight Ebola in Guinea, Liberia, Sierra Leone and its neighbouring countries[6] but given the scale of the outbreak, additional resources are immediately needed. The overall objective was to contribute to the ongoing Ebola epidemic control efforts in the sub-region and to reduce the lethality (for those already ill) The following components were covered under Bank's assistance: (i) Component 1: Strengthening technical capacity and material for preventive health services at the community level, particularly through a strong health communication programme; (ii) Component 2: Support to case management in isolation centers; and (iii) Component 3: Managing Emergency Assistance, which was the administrative costs of the operation at national and regional level for coordination and programme management. Funds were entirely disbursed and the project is currently in its early stages of implementation.

2.1.3 Given the scale of the outbreak additional resources are needed. On the 31st of July 2014, Dr. Margaret Chan, Director General of the WHO, met with presidents of affected West African nations in Guinea to launch a new joint USD 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 six months. The plan identifies the need for several hundred more personnel to be deployed in affected countries to supplement

[5] Addressing sex and gender in epidemic-prone infectious diseases, World Health Organization, 2007, Geneva.
[6] Côte d'Ivoire, Gambia, Guinea Bissau, Senegal, Guinea Bissau, Mali.

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 neighbouring nations and strengthen global capacities. Key elements of the new plan, which draws on lessons learnt from other outbreaks, include strategies to; i) stop transmission of Ebola virus disease in the affected countries through scaling up effective, evidence-based outbreak control measures; and ii) prevent the spread of Ebola virus disease to the neighbouring at-risk countries through strengthening epidemic preparedness and response measures.

2.1.4 The outbreak is escalating and now an international emergency. On Thursday 8th August 2014, the WHO has declared EVD a global emergency as the current epidemic met criteria for "Public Health Emergency of International Concern (PHEIC)", due to the following reasons: i) the Ebola outbreak in West Africa constitutes an 'extraordinary event' and a public health risk to other States; ii) the possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive community and health facility transmission patterns, and the weak health systems in the currently affected and most at-risk countries; iii) a coordinated international response is deemed essential to stop and reverse the international spread of Ebola.

2.1.5 Reinforcing coordination of the overall health response is critical. In particular, this includes strengthening capacities of the Sub-regional Outbreak Coordination Centre hosted by the WHO, 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.

2.2. Project components

2.2.1 The development objective of the project is to contribute to ongoing efforts to reduce the morbidity, mortality and to break the chain of transmission of EVD by strengthening sub-regional public health systems. Project components are grounded in the WHO-led USD 100 million Ebola Virus Disease Outbreak Response Plan, the sub-regional EVD Outbreak Response Plan, National Response Plans and fit with multi-partner response.

2.2.2 The Banks assistance will take a two pronged approach. In the short term, the Bank assistance will support the EVD Outbreak Response Plan in West Africa (July to December 2014) endorsed by the WHO and governments of Guinea, Liberia and Sierra Leone at the Accra meeting July 2014. The total cost of the plan is USD 100,000,000 to which the AFDB Group assistance will contribute a total of USD 29.2 million[7]. The main objectives of this plan are to; i) Stop transmission of EVD in the affected countries through scaling up effective evidence based outbreak control measures and ii) Prevent the spread of EVD to the neighbouring at risk countries by strengthening of epidemic preparedness and response measures.

[7] USD 25.2 million from RPG and USD 4 million from SRF

2.2.3 In the long term (3 years) the assistance will strengthen epidemic preparedness and response to the countries of the WA region to facilitate early detection and response to potential threats arising from epidemic and pandemic prone diseases. The assistance will contribute to overall health system strengthening within the framework of the Bank's Strategy for 2013-2022 and include operational priorities of infrastructure development, regional integration, governance and skills and technology development.

Based on the current epidemiological profile of the EVD outbreak and the technical knowledge base available, this AfDB group assistance will include the following components.

2.2.4 Description of project components

Component 1: Building Human Resource Capacity and Systems for Epidemic Preparedness and Response

In the short term, this component will strengthen technical capacity to deal with the immediate outbreak response interventions. In the immediate term it will assist in the recruitment of experts to support the efforts at controlling the spread and management of EVD in the four affected countries while in the medium terms support the process of training additional health personnel. Health workers already in short supply have been hit hard by the outbreak; 145 have been infected and 80 have died[8]. The project will thus make sure that interventions are put in place to ensure health care workers receive: adequate security measures for their safety and protection; timely payment of salaries and, as appropriate, hazard pay; and appropriate education and training on IPC, including the proper use of PPEs. The response will also consider urgent recruitment of skilled professionals from the region and beyond to fill in the current gaps. To prevent cross border transmission, the project will ensure the screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The project will support the supply of medical commodities, especially personal protective equipment (PPE), are available to those who appropriately need them, including health care workers, laboratory technicians, cleaning staff, burial personnel and others that may come in contact with infected persons or contaminated materials. In the medium to long term, training and building the requisite capacity for all health cadres such as nurses, clinicians, hygienists etc. will be undertaken. Capacity will be built to cover areas of surveillance, case management, infection prevention and control. Strengthening national public health systems for emergency preparedness and response would be the main beneficiary area of medium and long –term measures.

Component II: Infrastructure Development

> ***Subcomponent a)*** *Soft infrastructure – Deployment of Emergency alert and response system through the use of mobile technology to improve active surveillance and control*

The countries of Guinea Conakry, Liberia and Sierra Leone have widespread coverage of mobile telecommunications. An emergency alert and early response system, built on the ubiquity of current mobile networks, will not only help manage the Ebola epidemic but also support timely management of any future outbreaks (health and natural disasters). The system

[8] NY Times, 9th August 2014.

will provide: a) SMS alerts to all mobile devices in a given area, based on cell site topography and b) bespoke alerts to specific lists of first responders (medics, police, ambulance, hospitals, police and civilian protection etc.) in affected areas (for details of deployment and budget refer to Annex 1). This component will be managed in collaboration with OITC.3 and negotiations with RMCs are already ongoing on this technology.

Subcomponent b) *Infrastructure rehabilitation of health facilities*

Most health facilities in the sub-region lack the requisite isolation units to deal with the increasing case load. This support will focus on the identification and refurbishment of isolation facilities. In addition, waste management practices will be improved and incinerators and other equipment will be procured. The support will also strengthen laboratory capacity for responding to epidemic prone diseases in the long-term.

Subcomponent c) *Strengthening Health Information Systems*

Data management systems will be strengthened to improve accountability and information sharing including outbreak documentation and evaluation. The knowledge base of the disease and its treatment and cure will be strengthened by working in close collaboration with the CDC and other partners. This component will also strengthen communication by building capacity of community- level health services for creating public awareness about EVD, the risk factors for transmission, strategies for prevention and control among the general population.

Component III: Strengthening Governance and Regional Institutions

The component takes cue from the Bank's Strategy for 2013-2022 governance and accountability operational priority as well as the Governance Strategic Framework and Action Plan (2014-2018).

Subcomponent a) Strengthening Governance at national and subnational levels

The assistance will strengthen governments' capacity for transparent and accountable use of public resources in the management. Specifically the project will support national and local government authorities provide information to the public in a timely, transparent and coordinated manner before, during and after the outbreak. The objectives are to instil public's trust in the local and national health system and to convey realistic expectations about the capacity to respond and manage an outbreak. In addition, leadership training on how to effectively plan and implement programs for restoring governance and rebuilding trust in government will be provided. The project will support community involvement in outbreak prevention and control and citizens' will be empowered to hold governments to account.

Subcomponent b) Improving coordination of regional and national institutions

The capacity of sub-regional and national institutions will be upgraded for managing the epidemic including strengthening governance, coordination, leadership and public order. The project will strengthen regional enhancement of cross-border collaboration between countries through the development and implementation of a joint framework. Specifically, the sub-regional Ebola Outbreak Coordinating Center, established in Conakry (Guinea) will be

strengthened to coordinate all interventions regarding the containment of the Ebola virus Disease in West Africa. In addition, this component will focus on strengthening regional, national and local coordination, whole society response (including potential legislative action), public order maintenance and proactive preparedness promotion in neighbouring countries though social mobilization and training. The use of NGOs and civil society organizations will be promoted to extend the reach of weak governments in providing services to the poor, to remote rural areas. Regional institutions will be supported to play a prominent role in coordinating and implementing emergency Ebola response measures, a fundamental aspect of which should be to meet regularly with affected communities and to make site visits to treatment centres. For all infected and high risks areas, similar mechanisms should be established at the state/province and local levels to ensure close coordination across all levels.

Subcomponent c*) Strengthening civil society/communities' response to the epidemic*

Social mobilization/risk communication will be strengthened to advance positive behavioural practices. Since the epidemic has spread beyond the typical risk groups of remote populations in contact with wildlife to urban groups, specific communication campaigns will be designed to counter prevailing misinformation and customs that are encouraging the spread of the disease. For example, instead of holding large funerals for the deceased which increase the risk of spreading the contagion, families opt for cremations. The will be a need to for governments to ensure that there is a large-scale and sustained effort to fully engage the community – through local, religious and traditional leaders and healers – so communities play a central role in case identification, contact tracing and risk education; in addition, governments should ensure funerals and burials are conducted by well-trained personnel, with provision made for the presence of the family and cultural practices, and in accordance with national health regulations, to reduce the risk of Ebola infection.

2.3. Project type

The SWAPHS project is a regional multinational grant investment.
In line with the recommendations of the Ministerial Emergency meeting held in Accra (Ghana) on 2nd and 3rd 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 centre is the appropriate structure to give any technical and financial information about the response to the disease. A joint Memorandum of Agreement will be signed between the Bank, WHO and WAHO regional organization representing the governments (of Guinea, Côte d'Ivoire, Sierra Leone, Liberia, Guinea Bissau, Ghana, Niger, Nigeria, Togo, Benin, Mali, Senegal and Gambia) for intervention practices and management procedures.

2.4. Project cost and financing arrangements

2.4.1 The total project cost for the project net of taxes and duties, is estimated at UA 40 million. The total cost of the activities mentioned above is estimated at UA 40,000,000 (USD 60,000,000) including management costs of WHO at the Regional Office in Conakry Guinea. In addition to a Special Relief Fund financing which is being prepared separately, the transaction will be financed from the budget of regional public goods with an exemption for cost sharing and the Transition Support Facility (previously Fragile State Facility). Component

I also includes the management fees for the WHO of $4.2 million (7%) for the total duration of the project. Detailed costs are provided in Tables 1-4.

2.4.2 In light of the fast-changing aspect of the crisis and the potential impact on growth prospects and stability of the region, flexibility needs to characterize the allocation and disbursement categories of the funds earmarked. This grant allows for such flexibility, whenever official requests would be agreed upon by the Bank's management and the WHO (on a fast-track no-objection basis if required by the EVD evolving situation). The primary objective should be to contain the outbreak, even if some expenditure categories, disbursement schedules and territorial coverage may eventually need to be changed or adapted in common agreement, in line with the evolving situation at the regionally coordinated level.

Table 1: Financing by Component

Activities	**USD**	UA
SRF*	**4,000,000**	**2,666,667**
Component 1: Building Human Resource Capacity for Epidemic Preparedness and Response.	25,200,000	16,800,000
Component 2: Infrastructure development		
Deployment of Emergency alert and response system to improve surveillance	14,500,000	9,666,667
Infrastructure rehabilitation	8,000,000	5,333,333
Health Information systems	1,300,000	866,667
Component3: Strengthening Governance and Regional Institutions	7,000,000	4,666,667
Total budget	**60,000,000**	**40,000,000**

**The SRF financing is being prepared separately in 4 country specific proposals.*

Table 2: Sources of financing [amounts in UA million]

Fund	**Amount**	**Comment**
Special Relief Fund*	UA 2.6 million	to be approved separately
RPG from the RO envelope	UA 25 million	Waiver to approve 50% front loading of the RPG envelope to address the Ebola crises in WA.
TSF (ex FSF)	UA 12.4 million	These resources will be used from the 10% unallocated TSF pillar 1 resources[9] to finance the participation of Guinea (UA 10 million), Liberia (UA 1.2 million) and Sierra Leone (UA 1.2 million) in the project.
Total	**UA 40 million**	

**This will complement the UA 2 million approved by the Board in April.*

[9] With regards to eligibility to the TSF Pillar I resources, Liberia and Sierra Leone are already eligible for Pillar I under ADF-13. The eligibility assessment for Guinea is being prepared by ORTS in consultation with the Regional Department, for submission to the Board as a CSP Addendum. The Addendum will be submitted in parallel with the PAR

Table 3: Cost Summary of the Assistance by Component and Expenditure Category

Cost Summary by Component

Description of activities	Cost USD	Cost UA	Percentage (%)
SRF	4,000,000	2,666,667	7
Component 1: Building Human Resource Capacity and systems	25,200,000	16,800,000	42
Component 2:Infrastructure development	23,800,000	15,866,667	40
Component 3:Strengthening Governance and Regional Institutions	7,000,000	4,666,667	12
Grand total	**60,000,000**	**40,000,000**	**100**

Table 4 : Project Expenditure by Category

Expenditure category	Activity	Cost USD	Cost (UA)
Goods (procurement of essential supplies)	Laboratory kits	500,000	333,333
	Personal protective equipment	1,000,000	666,667
	equipment for safe elimination of bio-medical waste	3,000,000	2,000,000
	IT software and data centralization and analysis	2,000,000	1,333,333
	Visual, Audio and audio visual analysis	1,000,000	666,667
	Others as determined by response plans	4,000,000	2,666,667
Services	Training of health officers	18,000,000	12,000,000
	Communication service contracts	3,000,000	2,000,000
	IT software and data centralization and analysis	13,000,000	8,666,667
	IT service contracts	1,500,000	1,000,000
Works	Rehabilitation of isolation units	9,300,000	6,200,000
Operation	WHO administrative cost (7%) for national and regional structures	4,200,000	2,800,000
Total		**60,000,000**	**40,000,000**

Regional Public Goods Justification

2.4.2 **The operation is fully in line with the Bank's Regional Operations Framework, specifically as a Regional Public Good.** The operation has demonstrable long term regional development impact as it aims to mitigate the spread of a deadly virus and beginning of an epidemic. The operation targets 15 countries in the region which are currently suffering from or at high risk from the Ebola crisis. The nature of the disease is that it can spread rapidly by coming into contact with infected areas or persons. Given that many of the borders across the region are not fully controlled, there is easy movement of persons across countries which increase the risk of spreading the disease further. The high mortality rates as a result of the disease as well as the high risk of spreading it further make it imperative to have a regional approach which further demonstrates the non-excludability with clear benefits to all the

countries and their respective populations. A regional approach is highly recommended for economies of scale and synergies to strengthen health systems in the affected countries. Regionally-led implementation is less expensive and countries in the region will be able share experiences and resources. This operation is central to the interest of the general public and greater population of the region. The operation has a strong catalytic role and ensures positive benefits to the countries and the region by protecting lives and livelihoods and ensuring that there is the necessary human capital development for the country's long term social and economic growth.

Donor Coordination

2.4.3 The operation will be implemented as part of a joint response supported by all donors. Of the US$100m requested by WHO, US$29.8m has been pledged/secured. A funding gap of US$70.2m remains to which this project will contribute 29.2 million. To avoid the risk of duplication of efforts by development partners the WHO hosted Regional Ebola Outbreak Coordinating Centre in Guinea Conakry will coordinate international, regional and national efforts.

Donor	Amount	Donor	Amount
Canada	USD$1m	ECHO	€500,000
South Korea	US$ 950,000	Germany	€1m
BMGF	US$1m	ADB	$700,000
Andorra	€15,000	Luxembourg	€100,000
Norway	US$1.6m	OPEC Fund	US$500,000
USAID	US$6.4m	Japan	US$850,000

*Funds under discussion – DFID, ECHO, US Department of State, Canada, Islamic Development Bank.

2.5. Project's target area and population

The project will directly benefit the estimated 321 million people in the ECOWAS sub region. Specifically the beneficiaries of the assistance are the people of the Republic of Guinea, Sierra Leone, Liberia and Nigeria and their neighbouring countries (Côte d'Ivoire, Guinea Bissau, Burkina Faso, Ghana, Niger, Togo, Benin, Mali, Senegal, Gambia, and Cape Verde).

2.6. Key performance indicators

2.6.1 Project performance indicators are as outlined in the projects' log frame at impact, outcome and output levels. Impact indicators include: the pace of the outbreak. Outcome indicators include the number of suspected cases notified timely, the proportion of alerts investigated within 24 hours, suspected cases confirmed within 48 hours, the needed expertise sourced and deployed, the establishment and implementation of operational plans, the establishment of regional, national and sub national coordinating committees, the regular report of all facilities in affected districts. Output indicators include: the number of health workers recruited and deployed, the number of health workers trained in Ebola case management, the number of laboratory technicians trained, the number of laboratories set up, the number of PPEs procured, the presence of mobile network system, the presence of coordination IT centre in each country, the presence of published protocols, the number of rehabilitated isolation centres,

the number of mass campaigns, the number of technical guides distributed and used, the number of coordination meetings, the number of timely situation report produced, the number of IEC materials produced.

2.6.2 Bank Group experiences, lessons reflected in the project design

The project completion reports (PCRs) of the Bank Group health operations have been used to inform the design and management of this proposed operation. As of December 1st, 2013, the Bank's active regional operations portfolio in West Africa included 43 operations, for a global amount of UA 667 million and an average disbursement rate of 31%. This project also builds on the lessons learned to effectively strengthen the capacities of the RECs in the implementation of the regional operations and improve the performance of the portfolio and include; i) delegation of responsibilities in light of decentralization to enhance timely and adequate responses to project implementation and monitoring; ii) strengthening the role of the field offices in the management of the regional operations iii) Effective monitoring and evaluation of multinational projects compared to national operations, in particular with regard to activities to ensure timely implementation of organization of procurement, financial management.

III. PROJECT FEASIBILITY

3.1. Economic and Financial Performance

3.1.1 **The Bank's intervention will have positive economic and financial impacts on the region though the exact impact is difficult to quantify.** Investments for prevention and control measures under the project are minute in comparison to the economic losses (man-hours, treatment costs, psychosocial treatment for relations, care of dependents, etc.) resulting from EVD. The forecasted real GDP growth in West Africa of 6.2% in 2014 and 6.2% in 2015[10] will not be achieved if this outbreak is not immediately brought under control. The current reduction of tourism, inter country trade, flights and economic activities in most of the affected countries will be reversed with the containment and control of the epidemic in the course of the project implementation and will improve the economic performance in target countries.

3.1.2 Empirical evidence suggests that investment in human capital development, in particular good health is a key determinant of economic growth. There is a high correlation between the health of the population and GDP growth. Investing in human capital quality service has long been considered a key driver of economic growth. Through its contribution to training, infrastructure development, and improved service delivery, the project will have strong returns for the overall development of the target ECOWAS member countries.

3.2. Environmental and Social impacts

3.2.1 Environment

3.2.1.1 The project is classified as category II and will adhere to the respective countries' environmental and waste management guidelines and procedures. Significant and environmental impacts related to the handling and disposal of hazardous and non-hazardous waste during the EVD outbreak and beyond will be mitigated through the implementation of National Waste Management strategies. The MOH through the National Medical Stores will be

[10] Business Monitor International, 7 August 2014

responsible for handling the disposal of waste in compliance with national regulations of affected countries. Compliance will be ensured with the Banks Environmental and Social Assessment procedures and National Environmental laws. Epidemiologic control over wild animals will be organised in cooperation with specialised veterinary institutions.

3.2.1.2 The project will generate positive social impacts through improved access to adequate and efficient and health service delivery which will increase productivity from a health society and in turn lead to long term economic benefits. The project will also create employment for both skilled and unskilled labour during the rehabilitation of isolation units.

3.2.2 Climate Change

The Projects contribution to climate change can be considered minimal. Overall, the planning and design of isolation units will be carefully considered to optimize natural light and ventilation to ensure rigorous safe infection control practices.

3.2.3 Gender

3.2.3.1 The project will promote gender equality through all its components. The design will embed safety measures in program strategies to reduce the risk of transmission to women. Epidemics of infectious diseases such as Ebola disproportionately affect women who work as caregivers in communities and as nurses at health facilities. Community health workers will be trained and supported to intensify health education campaigns targeted at women to increase knowledge of disease transmission, adoption of prevention strategies and compliance with precautionary measures while caring for those affected. Community-based women's groups will be mobilized to inform and educate women members about the disease and form support groups for caring for those affected. Livelihoods and survival of affected communities, including isolated communities and bush meat producers and consumers, will be assessed in view of organising fast track health oriented humanitarian interventions. **Mass communication, education campaigns and work at community levels:** research will consider traditional roles of women and men in the expansion of the epidemic, the role of women as caretakers of the infirm in the families will be taken into account to promote self-care with messages specially addressed to them **3.2.4 Social**

3.2.3.2 The project will have significant health and socio-economic impacts, and lead **to improved access to quality health care for an estimated 321 million people most of who live in poverty.** The project will have a positive impact on health care indicators through improved and sustained access to quality health care services ensuring a continuum of care in accordance with the WHO recommendation and establishment of functioning health systems at all levels. The project is expected to raise awareness of the population on EVD through community involvement and access to health service delivery which are crucial to control the spread of EVD.

IV. IMPLEMENTATION

4.1 Implementation arrangements

4.1.1 A large part of the Banks contribution for this short term assistance will be entrusted to WHO that has considerable experience in field of emergencies of this nature. WHO is a specialized agency of the United Nations for the Health sector. WHO will coordinate the combined efforts of Government agencies, WAHO, national and international NGOs, and donors. The procurement modalities for this operation should be designed in a very flexible manner, given the unpredictability and rapidity of the Ebola's evolution in the region. The Bank working in close collaboration with WHO and the concerned RMCs, will determine the amount of funds that should be allocated to specific countries, based on the severity of the epidemic, National Response plans, Needs assessments expressed by governments and/or by the regional coordination.

4.1.2 WHO will work with Governments, and channel funds to national and international NGOs based on their ability to fast track this emergency response to the epidemic, with quality interventions. Administrative costs of the operation due to WHO AFRO, amount to 7% of the total cost of the project for institutional support at national and regional level and coordination activities. WHO will also make available all procurement documents for a post procurement review by the Bank, whenever required.

4.1.3 Furthermore, the operation will support the efforts and help develop the capacity of the West African Health Organization (WAHO) to respond to this epidemic in an emergency mode.

4.1.4 Multi-partner engagement will be fostered. National or regional agencies, Ministries of Health and related institutions, as well as Non-Governmental Organisations will provide to the WHO a plan comprising of a needs assessment, a detailed implementation plan and a detailed operation budget. Funds will be disbursed after acceptance of the plan and in consultation with the Bank. All plans and expenses will be submitted to in depth post procurement reviews, at the end of the plan's execution by Governments, or NGOs. WHO will provide the AfDB all individual and consolidated post procurement review and financial reports as needed.

4.1.5 Fast track disbursement plan is designed. Given the nature of this operation, it is recommended that funds committed for emergency activities be disbursed in **three tranches**, to the WHO. In order to prevent any possible risks in delaying disbursements needed given the most urgent initial assistance, it is foreseen that the first of the three disbursements will be transferred immediately, after WHO's expression of agreement on the Grant's objectives and modalities. The two following tranches will be decided and ratified in form and case of common agreement between both the WHO and AfDB.

4.1.6 Procurement Arrangements

4.1.6.1 All procurement of goods, works, and consultancy services for the proposed project (which are not procured by the WHO) would be carried out in accordance with the Bank's Rules and Procedures: ('Rules and Procedures for Procurement of Goods and Works', dated May 2008 Edition, revised July 2012; and the 'Rules and Procedures for the Use of Consultants', dated May 2008 Edition, revised July 2012, using the relevant Bank Standard Bidding

Documents, and the provisions stipulated in the Financing Agreement) and/or with the UN procurement modalities specified for emergency operations.

International quality procurement methods and practices in case of world emergency (in very challenging circumstances), would encompass interagency common plans of action, government execution agreements, NGO contracting, and community based health outreach schemes. Those should be implemented in view of the fast capacity building and deployment of effective primary health assistance networks, in the context of EVD epidemic.

The following list is not exhaustive, given the complexity of the response, and it's evolving and transforming characteristics.

4.1.6.2 **Goods:** Goods comprising; vehicles, including equipped ambulances, protection kits, laboratory kits, medical kits, vaccines or treatments available and (agreed upon by WHO), burial material, disinfection material, sample testing, Laser testing, notably Information and communication materials, including IT soft-ware and hardware for mobile technology will be procured in accordance with United Nations procurement procedures in emergency situations.

4.1.6.3 Emergency alert and response system to improve surveillance including Installation in at least 14 mobile networks across at least three countries, will also be procured in accordance with United Nations procurement procedures in emergency situations. **In this instance we are dealing both with an emergency - the Ebola outbreak - and the considered view of OITC3 that there is only one available emergency alert and response system that will function effectively and quickly in Africa**. Almost all emergency alert systems however rely on either (i) cell broadcast techniques, that are only supported by top-end smartphones and are not provided for in current network design parameters, or (ii) on subscription/registration of the potential message recipient, which are wholly unsuitable for mass emergency alert. (Typically systems of this type are used on campuses or for other closed lists of users). OITC3 has found only one system that can work on all mobile phones and which can send messages to everyone on a network at a prescribed location. Given that two conditions for single-sourcing have been met (emergency nature of the situation and only one firm is qualified to do the work), approval of single-sourcing is requested.

4.1.6.4 **Civil Works**: works comprising rehabilitation of isolation facilities, laboratories and associated civil works will be procured in accordance with United Nations procurement procedures in emergency situations. This activity may be considered in case of need, and on a case by case basis for Bank implementation. In those cases, related budget and fast disbursement modalities will be worked out with the WHO.

4.1.6.5 **Consulting Services & Training:** Consulting Services, including among other needs for the needs assessment and development of the requirement for Emergency alert and response system to improve surveillance, will be through Direct Contracting of an Individual consultant in accordance with the Banks rules and procedures in collaboration with the WHO. "The procurement rules specify that single-source selection may be appropriate only if it presents a clear advantage over competition: (a) for tasks that represent a natural continuation of previous work carried out by the firm, (b) in emergency cases, such as in response to disasters and for consulting services required during the period of time immediately following the emergency, (c) for very small assignments; or (d) when only one firm is qualified or has experience of exceptional worth for the assignment.

4.1.6.6 **Human resources:** Capacity building activities including fast training of health workers and community workers will be undertaken following UN procurement procedures.

4.1.6.7 **Miscellaneous**

4.1.6.8 **Programming the implementation of the Assistance**

The short term transaction will be implemented in the shortest time in line with the ***Strategy for Accelerated Response to the Ebola Outbreak in West Africa*** and the total duration will not exceed 8 months August 2014 to March 2015. The long term transaction will be implemented in 3 years (36 months) August 2014 to July 2017.

However it is expected that funds will be disbursed most largely and widely by the start of the grant response, in order to make it as much decisive and impactful without unnecessary delays.

4.2. Monitoring

4.2.1 Monitoring will be jointly conducted by the WHO and the Bank. At the end of the operation, WHO-AFRO will provide the Bank and the Government a detailed end transaction report involving the activities financed by the AfDB in a period not exceeding three months after the completion of emergency activities. Given that UN agencies do not prepare audit reports for each separate institution, WHO-AFRO will produce written at the end of the transaction in compliance of the Letter of confirmation Tripartite Agreement (LAT) in a timely manner. WHO-AFRO cannot deduct more than 7% of the budget for administrative costs. The Bank offices in the countries will provide continuous follow up on the activities. WHO will prepare quarterly progress reports on progress of the operations. All reports will be forwarded to headquarters and country offices of the Bank and the relevant state structures.

4.2.2 Project activities carried out by WAHO will be monitored using a three dimensional approach. At the first level, competent professional consultants will be procured to supervise on a day-to-day basis the quality and progress of the works. At the second level, the Executing Agencies will supervise the consultants through the senior Monitoring system in place at WAHO. WAHO is expected to provide the Bank with quarterly progress reports including status of implementation. The Bank will provide a third level of support through periodic field missions that will aim to access the performance of the project.

4.3. Governance

4.3.1 This project will follow the governance and management structures of the executing agencies for the project purposes. Based on the Financial Management and Procurements Assessments, there are no critical foreseen risks related to Governance. The Bank will carry out periodic financial management assessment of the project as well as procurement management assessments to review internal controls.

4.3.2 Audits will be carried out each year by an independent auditor recruited by WAHO in accordance to the Bank's procurement rules and procedures. Audit reports will be submitted to the Bank no later than within six (6) months following the end of each fiscal year. At least three (3) audits will be undertaken covering the entire implementation period. WHO will submit to the bank a copy of it internal audit reports.

4.4. *Sustainability*

To ensure sustainability of the regional program, the Bank is fast tracking the first disbursements of the Sierra Leone and Guinea PBOs approved in April and June 2014 respectively. Discussions will continue with governments of affected countries for possible restructuring of the existing portfolio to support the Ebola response. For example Sierra Leone has requested the use of the balance of the health project on Strengthening District Health Services amounting to UA 0.68 million. In Liberia, there is a possibility to use UA3 million from the Labor-Based Public Works Project. A new PBO under development in Liberia will be designed to respond to the crises. Future Bank PBOs in the region will be designed to create further synergies and improve health systems governance. Aspects of sanitation and food security and travel controls will also be addressed through future water, agriculture and transport projects in the region.

4.5. *Risk management*

4.5.1 Table 5 below shows the envisaged risks and mitigation measures adopted as articulated in the results-based logical framework. The risks are informed also by challenges encountered in other regional operations**.**

Table 5: Risks and mitigation

Potential Risks	Level	Mitigation Measures
EVD continues to spread at accelerated rates and spirals out of control, affecting more countries.	H	The Bank sensitizes all countries and relevant international organizations on the measures that need to be implemented to minimize the spread. Including coercive measures.
National authorities of affected countries do not put in place adequate organization as to accommodate the arrival and use of international assistance to fight EDV	H	In some countries, provide totally the leading role of fighting the spread of EDV to UN mission or to ad hoc structure created by ECOWAS.
Mistrust between populations and government leading to inefficiency of measures implemented for fighting the spread of EDV	M	The Bank supports sensitization campaigns on all aspects of EDV including providing more transparency on case management within the isolation centers
Poor infection control in the epicentres of the epidemic	M	Ensure effective infection control through provision of PPEs, training, guidelines and standard operating procedures to health facilities in all health facilities
Mobile service provider refuses to give access to his network for installation;	M	AfDB funds the system and installation at no cost to the service provider; negative publicity from non-compliance
Delayed availability of funds	M	WHO will re-programme available funds to cater for the most urgently needed or critical activities
More deaths due to the disease especially among health workers	H	Intensive social mobilization and education; Counselling of health workers; Recognition of health workers who volunteer to work in Ebola isolation units

4.6. Knowledge building

The project will contribute to strengthening of sub-regional public health systems in the region to respond to this epidemic and any other future health emergencies. Through training activities, capacity will be built in the health workforce in early detection, prevention and case management. Community knowledge will be built to address the myths surrounding EVD and positive behavioral changes promoted.

V. LEGAL INSTRUMENTS AND AUTHORITY

5.1. Legal instrument

The financing instruments proposed are the RPG grant of UA 25 million, SRF grant of UA 2.6 million and TSF of 12.4 million UA.

5.2. Conditions associated with Bank's intervention

An agreement will be signed by the WHO and the Bank. The WHO will provide the Bank with reference to a bank account into which shall be paid the grant resources for the financing of the emergency assistance.

5.3. Compliance with Bank Policies

This project complies with all applicable Banks' relevant policies. These include**:** (i) The Bank's 2013-2022 Strategy core operational priorities include Skills and Technology and Regional Integration as well as special focus on gender and fragile states; (ii) Human Capital Strategy 2014 -2018 main area of focus is skills development for competitiveness and jobs; and (iii) West Africa-RISP focuses on enhancing capacity of ECOWAS, improving regional infrastructure and deeper regional integration

VI. RECOMMENDATION

6.1 The affected countries are facing a potentially catastrophic health, humanitarian and economic crises that need an immediate coordinated response by the Bank and other development partners. This funding proposal will complement the efforts of governments and other partners to mobilize and involve all sectors, including civil society and communities, in the response.

6.2 Management therefore recommends that the Board of Directors of the Bank approve (i) the operation of urgent assistance project to the amount of UA 40,000,000 (USD 60,000,000) to support the effort at regional and national levels to prevent and contain the spread of the Ebola epidemic, thereby reducing the mortality risk associated with this disease in countries of the sub-region (ii) the financing of the urgent response by the resources of the regional allocation of regional public goods and Transition Support Facility.

Annex I: 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/July 2016
Submission of a technical and financial report	WHO	March 2017
Submission of quarterly activity reports	WHO	

Annex II : Emergency Alert and Early response system brief

The proposed IT system will not only communicate to those affected by the incident (the general citizenry) but also initiates the first response, much like highly complex and expensive '911' systems in developed countries might.

Deployment, with a lead time of five weeks, requires: i) for each operator to allow connection of the system to their network; ii) a central coordination center (essentially a room with a computer) where messages to be sent are verified prior to transmission; iii) protocols for that set out which agencies can issue emergency messages, the form of any message and the authorization matrix prior to actual transmission of the message; iv) potentially a legal basis to require the mobile operators to support the service and to meet sms costs.

Component	**USD**
1. Acquisition of Emergency Alert and Early response system in 3 countries	10,500,000
2. Installation in 14 mobile networks across three countries[11]	2,500,000
3. Three coordination centres	150,000
4. Capacity Building including protocol development	300,000
TOTAL BASE COST	**13,450,000**
Price Contingencies (10%	1,345,000
GRAND TOTAL	**14,795,000**

[11] Assumes system deployed to all 14 operators and that a total of 25 billing links are provisioned. This number needs research and there are cost grounds for not deploying to those operators (5) with 200k subscribers each or fewer.

Annex III: Ebola Fact sheet[12]

Description

Ebola virus disease (formerly known as Ebola haemorrhagic fever) is a severe, often fatal illness, with a case fatality rate of up to 90%. Ebola first appeared in 1976 in 2 simultaneous outbreaks, in Nzara, Sudan, and in Yambuku, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name. It is one of the world's most virulent diseases. Fruit bats of the *Pteropodidae* family are considered to be the natural host of the Ebola virus.

In Africa, infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest. Ebola virus disease outbreaks can devastate families and communities, but the infection can be controlled through the use of recommended protective measures in clinics and hospitals, at community gatherings, or at home.

Transmission

Ebola spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids. Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.

Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

Signs and Symptoms

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. People are infectious as long as their blood and secretions contain the virus. Ebola virus was isolated from semen 61 days after onset of illness in a man who was infected in a laboratory. The incubation period, that is, the time interval from infection with the virus to onset of symptoms ranges from 2 to 21 days.

Vaccine and treatment

No licensed vaccine for EVD is available. Several vaccines are being tested, but none are available for clinical use. Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids. No specific treatment is available. New drug therapies are being evaluated.

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[12] WHO August 2014.

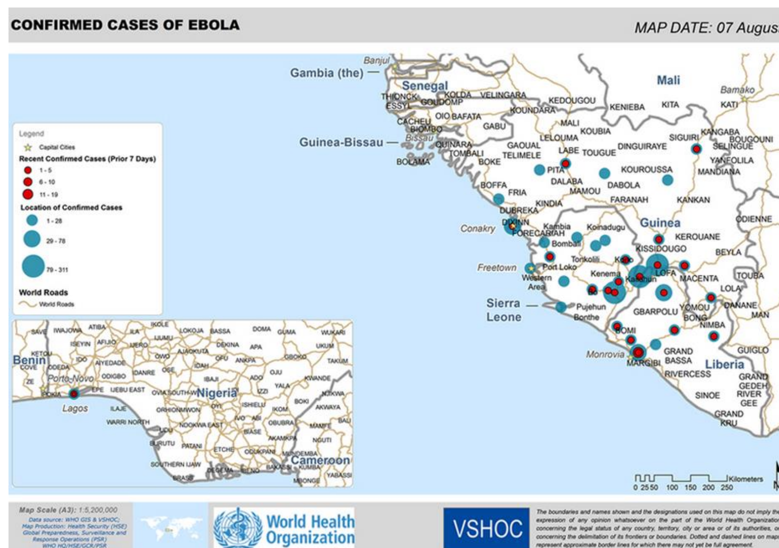
Annex IV: Overview of Current Ebola Epidemic

This outbreak of Ebola in West Africa is the largest and deadliest Ebola epidemic historically recorded. It exhibits a different pattern from the epidemic observed in Central Africa (DRC). As a consequence, health authorities are experiencing difficulties in both monitoring and forecasting the epidemic. Several dozen health care workers have been infected, and most have died.

The epidemic has recently expanded beyond the typical risk groups in rural remote areas inhabited by populations in contact with wildlife, to new groups living in densely populated urban centers, including to individuals working for governments, who were contaminated by human-to-human contact. Taking place in areas with fluid population movements over porous borders and spreading to densely populated urban cities

The response to the epidemic is becoming increasingly difficult due to 1) reluctance of health workers to handle cases 2) cases of collective panic or civil resistance in some populations 3) Denial, mistrust, and misinformation among the population is leading to rejection of public health interventions 4) The health systems are fragile with significant deficits in human, financial and material resources, resulting in compromised ability to mount an adequate Ebola outbreak control response inexperience in dealing with Ebola outbreaks; 5) high mobility of populations and several instances of cross-border movement of travellers with infection with little and insufficient control at borders between the three affected countries and other countries in the region and 6) a high number of infections have been identified among health-care workers, highlighting inadequate infection control practices in many facilities.

As a consequence, the epidemic has been labeled as “outpacing control efforts” by the WHO “out of control” by the NGO Medecins Sans Frontieres and the US Center for Disease Control



Annex V: Lessons from Uganda[13]

East Africa has been a host to a number of Ebola outbreaks over the years. The single most important lesson is that building and holding public trust by the government and health personnel is the foundation for all control efforts. Ebola evokes fear and apprehension at individual and community level which easily results in herd responses; negative or positive. Public trust may be achieved through very intensive communication with the public. Epidemic status reports were issued through Press statements every morning, lunch time and evening along with a Press conference each morning. The media are critical in building and sustaining trust and their own confidence has to be won. Hot lines for anyone to seek or convey information open 24 hours at the Ministry of Health Headquarters and at the District Medical office in the affected districts were set up.

The second key intervention was the recruitment of the support of community or village leaders working alongside the Village Health Teams who are a cadre of community health workers that already existed in the public health system structures. Controlling the epidemic is about early detection, isolation, treatment of new infections, contact tracing, including safe handling of body fluids, and the remains of those who die. This can only happen by staying very close to all families and households and this was achieved by building community trust of the public health system including recruiting the support and oversight by local formal and informal community leaders.

The third key intervention was the introduction of Technology for quick field diagnosis of new infections. This enables suspected but negative individuals to leave isolation quickly and return to normal life. It also enabled early initiation of treatment measures for those who test positive. This global solidarity however, can only work where there is effective local leadership that is trusted by the local population.

Finally, controlling an Ebola outbreak is about strong primary health care strategies that we have always aspired for; namely leadership from the top, integrated with routine governance of society and involving the active participation of the people themselves. There is therefore a need to institutionalize these practices.

[13] Email Correspondence from Former DG of the MOH

Annex VI: Regional overview[14]

Political Development

The political stabilization in the region suffered a major setback due to the resumption of conflict in Mali and the harshening of conflict in North-eastern Nigeria. In Mali, the northern town of Kidal witnessed fresh hostilities, following a visit by the Prime Minister last May. As such, skirmishes between the Malian army and armed groups resumed on May 21, but were promptly followed by a ceasefire, mediated by the African Union. The events were reflected in the parliament, as opposition parties unsuccessfully sought the resignation of the government over its management of the crisis.

In Nigeria, increased global awareness of the conflict with extremist group Boko Haram, most exemplified by the highly mediatized kidnapping of 276 Nigerian schoolgirls from the town of Chibok in April, as well as a string of bombings and school shootings across the country, most recently on June 25th in Abuja, is putting pressure on the government to increase its involvement in the local conflict.

Successful elections were held in April and May in Guinea-Bissau, yielding victory to the historical PAIGC (*Partido Africano da Independência da Guiné e Cabo Verde*) and confirming José Mario Vaz as president. The process took place in peaceful conditions, and bodes well for a stable outlook for the country, which awaits the resumption of international assistance and engagement. Further to the elections, the African Union ended the country's membership suspension from the organization.

While no major election is expected in the next quarter, various pre-election moves have materialized, such as political concessions by the Ivorian Government to encourage the FPI (*Front Populaire Ivoirien*) opposition party to resume negotiations and reconciliation talks, in the run up to the November 2015 elections. The process is nevertheless expected to face many hurdles; as exemplified by the rejection of the Independent Electoral Commission (CEI) by the FPI in June 2014, on the basis that it was not adequately representative. On the other hand, the United Nations Mission in Cote d'Ivoire (ONUCI) has seen its mandate renewed in June 2014, for another year.

Economic Developments

West Africa's growth remains strong in the first quarter of 2014, with the region on its way to become the continent's fastest growing region. Nevertheless it appears to perform somewhat below the optimistic projections pointing to a growth of 7.1% in 2014.

Nigeria's GDP grew by 6.6% in the first quarter of 2014, according to its Central Bank. This represents a slight slowdown from the 6.9% posted in Q42013, largely due to due to a decrease in non-oil receipts, which was not offset by the oil sector's performance. In Ghana, the GDP witnessed a 6.7% GDP growth in Q12014 down from the 9% in the corresponding period in 2013. While Nigeria appear to have regained market confidence and stabilized the Naira, pressures still remain on Ghana, with a continued depreciation of the Cedi and widening fiscal imbalances.

[1414] AfDB West Africa Monitor, Issue 3, July 2014

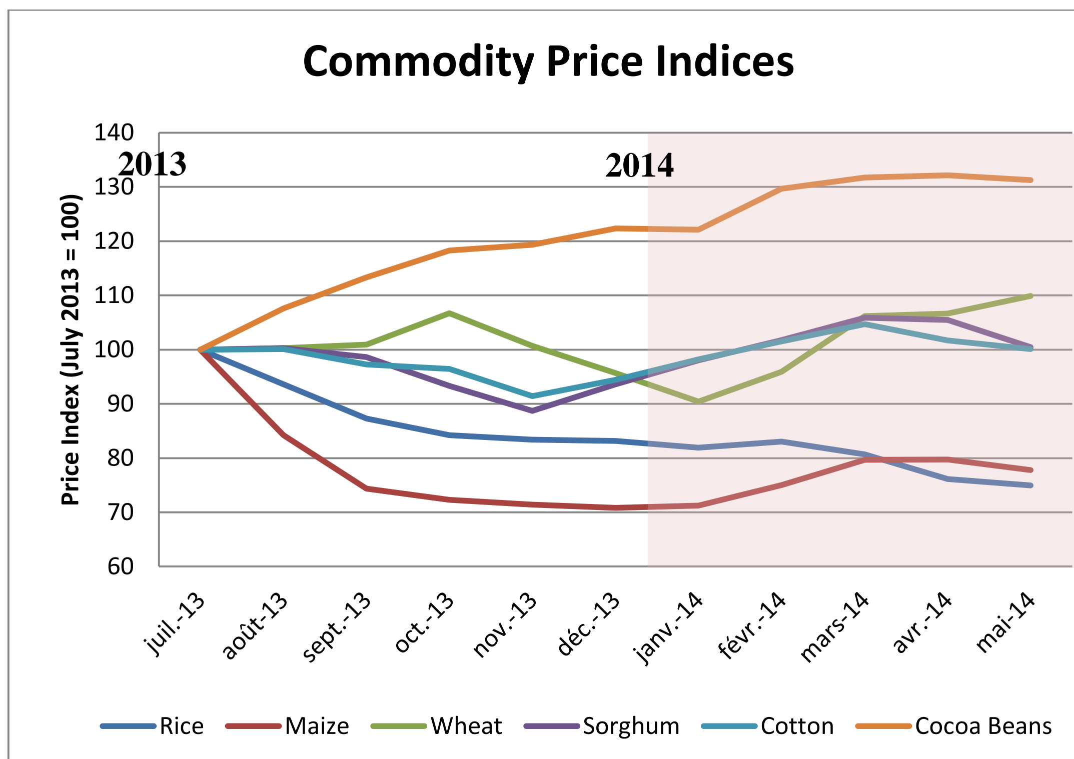
Inflation remains subdued in most countries, with the notable exception of Ghana, where it has exceeded 7 percent q-o-q in the first quarter rising to 15 percent in June. The rise in inflation during the period was mostly influenced by cost push pressures arising from upward adjustments of petroleum and utility prices, higher transportation cost, and the pass through effect of the currency depreciation. Nigeria has managed to slow down its inflationary pressures, while Senegal, Niger and Guinea-Bissau are witnessing deflationary trends in the first quarter of the year.

Monthly inflation, Q1 2014 (%)				
	Jan-14	Feb-14	Mar-14	Q1 2014/Q4 2013
Benin	1.25	-0.88	0.26	**0.95**
Burkina Faso	-0.83	-0.46	0.66	**-0.99**
Cabo Verde	-0.33	-0.16	-0.40	**-0.33**
Côte d'Ivoire	0.09	-0.08	-0.09	**0.15**
Ghana	3.90	1.10	0.90	**7.42**
Guinea	0.70	1.25	0.89	**2.59**
Guinea-Bissau	-0.28	-1.41	-0.38	**-2.41**
Mali	-0.17	-0.98	0.09	**-1.04**
Niger	-0.55	-1.96	-0.95	**-2.87**
Nigeria	-0.65	0.50	0.78	**1.56**
Senegal	-0.28	-1.33	-0.48	**-2.60**
Togo	0.00	1.06	0.17	**0.68**

Source : AfDB statistics Department

Nigeria is now Africa's largest economy, following the rebasing exercise conducted by the government in April, which brought the Nigerian GDP measuring from a poorly-reflective 1990 base to a more relevant 2010 one and established its GDP at NGN 80.2 trillion / USD 509.9 billion for 2013. Nevertheless, these new figures should not comfort the country into an illusion of growth, but rather encourage it to address structural deficiencies and major weaknesses. By better reflecting the sectorial composition of the economy, it is hoped that this exercise will allow for better economic planning, as well as help display Nigeria as an attractive destination for investment.

Commodity prices increase represents both a blessing and a challenge. The increase in the prices of cocoa and cotton during the first quarter of 2014, have reversed the downward trend experienced in most of 2013, strengthening the external position of countries exporting such commodities. Price of most staple foods, such as wheat, maize, or sorghum, also followed a similar pattern, displaying a high progression in 2014. However this may lead to an increased risk of food insecurity, as well as heightened pressure on many countries' balance of payments.



Source: World Bank/AfDB

Maintaining macro-economic balances remain a challenge for many countries where fiscal policy has weakened and debt-to-GDP ratios have risen rapidly (e.g. Burkina Faso, Cabo Verde, Gambia and Ghana), and the risk of debt distress is increasing. The composition of primary spending should be revised, to avoid jeopardizing macroeconomic stability and longer-term public debt sustainability. An interesting case is the one of Liberia's most recent 'austerity' budget which is aimed at cutting the running expenditures of ministries and state agencies, while freeing up resources for energy and road infrastructure investments.

Access to energy remains a binding constraint for growth in West Africa, manifested by a shortage of production and national distribution paucity. Across the region, the sector suffers from inefficiencies and poor governance. With 57% of the people of the region deprived of electricity, concerted action by national governments and regional organizations to improve access is necessary.