

<b>BOARD APPROVAL:</b> <b>Lapse-of-time Procedure</b> <b>18 August 2014</b>
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<b>FOR CONSIDERATION</b>
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MEMORANDUM**TO : THE BOARD OF DIRECTORS****FROM : Cecilia AKINTOMIDE**  
Secretary General**SUBJECT: PROPOSAL TO AWARD A GRANT OF USD 1,000,000 AS EMERGENCY ASSISTANCE TO FIGHT THE EBOLA VIRUS DISEASE EPIDEMIC IN NIGERIA**

Please find attached a copy of the above-mentioned document and the related draft resolution, which are hereby submitted to you for consideration on a **lapse-of-time basis**. We are **exceptionally fixing the closing date for Monday, August 18, 2014**.

If no objection is received by **6.00 p.m.**, on the date stipulated above, **the Proposal will be considered approved and the resolution adopted**.

Attach.

CC: The President

## \*Questions relating to this document may be addressed to:

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## **ABBREVIATIONS**

<b>ADB</b>	<b>African Development Bank</b>
<b>ECOWAS</b>	<b>Economic Community of Western African States</b>
<b>EOC</b>	<b>Emergency Obstetric Care</b>
<b>EVD</b>	<b>Ebola Virus Disease</b>
<b>FMH</b>	<b>Federal Ministry of Health</b>
<b>NCDC</b>	<b>Nigerian Centre for Disease Control</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>ORTS</b>	<b>Transition Support Department</b>
<b>OSHD</b>	<b>Human Development Department</b>
<b>PPE</b>	<b>Personal Protective Equipment</b>
<b>TSF</b>	<b>Transition Support Facility</b>
<b>WAHO</b>	<b>West African Health Organization</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>WHO-AFRO</b>	<b>World Health Organization - Africa Region</b>

## Nigeria – Supporting Preparedness and Response to the Ebola Virus Disease Epidemic

Country and project title: Nigeria / Supporting the Preparedness and Response to the Ebola Virus Disease Epidemic in Nigeria						
Objective of project: The objective of the project is to avert the further spread of EVD.						
RESULTS CHAIN		PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISKS / MEANS OF MITIGATION
		Indicator	Baseline	Target		
IMPACT	Reduced morbidity and mortality due to Ebola	Mortality rate	More than 60%	Less than 25%	Epidemic/Outbreak reports	
	Good quality infection control; Timely detection and response to alert and suspected cases within the community; Effective case management.	Number of alert cases responded to within 24 hours of notification		100%	Epidemic/Outbreak reports	<b>Risk:</b> Poor Community support or resistance to project activities particularly early reporting & presentation of suspected cases to health facilities
OUTCOMES	Health worker confidence in dealing with suspected Ebola cases; Good infection control practices in all health facilities.	Number of cases managed and deaths by region		Less than 25%	Epidemic/Outbreak reports	<b>Means of mitigation :</b> Intensification of community sensitization, education and mobilization
	Improved patient referral, access to hard-to-reach areas for surveillance and contact tracing, effective burial arrangements; Timely notification of suspected cases and home visits by the community alert system.	Number of suspected cases notified timely		100%	Epidemic/Outbreak reports	<b>Risk:</b> Poor Ebola epidemic preparedness and infection control in the rest of the country <b>Means of mitigation :</b> Establish, train and equip national and regional response teams ; Pre-position infection control equipment, Ebola management and infection control guidelines in high-risk (neighboring) districts and referral hospitals; Support improvement of infection control in all health facilities
	Improved epidemic response	Number of suspected Ebola cases in health workers Free toll number fully functional		0 1	Epidemic/Outbreak reports	
	<b>Component 1: Ensuring Adequate Epidemic Preparedness</b> • Daily situation reports disseminated to all key stakeholders;	Number of coordination meetings; Number of timely situation reports produced;		1 coordination meeting by day; 1 daily report produced and disseminated	Logistic reports	<b>Risk:</b> Poor infection control in the epicentres of the epidemic <b>Means of mitigation :</b> Ensure effective infection control through provision of PPEs, training, guidelines and standard operating procedures to health facilities in all health facilities
OUTPUTS	• Adequate numbers of well trained and knowledgeable health workers mobilized & trained;	% of workers trained on surveillance and laboratory diagnosis	Less than 10%	50% of health workers	Training reports	<b>Risk:</b> Delayed availability of funds <b>Means of mitigation :</b> WHO will re-programme available funds to cater for the most urgently needed or critical activities
	• PPEs sets and infection control supplies procured and timely distributed in at risk districts;	Number of PPEs, drug kits distributed;		200 PPEs and 1000 drug kits distributed & readily available in the whole area All high-risk districts	Epidemic/Outbreak reports	
	• Health workers trained on the use of PPEs	Number of high-risk districts with supplies of PPEs % of health workers trained in Ebola case management		More than 60% of health workers		<b>Risk:</b> More deaths due to the disease especially among health workers <b>Means of mitigation :</b> Intensive social mobilization and education; Counselling of health workers; Recognition of health

	<ul style="list-style-type: none"> <li>Vehicles, motorcycles procured &amp; distributed to affected districts;</li> <li>Communication equipment procured &amp; distributed to affected districts;</li> <li>Information about Ebola readily available in the communities and health facilities;</li> <li>Adequate materials for all the different trainings are available</li> </ul> <p><b>Component 2: Establishing Effective Outbreak Response</b></p> <ul style="list-style-type: none"> <li>Coordination of Partners inputs successfully done</li> <li>Districts providing psychosocial support;</li> <li>Surveillance rightly carried out and reports done accordingly</li> </ul>	<p>Number of Vehicles and motorcycles procured &amp; distributed</p> <p>Number of communication equipment procured &amp; distributed</p> <p>Number of IEC materials produced &amp; distributed</p> <p>Number of training materials produced and distributed</p>	<p>4 ambulances and 20 motorbikes procured and distributed</p> <p>20 communication equipment procured &amp; distributed</p> <p>50,000 IEC materials produced and distributed</p> <p>5,000 training materials produced and distributed</p>	<p>Project reports</p>	<p>workers who volunteer to work in Ebola isolation units</p>	
			<p>Number of coordination meetings</p> <p>Number of districts providing psychosocial support;</p> <p>Number of timely surveillance reports sent</p>	<p>1 coordination meeting by day</p> <p>All affected districts</p> <p>1 Weekly report produced and disseminated</p>	<p>Project reports</p>	
KEY ACTIVITIES	<b>COMPONENTS</b>			<b>INPUTS</b>		
	<p><b>Component 1:</b>  Recruitment and training of health workers on surveillance and laboratory diagnosis  Procurement of drugs, medical supplies and equipment (especially PPE)  Training of health workers on the use of PPE  Procurement of ambulances  Procurement of motorbikes  Procurement of communication equipment  Printing and distribution of IEC materials  Production of training materials</p>			<p>Resource : USD 1 Million</p>		
	<p><b>Component 2:</b>  Recruitment, training and facilitation of health workers on outbreak investigation, case management and laboratory surveillance  Psychosocial support</p>			<p>SRF : USD 1 Million</p>		

# 1 BACKGROUND AND RATIONALE

## 1.1 Background – The Ebola Outbreak and Emergency Crisis

**1.1.1 Since the Ebola Virus Disease (EVD) epidemic was declared on 21 March 2014, the Governments of the Republic of Guinea, Liberia and Sierra Leone as well as their partners have been actively involved in the response effort.** The epidemic seemed to have been brought under control in mid-May, but resurgence in the number of confirmed cases and the emergency of new foci were reported at the beginning of June 2014. After Guinea, the epidemic has also spread to Sierra Leone, Liberia and Nigeria, thus giving the crisis a regional dimension. By way of response, the WHO Regional Office for Africa organized an emergency ministerial meeting in Accra, Ghana on 2-3 July 2014 to enable Member States and partners to reach consensus on a regional strategy to halt the epidemic.

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

**1.1.3 By August 6, 2014, Nigeria had recorded 7 cases with two deaths.** A Liberian who imported it into Nigeria on July 20<sup>th</sup> and died five days afterwards. One of the nurses that attended to him also died on August 5<sup>th</sup>. The two suspected cases who had high risk contact with the deceased case at the airport on arrival tested negative for Ebola. Contact tracing is continuing and manifest has been recovered from Asky airlines containing additional information on passengers on the same plane with the deceased traveler.

**1.1.4 The national authorities, in particular the Nigerian Centre for Disease Control – Federal Ministry of Health national have been working with partners to put in place proactive measures to prevent and contain the disease if and whenever it occurs in Nigeria.** Those measures include (i) an epidemic preparedness alert sent to all States of the Federation (twice since April 2014) including all tertiary health institutions; (ii) capacity building of State MoH officials and some tertiary hospitals' clinicians on diagnosis and case management of EVD; (iii) Activation of pandemic preparedness plan; (iv) diagnostic capabilities to diagnose or confirm EVD has been improved; (v) Emergency Operation Center EOC established and operational within the NCDC.

**1.1.5 Despite the implementation of these measures the EVD has occurred in Nigeria.** The major challenges which continue to fuel transmission of the virus include: inadequate understanding of the EVD among the affected communities; lack of EVD experience among health care workers and limited capacities for rapid response; and high exposure to Ebola virus in the communities through household care and customary burial procedures. This has resulted in neighboring countries in high level of community deaths leading to panic and anxiety; fear of the disease by frontline health workers leading to either sub-optimal care for patients or sub-standard implementation of infection prevention and control measures; close community ties and movement within and across borders has led to difficulties in tracing and following up contacts for the three most affected countries.

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

## 1.2. Justification for Emergency Assistance

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

## 2 OVERVIEW OF THE CALL FOR EMERGENCY ASSISTANCE

**2.1 Heads of State of ECOWAS member countries appealed for international aid at the summit held in Yamoussoukro on 28 and 29 March 2014.** In response to this call *the AFDB in May 2014 awarded a grant of 2 million UA (\$3,052,480) through the regional operation envelope (regional public goods) as exceptional and emergency assistant to fight Ebola in Guinea, Sierra Leone and Liberia and its neighboring countries<sup>1</sup> but given the scale of the outbreak additional resources are immediately required.*

**2.2 The WHO Regional Office for Africa in collaboration with other partners convened a two-day emergency ministerial meeting on EVD outbreak in Accra, Ghana from 2nd to 3rd July 2014** during which a regional EVD response strategy was developed. Nigeria's intervention workplan/budget has been updated to conform with the strategy and objectives at the Accra meeting. The plan includes immediate, short-term and long-term interventions and is estimated to cost **USD 8.8 million** (Nigerian Centre for Disease Control – Federal Ministry of Health 2014<sup>2</sup>).

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

## 3 EMERGENCY AND EXCEPTIONAL ASSISTANCE OPERATION

### 3.1 Objective, Beneficiaries and description of Assistance

**3.1.1 The ultimate goal of this project is to avert the further spread of EVD through adequate epidemic preparedness and response measures.** The beneficiaries of this project are the people of the Republic of Nigeria and its neighboring countries.

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

<sup>2</sup> Presidential Steering Committee on Ebola Virus Disease: Intervention Workplan/budget.

**3.1.2 The specific objectives of this project are to:** (a) test and activate preparedness plans; (b) strengthen active surveillance; (c) strengthen laboratory diagnostic capacity; (d) enhance public information and social mobilization; and (f) strengthen case management and infection prevention and control capacities.

### **3.2 Project Components**

**3.2.1 The project includes interventions related to two components.**

#### **(i) Component 1: Ensuring Adequate Epidemic Preparedness**

The countries neighboring Guinea, Liberia and Sierra Leone, as well as those where imported EVD cases have been reported such as Nigeria are urged to ensure adequate epidemic preparedness measures in order to avert the further spread of EVD. The project will support preparedness measures in order to avert the spread of disease and strengthen active surveillance, and laboratory diagnostic capacity. Key activities will include building diagnostic capacity for EVD, setting-up rapid response teams in each affected and “At risk” district, procurement of infection control materials/equipment, medical and diagnostic supplies procurement, logistics and technologies, training of health care providers, procurement of vehicles, motor cycles and communication equipment.

#### **Component 2: Establishing Effective Outbreak Response**

The project will support the implementation of outbreak response interventions, including assessment, reduction of the spread of disease and effective measures to interrupt transmission of EVD. Key activities in this component include coordination activities, outbreak investigation, active surveillance, case management, communication/social mobilization, safe patient transfer, laboratory surveillance, psychosocial support (training and counseling), infection and environmental sanitation.

### **3.3 Cost sharing and financing**

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

## **4 IMPLEMENTATION ORGANIZATION AND MANAGEMENT**

### **4.1 Implementation Arrangements**

**4.1.1 According to the Bank’s Revised Policy Guidelines and Procedures for Emergency Relief Assistance and General Regulations of the Special Relief Fund (ADB/BD/WP/2008?211/Rev.1/ADF/WP/2008/173/Rev.1) the implementation of the emergency humanitarian relief assistance will be entrusted to appropriate organizations operating in the field at the time of the emergency. They include United Nations agencies, or an appropriate Government Agency or NGO.**

**4.1.2 In line with the recommendations of the Ministerial Emergency meeting held in Accra (Ghana) on 2<sup>nd</sup> and 3<sup>rd</sup> August, 2014, the WHO sub-regional Ebola Outbreak Coordinating Center, based in Conakry (Guinea) has been established to coordinate all interventions regarding the containment of the Ebola virus Disease in West Africa.** Therefore, the Sub regional center is the appropriate structure to give any technical and financial information about the response to the disease. This centre working through the WHO Nigeria Country Office will be responsible for the day-to-day management of the project activities. WHO Nigeria in exercise of this mandate will work collaboratively with other development partners and government of Nigeria. A joint Memorandum of Agreement will be signed between the Bank, WHO and the Government of Nigeria.

## 4.2 Procurement

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

## 4.3 Disbursement

**4.3.1 Funds for this project will be channeled directly to and managed by the WHO Country Office (WCO) in Nigeria.** An end of project report will be prepared by the WCO at the end of the project period. Given the emergency nature of this project, the WCO will re-programme existing funds to kick start implementation pending the time the donors will fulfil their pledges.

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

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

## 4.4 Implementation Schedule

**4.4.1 Overall the project will work within existing Ebola coordination structures at national and district levels which include the EOC and national taskforce.** The project will be implemented in close collaboration with the Federal Ministry of Health (FMH) in Nigeria and other relevant health partners to avoid duplication. The project will be implemented for six months starting from 15th August 2014. The project proposal and activities will be continuously revised based on the changing epidemiology of the outbreak and new developments.

**4.4.2 The transaction will be implemented in the shortest time and the total duration does not exceed three months.**

## 4.5 Reporting, Supervision and Auditing

**4.5.1 At the end of the operation, WHO-AFRO will provide the Bank and the Government a detailed technical and financial report within three months following completion of the emergency activities.** Given that UN agencies do not prepare audit reports for each separate institution, WHO-AFRO will produce a written report at the end of the transaction certifying compliance with the terms of the Tripartite Letter of Agreement (LAT). WHO-AFRO cannot

deduct more than 7% of the budget for administrative costs. The Bank will provide continuous monitoring of the progress made in relation to the intervention. The WHO AFRO will prepare quarterly progress reports to inform on the progress of the operation. All reports will be forwarded to headquarter and country offices of the Bank and the relevant state structures.

## **5 CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Conclusion**

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

### **5.2 Conditions of Disbursement**

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

### **5.3 Recommendations**

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

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

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

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

### Cost Summary by Component

Description of activities	Cost (UA)	Cost (USD)	Percentage (%)
<b>Component 1: Ensuring Adequate Epidemic Preparedness</b> - Recruitment and training of health workers on surveillance and laboratory diagnosis - Procurement of drugs, medical supplies and equipment (especially PPE) - Training of health workers on the use of PPE - Procurement of ambulances - Procurement of motorbikes - Procurement of communication equipment	<b>372,230</b>	<b>570,000</b> 100,000 100,000 100,000 200,000 20,000 50,000	<b>57</b>
<b>Component 2: Establishing Effective Outbreak Response</b> - Recruitment, training and facilitation of health workers on outbreak investigation, case management and laboratory surveillance - Psychosocial support	<b>280,805</b>	<b>430,000</b> 300,000 130,000	<b>43</b>
<b>Grand total</b>	<b>653,035</b>	<b>1,000,000</b>	<b>100</b>

### Project Expenditure by Category

Expenditure category	Activity	Cost (UA)	Cost (USD)
<b><u>Goods</u></b> Procurement of essential supplies	Kits, PPE, vehicles, lab equipment, etc.	391,821	600,000
<b><u>Services</u></b>	Training, materials, etc. , technical assistance	215,501	330,000
<b><u>Operation</u></b>	WHO administrative cost (7%), institutional support for national and regional structures, and activity coordination	45,712	70,000
<b>Total</b>		<b>653,035</b>	<b>1,000,000</b>

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

**AFRICAN DEVELOPMENT BANK**

**BOARD OF DIRECTORS**

**Resolution N° B/[ ]/2014/[ ]**

Adopted by the Board on a lapse-of-time basis, on [ ] 2014

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

**THE BOARD OF DIRECTORS,**

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

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

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

**DECIDES** as follows:

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