THE WORLD BANK & PANDEMIC PREPAREDNESS

2ND INTERNATIONAL CONFERENCE ON (RE-) EMERGING INFECTIOUS DISEASES
MARCH 13, 2019.

Olusoji Adeyi, MD, DrPH, MBA
Director
Health, Nutrition, and Population Global Practice
Disclosure

Nothing to disclose.
Preparedness: Just What Is It?

• All activities - health and non-health - interventions, and functional capacities, at local, country, regional, and global levels, aimed at prevention, detecting, responding to, and containing the spread of disease, mitigating its local and global impact on human well-being, the economy, and social cohesion.

• Implied scope: Whole-of-government and whole-of-society.

• Inherent characteristic of benefits: public goods (non-rival, non-excludable)
Why Bother?

*Human, Economic, and Social Devastation*

**Health Impact:** Sickness, death, and long-term sequelae

**Economic Impact**
- Productivity loss: direct and indirect
- Loss from transport/travel bans
- Loss of consumer confidence and spence (fear-induced loss…)
- Absenteeism and closure of schools
- Cost of response and recovery

**Social Impact**
- Disruption of social fabric
- Inequities (gender, age, wealth)
- Erosion of trust in institutions

Estimates of Economic Costs Vary, but the implications are clear: lack of preparedness is very costly

- The cost of a severe pandemic like the 1918 influenza pandemic could total as much as 5 percent of global GDP (World Bank 2015).

- The annual global cost of moderately severe to severe pandemics is roughly $570 billion, or 0.7 percent of global income.

- “A National Academy of Medicine report from 2016 uses estimated probabilities of a mild, moderate, and severe pandemic, and their expected economic costs, to produce an annualized loss estimate of $60 billion. Fan, Jamison and Summers (2015) offer a somewhat higher estimate of expected annual income loss ($80 billion). Incorporating the expected costs associated with mortality, which are not included in the National Academy of Medicine estimates, the expected annual loses rise six-fold to $490 billion.”

Commitments Under World Bank’s IDA-18 Cycle (July 2017 – June 2020)

Two IDA18 policy commitments under the broad theme of strengthening governance and institutions pertain to actions related to the strengthening of institutional capacity to respond to pandemics.

- Commitment #40: Support at least 25 IDA countries in developing pandemic preparedness plans;
- Commitment #41: Support at least 25 IDA countries in developing frameworks for governance and institutional arrangements for multi-sectoral health emergency preparedness, response and recovery.
Of the 25 IDA countries, 21 have developed pandemic preparedness plans as of January 2019

- 11 in Africa (Eritrea, Ethiopia, Liberia, Mauritania, Mozambique, Nigeria, Senegal, Sierra Leone, Sudan, Tanzania, Uganda),
- 6 in Latin America and the Caribbean (Dominica, Grenada, Guyana, Haiti, St. Lucia, St. Vincent and the Grenadines),
- 3 in East Asia (Cambodia, Lao, Myanmar); and
- 1 in South Asia (Pakistan).
East Africa Public Laboratory Networking Project ($129 million)

• Building core public health capacities in East Africa since 2010.

• Supported: (i) diagnosis for communicable diseases and disease outbreaks; (ii) building a public health workforce; and (iii) research.

• Increased regional capacity to detect outbreaks and mount effective rapid responses through: establishment of cross border committees across the five countries; joint disease outbreak investigations and tabletop simulations (e.g. Ebola, Marburg, Cholera); a steep rise in laboratory-confirmation of pathogens; and roll out of an electronic disease surveillance system (eEIDSNet) for timely sharing of data and coordinated regional responses to public health emergencies.
Regional Disease Surveillance Systems Enhancement Program (REDISSE 1-4). Effective Since 2016.

- Support efforts under to meet obligations under IHR 2005 and implement the WHO/IDSR and the OIE animal health standards. In line with GHSA.

- Contributes to disease surveillance, laboratory capacity, outbreak readiness and human resources for health.

- To date, eleven West African countries are participating in the REDISSE Program under three operations with a total budget of US$390.8 million (US$377m in IDA and US$13.8m in Trust Funds).

- Now expanding to include five Central African countries under a fourth lending operation with a proposed budget of US$280 million (US$220m in IDA and US$60m IBRD).

- REDISSE 1 (Guinea, Senegal and Sierra Leone); REDISSE 2 (Guinea-Bissau, Liberia, Nigeria and Togo); REDISSE 3 (Benin, Mali, Mauritania and Niger).

- REDISSE 4 (Angola, Central African Republic, Chad, Congo and DRC)
Southern Africa Tuberculosis and Health Systems Strengthening Project ($122 million)

- Improving coverage and quality of TB control and occupational lung disease services in targeted geographic areas of the participating countries
- Strengthening regional capacity to manage the burden of TB and occupational diseases.
- Disease surveillance is central to TB control at national and regional levels and the many of the financed activities are similar to those in purpose-built projects such as REDISSE and EAPHL.
Forthcoming:
Africa CDC Regional Investment Financing Program

• To enable fully functional Africa CDC for an effective continental network for
disease surveillance, prevention, and control in Africa.

• The first phase will include Institutional support for:
  • A) Africa CDC Headquarters and its continental functions;
  • C) Strengthening of the Zambia National Public Health Institute and the Southern Africa Regional Collaborating Center (RCC) in Lusaka.
  • B) the Ethiopia Public Health Institute

• Subsequently, it is expected to support other institutions in the Africa CDC network which includes National Public Health Institutes (NPHIs), five RCCs, and specialized Centers of Excellence and reference laboratories.

• Help to link and build on other existing regional initiatives, including REDISSE, the East Africa Lab Project, and the Southern Africa TB Project, via the Regional Integrated Surveillance and Laboratory Network (RISLNET) platform.
Instruments to hedge against the threat of public health threats of potentially global consequence

Adaptation and routine integration of existing tools, e.g.,

• the Contingent Emergency Response Component (CERC) in IDA-financed projects;

• promoting the use of the Catastrophic Risk Deferred Drawdown Option (CAT-DDO) in IDA countries and for health emergencies.

Development of new tools such as the Pandemic Emergency Financing Facility (PEF).
The Pandemic Emergency Financing Facility (PEF)

What is the PEF?
• An instrument to provide surge funding for eligible response effort
• Developed by the World Bank Group in collaboration with the WHO, and supported by Japan and Germany, as well as private sector partners.
• Covers six viruses most likely to cause a pandemic. These include new Orthomyxoviruses (new influenza pandemic virus A), Coronaviridae (SARS, MERS), Filoviridae (Ebola, Marburg) and other zoonotic diseases (Crimean Congo, Rift Valley, Lassa fever).

Who is covered?
• All countries eligible for financing from IDA, the WBG’s fund for the poorest countries;
• Qualified international agencies involved in the response to a major outbreak in affected countries.

Two Windows:
• Insurance Window ($425 million), linked to PHEICs
• Cash Window

Where has the PEF been activated?
• D.R. Congo, for the 9th and 10th Ebola Virus Disease Outbreaks
• Both were via the Cash Window

Looking To The Future

- Country leadership and ownership are indispensable
- Country institutions (PHIs, CDCs), that work and are on government budget
- Effective and credible sub-regional hubs
- Effective and credible Africa CDC: a continental network of networks
- Local ↔ Regional ↔ collaboration: shared goals, scientific rigor, and mutual respect
- Transparency and public accountability
- Sustainable financing, with increased emphasis on domestic budgets
Thank You