

REGIONAL

PLAN OF OPERATIONS

ENVIRONMENTAL HEALTH SURVEILLANCE SYSTEM IN THE AMAZON REGION

(RG-T1275)

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BASIC SOCIOECONOMIC DATA

For basic socioeconomic data, including public debt information, please refer to the following address:

<http://www.iadb.org/RES/index.cfm?fuseaction=externallinks.countrydata>

INFORMATION AVAILABLE IN THE INT/INT TECHNICAL FILES

Preparation:

Proposal presented at the call for proposals to promote regional public goods:
“Strengthening of the Environmental Health Surveillance System in the Amazon Region”
(RPG No. 25)

Document with additional background and rationale information

Execution:

ABBREVIATIONS

ACT	Amazon Cooperation Treaty
ACTO	Amazon Cooperation Treaty Organization
FRPG	Facility for the Promotion of Regional Public Goods
IDB	Inter-American Development Bank
IT	Information technology
PAHO	Pan American Health Organization
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Beneficiaries:	Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela		
Project Team Leader and members:	Andre Medici (SCL/SPH) / Hugo Flórez (SCL/SPH); Carlo Arze (ICS/CBR); Diego Buchara (LEG/SGO); Rafael Villa (INT/INT); and Cecilia Seminario (INT/INT)		
Executing agency:	Amazon Cooperation Treaty Organization (ACTO)		
Beneficiaries:	The environment, health, and agriculture ministries		
Financing:	IDB (FRPG):	US\$1,000,000	
	ACTO:	US\$ 750,000 ¹	
	Total:	US\$1,750,000	
Objectives:	To adopt a consensus-based operating and tools framework (the regional public good) of indicators and strategies to formally establish an environmental health surveillance system throughout the Amazon region, to enable regulatory agencies to identify risk factors and monitor them, in order to facilitate prevention, protection, adaptation, and mitigation activities that address environmental disturbances, contamination, and destruction affecting human health.		
Timetable:	Execution period:	30 months	
	Disbursement period	36 months	
Special contractual clauses:	As conditions precedent to the first disbursement, the executing agency will present evidence of the following to the Bank's satisfaction: (a) a regional executing unit has been established (paragraph 5.7); (b) the ministries of health and cooperating agencies have signed a memorandum of understanding in which they agree to provide the corresponding local counterpart funds and participate in the project under the terms and conditions thereof; and (c) the work plan has been approved.		
Exceptions to Bank policy:	None.		

¹ This amount includes the sum of US\$600,000 provided through contributions to be made by the project's beneficiary countries.

Environmental and social review:	No negative environmental and social impacts are anticipated. The Environmental and Social Impact Review was issued on 24 September 2007.
Coordination with other official development financing agencies:	The design and terms of reference specify the need and importance for all actions and activities to be carried out with the full participation of the health and environmental institutions of the participating countries, in coordination with all the multilateral and bilateral agencies.

II. BACKGROUND AND RATIONALE²

A. Background and rationale

- 2.1 The Amazon region covers more than 7.5 million square kilometers, has nearly 30 million inhabitants and generates 20% of the world's available fresh water. However, its social and infrastructure determinants make it vulnerable to communicable, contagious, vector-borne diseases associated with "traditional environmental hazards."³ These hazards, which are related to poverty and insufficient development, are characterized by a lack of access to safe water, limited or no basic sanitation services,⁴ pathogen-contaminated food, indoor air pollution from using charcoal or biomass fuels for household use, insufficient elimination of solid wastes, and the presence of vectors, including rodents.
- 2.2 "Modern hazards" are associated with the unsustainable consumption of natural resources, as well as water pollution due to population pressures, industry, and intensive agriculture, air pollution from motor vehicle emissions, coal-fired power plants, industrial plants, accumulation of solid and hazardous wastes, and chemical and radiation hazards from the use of industrial and agricultural technologies. In addition, there are risks of reemerging and other diseases from deforestation, ecological changes, soil degradation, environmental change, global warming, and depletion of the ozone layer, which increase the greenhouse effect. This complex

² For more information, see the document with additional background and rationale information in the INT files.

³ Health and Environment in Sustainable Development. Scientific Pub. No. 572, Pan American Health Organization (PAHO)/World Health Organization (WHO), 2000.

⁴ In the region, 61% of the population does not have water services and 70% does not have sanitation services. Andean-Amazon International Workshop: Toward responsible water and sanitation management. Iquitos, Peru, -22-24 August 2006.

health situation requires collective actions within the framework of the World Health Organization (WHO) definition of environmental health.⁵

- 2.3 The incidence of infectious diseases is known to correlate with altered ecosystems, certain types of land use, transmission of certain diseases, sociocultural changes, and the susceptibility of populations. The risk of infectious disease increases in particular when wild habitat is destroyed, especially to make way for roads, when the distribution and availability of water changes due to the construction of dams, when urban development goes unchecked and in other situations involving human actions. This relationship between ecosystem changes and diseases is documented in the 2005 Millennium Ecosystem Assessment (Corvalan, et al., 2005). There are studies that show the relationship between man-made systems and the incidence of diseases such as malaria, the bite rates for which are 278 times higher in the Peruvian Amazon region than in areas where man has not intervened, which seems to indicate that major infrastructure works such as highways, the expansion of the agricultural frontier, and deforestation create a favorable habitat for mosquitoes, increasing the probability of human infection (Vitto et al. 2006; Patz et al. 2005). In South America, malaria, dengue, Chagas disease, schistosomiasis, and vector-borne diseases are climate sensitive.⁶ Yellow fever, onchocerciasis, and, in urban areas, dengue and lymphatic filariasis are also present. Furthermore, outbreaks of acute Chagas have been reported in the Brazilian Amazon, caused by slash and burn activities that favor the proliferation of triatomines, which are increasingly invading homes (Romaña, et al., 1999, 2003^a, Romaña 2006).
- 2.4 Given this state of affairs in the Amazon and the healthcare systems' limited capacity to respond to eco-epidemiological situations, the following are needed: (i) an analysis of the occurrence of diseases linked to the environment (ii) early detection and management of risks and potential epidemics, or (iii) unusual events of possible international transmission, especially at local levels and along borders. The information systems of the Amazon countries have been unevenly developed, with greater development at central and even intermediate levels, but not at local levels and along borders. Integrated databases on environmental exposures and health are urgently needed,⁷ and must be sufficiently disaggregated to avoid averages that hide disparities. Effective, efficient information systems on environmental health are therefore needed that contribute to understanding about the links between health and the environment.

⁵ According to the WHO definition (2001): "Environmental health comprises those aspect of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychological factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those environmental factors that may potentially harm the health of current and future generations."

⁶ Health in the Americas, Vol. I. Washington, D.C. PAHO, 1998 (Scientific Pub. No. 569)

⁷ Health and the Environment in Sustainable Development PAHO/WHO. Scientific Publication No. 572 Pg. 205.

- 2.5 The countries have been working to improve their surveillance information systems, especially in the process of implementing the new International Health Regulations (2005) approved by the World Health Assembly. The ability to analyze and use surveillance systems is a high priority issue to ensure the proper control, care, and surveillance of environmental diseases and risks, which entails the use of instruments for community knowledge, using communication, information, and educational tools that are appropriate and socially accepted.
- 2.6 There is a need for parameters, indicators, and tools that allow ongoing evaluation and monitoring of the environmental health situation, and for regional, consensus-based regulatory, operating, and tool frameworks. A consensus must be reached on the adoption of indicators that can cover a population group in which the greatest risk is found, such as children between the ages of 0 and 14 years (WHO 2006). Implementing this proposal requires the support of the countries, so as to improve environmental health in general, particularly during childhood, based on the primary causes of morbidity and mortality in this population.

B. Relation to Bank strategy

- 2.7 This project is directly related to the Bank's institutional strategic framework. In particular, it contributes to the strategies for social development (document GN-2241), regional integration (document GN-2245) and poverty reduction and social equity (document GN-1894), due to the positive impact it will have on environmental health, equality among the beneficiaries, and human capital, by reducing the incidence of diseases and improving human conditions through a healthier life, particularly among the most vulnerable populations, given the incidence of these types of diseases.

C. Coordination with other international agencies

- 2.8 Technical cooperation is being provided by PAHO/WHO and the Association of Amazonian Universities, in order to increase the synergy of project actions and ensure the sustainability of the environmental health surveillance system within the region's institutional framework. Strategic partnerships will be promoted with the institutions, agencies, nongovernmental organizations, foundations, and community associations that are carrying out actions at the regional, national, and local levels.

III. DESCRIPTION

A. Goals and objectives

- 3.1 The objective of the project is to adopt a consensus-based operating and tools framework (the *regional public good*) of indicators and strategies to formally establish an environmental health surveillance system that is consistent with the International Health Regulations throughout the Amazon region, in the national healthcare systems. This framework will allow the regulatory agencies to identify

risk factors and monitor them, in order to facilitate prevention, protection, adaptation, and mitigation activities that address environmental disturbances, contamination, and destruction affecting human health. Accordingly, the project will build decision-making capacity at national agencies (primarily the ministries of health and the environment and their various divisions) and coordination with regional agencies, in order to reduce the population's morbidity, disability, and mortality caused by environmental disturbances and destruction.

B. Components

- 3.2 The project has three components: (i) creation of a consensus-based operating framework, (ii) identification of regional guidelines in the area of tools and diagnostics; and (iii) pilot projects on the shared management of the operating and tools framework.

Component 1. Creation of a consensus-based operating framework

- 3.3 The purpose of this component is to establish a regional operating framework for environmental health surveillance system, based on existing national and international guidelines, indicators, standards, parameters, protocols, and methodologies, with the flexibility to be adapted to the laws and regulations of each country. The process will require a consensus-based methodology to formally establish the system and identify thematic areas, so that it can become a public good that has been collectively conceived and can be feasibly implemented by management level. One of the first activities under this component will be to assess the status of environmental health surveillance systems, considering how they tie in with existing health information and surveillance systems and other official sources of information. These assessments will be used to reach a consensus on action priorities and indicators, specifically in the areas of health, the environment, and environmental health, and to establish baselines. Moreover, as part of this assessment, there will be a review of legal and regulatory issues as well as past experiences involving a cross-sectoral approach to the subject.
- 3.4 In addition, the process will contribute to a consensus-based definition of the parameters to be established in the system, such as the formulation of surveillance indicators in specific areas: (i) guidelines on the health sector's role in environmental licensing procedures, for the prevention and control of risks due to environmental impacts; (ii) surveillance for public health emergencies caused by natural and/or man-made disasters, sanitary surveillance of foods and beverages for human consumption, as well as a surveillance indicator for animal health; (iii) surveillance of water, air and soil; and (iv) surveillance of heavy metals, insecticides, fires, etc., based on common priorities and interests. The project will also establish sources of information for data collection, as well as national and regional interagency agreements for information-sharing, consensus-based methods for data analysis, and strategies to implement them, as part of a cross-sectoral

approach that primarily includes health, the environment, and agriculture. The Bank's contribution will be used to cover the costs of international consulting contracts, validation workshops, and logistical expenses.

Component 2. Regional tools and diagnostic guidelines

- 3.5 Under this component, regional guidelines will be identified through consensus on the best procedures to implement to stop and control diseases and risk factors related to environmental issues in the Amazon region. To this end, diagnostic techniques, the selection of regional reference laboratories, and georeferenced monitoring systems will be agreed upon for surveillance of environmental health and biosafety issues. In addition, professional training needs will be identified, by sector and level. Particular focus will be placed on holding workshops to standardize laboratory techniques (mainly primary care, such as screening techniques), in order to promote improvements in diagnostic quality, and workshops on the use of georeferenced systems for epidemiological surveillance and control of diseases or risk factors. Technical leadership for this component will be provided by the environmental and occupational health team at Brazil's Ministry of Health. Furthermore, the project will be coordinated with the complementary efforts of local universities and institutions, including the Association of Amazonian Universities, the Fundação Oswaldo Cruz [Oswaldo Cruz Foundation], and the Instituto Evandro Chagas [Evandro Chagas Institute] in Brazil.

Component 3. Pilot projects on shared management of the operating and tools framework

- 3.6 Under this component, demonstration projects will be carried out to test and evaluate use of the toolkit in border areas, based on which an implementation mechanism will be developed for the system. This system, which will coordinate the specified components, will be adapted through a cross-sectoral approach with community participation and will incorporate strategic planning actions, which include sustainability mechanisms and work integrated between the State and its intermediate governments, municipal governments, and the general public. Furthermore, it will promote the formation of rapid response teams, the healthy environments initiative, and environmental health education as mechanisms to generate cross-sectoral response capacity for preservation of the environment. To this end, planning workshops on pilot project methodologies will be held when the component begins, with a workshop on conclusions and lessons learned upon completion of all pilot projects. Based on these experiences, a manual on environmental health epidemiological surveillance will be produced for the Amazon region.
- 3.7 There will be between five and seven border areas (bi/trinational) selected to test the system. The criteria for selecting these areas will include: (i) degree of representation of the participating countries (with the goal of having each country participate in at least one project); (ii) installed capacity and organizational

development between borders (measured by means of the presence and/or existence of border committees or other border coordination agencies); (iii) country commitment, through the appointment of technical counterparts, by management levels, and allotment of resources required to support the systems.

C. Expected outcomes

3.8 Project activities are expected to produce the following outcomes:

- a. An operating framework for environmental health surveillance that establishes sources of information and indicators for obtaining data and a consensus-based methodology for analysis and implementation strategies.
- b. Formulation, adoption, and implementation of regional guidelines and best practices on tools and diagnostics, including an environmental health surveillance manual for the Amazon region.
- c. A pilot experiences program in specific border areas, to test shared management of the operating and tools framework.

IV. BUDGET

A. Summary table of costs

4.1 The total cost of the operation is US\$1.75 million. The Bank will contribute US\$1 million (57%) in resources from the Facility for the Promotion of Regional Public Goods (FRPG). The Amazon Cooperation Treaty Organization (ACTO) will contribute US\$150,000 (8%) in local counterpart resources, and the countries will contribute US\$600,000 (35%). The following table summarizes project costs.

Summary of costs (US\$ thousands)				
Cost Categories	IDB	ACTO	Countries	Total
Component 1. Creation of a consensus-based operating framework	122		75	197
Component 2. Regional tools and diagnostic guidelines	251	5	120	371
Component 3. Pilot projects on shared management of the operating and tools framework	298	5	10	313
Regional coordination and administration	217.5	125.8	390	733.3
Evaluations and audits	50			50
Contingencies	66.5	14.2	5	76.5
Total	1,000	150	600	1,750

B. Description, composition, and sources of financing

4.2 The Bank's contribution will be used to cover the costs of international consultants who will be contracted under the different components, as well as the costs of test

workshops, general coordination, some logistical costs, and the final evaluation. The contributions made by the executing agency and the beneficiary countries will be in cash. Each country will be responsible for administering its contribution.

C. Sustainability

- 4.3 A revolving fund up to the equivalent of 10% of the FRPG funds will be created.

V. EXECUTING AGENCY AND EXECUTION MECHANISM

A. Executing agency

- 5.1 The project will be executed by the Brasilia-based Amazon Cooperation Treaty Organization (ACTO), in coordination with the health ministries of the beneficiary countries. Execution of the proposed project is consistent with the rules of the Amazon Cooperation Treaty, which emphasize full respect for the sovereignty of the member countries.⁸

B. Execution mechanism

- 5.2 The project's execution mechanism includes: (i) national technical committees; (ii) a regional technical committee; (iii) an interagency advisory committee; (iv) an Amazonian borders committee; (v) and an executing unit, which are described below.
- 5.3 A ***national technical committee*** will be set up in each country, in which delegates of the ministries of the environment and agriculture and other pertinent agencies, depending on the country, will participate. These committees, coordinated by the countries' health ministries, will be responsible for the project at the country level; committee members will include the strategic decision-makers for the project at the participating ministries and national institutions. The national technical committees will also oversee the dialogue and consultation process required for national consensus and referendum on the adoption of standards and the toolkit to be adopted by the countries.
- 5.4 At the regional level, a ***regional technical committee*** will be set up, represented by delegates from each country's health ministry. This committee, coordinated by the health ministries, will be responsible for the project at the regional level, and its members will include strategic decision-makers for the project in each country. The committee will hold physical meetings at startup and completion of the project, as well as virtual meetings on a periodic basis.

⁸ The ACTO received a mandate from its member countries, with the approval of its strategic plan, to formulate, implement, promote, support, and coordinate projects to make the integration and sustainable development processes effective.

- 5.5 An *interagency advisory committee* will be set up, composed of a Bank representative, a PAHO representative, an ACTO representative, and a subject specialist. This technical-cooperation committee will facilitate the development of the integrated system coordinated between sectors and will provide support for the regional technical committee's decisions and consensus on the operating framework, sources of information, type of analysis, etc. In addition, it will make recommendations and provide support for meetings of the regional technical committee, to be financed with proceeds from the Bank's loan.
- 5.6 For the border area demonstration projects, an *Amazonian borders committee* will be set up, composed of specialists from the various sectors responsible for implementing the system in the border states and municipios, in addition to an authority designated by the State and another by the government of the municipio where the system will be tested. A specialist in each border will be appointed at the time when the tools and cross-sectoral response capacity are tested.
- 5.7 An *executing unit* will be created for project execution and management. It will operate out of the executing agency, under the ACTO health coordination office. The unit will be composed of a manager specializing in environmental health and an information technology expert contracted for each product, who will be financed under the project. A selection committee will be established in which the ACTO and the Bank will participate.

C. Project readiness

- 5.8 Project preparation is well under way. Actions have been initiated to fulfill the conditions precedent to the first disbursement.

D. Execution period and disbursement timetable

- 5.9 The execution period will be 30 months and the disbursement period will be 36 months from the effective date of the agreement.
- 5.10 *As conditions precedent to the first disbursement*, the executing agency will present evidence of the following to the Bank's satisfaction: (a) a regional executing unit has been established (paragraph 5.7); (b) the ministries of health and cooperating agencies have signed a memorandum of understanding in which they agree to provide the corresponding local counterpart funds and participate in the project under the terms and conditions thereof; and (c) the work plan has been approved.

E. Procurement

- 5.11 The executing agency will be responsible for any project procurements, with the exception of the procurement of external evaluations, which will be handled directly by the Bank. Consultants will be contracted in accordance with the Bank's procurement policies and procedures. ACTO will present a work plan and

procurement plan as stipulated in documents GN-2350-7 and GN-2349-7. Procurement reviews will be carried out ex ante.

VI. MONITORING AND EVALUATION

A. Monitoring

- 6.1 The indicators of success included in the logical framework (Annex I) will be taken into account for the monitoring and evaluation of the project. Monitoring will be carried out using the Bank's project performance monitoring system.

B. Technical and basic responsibility

- 6.2 The Bank, through its Country Office in Brazil, will have basic responsibility for the project, as well as responsibility for disbursements. The Social Protection and Health Division and the social specialist in the Country Office in Brazil will have technical responsibility for the operation and will issue the statement of no objection to the terms of reference, as well as for approving the products and respective technical reports.

C. Progress reports and final report

- 6.3 Throughout the execution period, ACTO, through the regional executing unit, will deliver semiannual progress reports to the Bank, following the previously agreed upon format. The reports will include a description of the project, the progress made, the implementation rate, financial execution, and adjusted and justified programming, as well as the outcomes achieved, based on the project's performance indicators, and any adjustments in the planning activities for the following six-month period.

D. Evaluation

- 6.4 The Bank will contract two external evaluations: a midterm evaluation and a final evaluation. The midterm evaluation will be conducted within 30 days after the date on which 50% of the Bank's loan has been disbursed, or halfway through the execution period, whichever occurs first. The final evaluation will be conducted within 60 days after the end of the disbursement period. Both evaluations will be performed by an external consultant and charged against the project funds allocated for this purpose.

VII. BENEFITS AND RISKS

A. Project benefits and risks and impact on development

- 7.1 The environment, health, and agriculture ministries will be the direct beneficiaries of the project. The direct benefit, once the regional public good development objective has been achieved, will consist of the cross-sectoral installation and use of the environmental health surveillance system along the region's borders.

B. Risks

- 7.2 There is a risk that not all beneficiary countries will be able to participate in the project. Mitigating factors include: (i) the subject is a matter of global importance; and (ii) there is participation, dialogue, and consensus by the regional technical committee and the Amazonian borders committee.

VIII. ENVIRONMENTAL AND SOCIAL CONSIDERATIONS

- 8.1 This project is designed to improve knowledge about and management of environmental health in the Amazon region. No negative environmental and social impacts are anticipated. The Environmental and Social Impact Review was issued on 24 September 2007.

ENVIRONMENTAL HEALTH SURVEILLANCE SYSTEM IN THE AMAZON REGION (RG-1275)
LOGICAL FRAMEWORK

Objectives	Indicators	Means of Verification	Assumptions
Goal To build decision-making capacity at national agencies and coordination with regional agencies, in order to reduce morbidity, disability, and mortality of the Amazon population caused by environmental disturbances and destruction.			
Purpose To adopt a consensus-based operating and tools framework of indicators and strategies to formally establish an environmental health surveillance system (the regional public good).	Upon project completion: the operating and tools framework to formally establish the environmental health surveillance system is adopted by the eight signatory countries of the Amazon Cooperation Treaty (ACT).	Documentation of the formal decision to adopt the system.	The countries participating in the regional public good project make a medium-term commitment to implement the operating and tools framework.
Components / Outcomes 1. Consensus reached on regional operating framework for environmental health surveillance.	1. By month 10 of the execution period, the eight ACT countries have: <ul style="list-style-type: none"> ▪ Conducted assessments of the environmental health surveillance systems; ▪ Established action priorities and baselines; ▪ Developed indicators in three areas: environmental licensing, surveillance in the event of public health emergencies, and surveillance of water, air, and soil. 	<ul style="list-style-type: none"> ▪ Semiannual reports of the executing agency. ▪ Project performance monitoring reports. ▪ Consultants' reports. ▪ Minutes of workshops/meetings of the various regional committees in charge of producing the regional public good. ▪ Materials prepared for workshops/meetings. 	All ACT member countries are willing to participate actively in the various national and regional committees in charge of producing the regional public good.

Objectives	Indicators	Means of Verification	Assumptions
<p>2. Tools and diagnostic guidelines and best practices adopted at the regional level.</p> <p>3. Pilot projects on shared management of the operating and tools framework executed.</p>	<p>2. By month 20 of the execution period, the eight ACT countries have:</p> <ul style="list-style-type: none"> Agreed upon georeferenced monitoring systems and biosafety issues; Conducted 5 workshops on standardizing laboratory techniques. <p>3. By month 30 of the execution period, the eight ACT countries have:</p> <ul style="list-style-type: none"> Conducted 3 workshops to plan the pilot project methodology; Carried out 5 pilot projects to test the operating and tools framework; Conducted one workshop analyzing the pilot projects; and Prepared an environmental health surveillance manual for the Amazon region. 		
<p>Activities</p> <ul style="list-style-type: none"> Contracting of the coordinating team of the executing unit. Organization and holding of meetings of the various national and regional committees in charge of the decision-making process. Contracting of consultants. 	<p>Execution of the budget.</p>	<ul style="list-style-type: none"> Information available in the Loan Management System. Financial reports and final financial audit. 	<p>The executing unit is strong and has the capacity to coordinate the consulting/decision-making process to produce the regional public good.</p>

Itemized Budget
Environmental Health Surveillance System in the Amazon Region
(RG-T1275)

Components	Qty	Unit Cost	Unit of Measure	Total	Sources of Financing		
					IDB	Counterpart	
						Countries	ACTO
1. Technical and administrative coordination				733,300	217,500	390,000	125,800
1.1 Coordination of technical and administrative personnel at the executing agency (ACTO)	34	2,500	Month	85,000			85,000
1.2 Manager specializing in environmental health	30	5,000	Month	150,000	150,000		
1.3 Information technology (IT) specialist	6	3,500	Month	21,000	21,000		
1.4 Coordination-related travel and per diems	15	1,800	Number of trips	27,000	27,000		
1.5 Institutional strengthening for the executing agency and focal points in the countries	1	19,500	Training workshop	19,500	19,500		
1.6 Logistical support and services	34	1,200	Month	40,800			40,800
1.7 Country technical teams	30	4,000	Month	120,000		120,000	
1.8 Border technical teams	18	15,000	Month	270,000		270,000	
2. Component I: Creation of a consensus-based operating framework				197,000	122,000	75,000	-
2.1. Regional workshop at project startup	1	25,000	Workshop	25,000	25,000		
2.2 Contracting of baseline of participating countries	8	10,000	Contract per product	80,000	40,000	40,000	
2.3 Virtual workshop to test and make adjustments to the baseline - regional technical committee and interagency advisory committee	1	2,000	Meeting	2,000	2,000		
2.4. Contracting of specialists to harmonize standards and indicators	4	10,000	Contracts per product	40,000	40,000	20,000	
2.5 National and regional workshops to build consensus on system and indicators	10	3,000	Workshops	30,000	15,000	15,000	
3. Component II: Regional tools and diagnostic guidelines				376,000	251,000	120,000	5,000
3.1 Subject-area consultants (human resources and technology) to determine needs	8	10,000	Consultant	80,000	40,000	40,000	
3.2 National and regional workshops to develop strengthening plans and demonstration projects	8	4,500	Workshops	36,000	36,000		
3.3 Consultants to consolidate strengthening plans	2	5,000	Consultant	10,000	10,000		
3.4 Training workshops and harmonization of tools, standards and indicators	8	30,000	Workshops	240,000	160,000	80,000	
3.5 Publication of guidelines on public policies and an Amazon action plan on environmental health.	1	10,000	Publication	10,000	5,000		5,000
4. Component III: Pilot projects on shared management of the operating and tools framework				313,000	298,000	10,000	5,000
4.1 Workshops to analyze environmental health along the borders and local strategic planning to evaluate and test the system at borders.	5	12,000	Workshops	60,000	50,000	10,000	
4.2 Strengthening of the quality of reference laboratories to improve the quality of diagnosis and alert systems	8	10,000	Reference laboratories, one per country	80,000	80,000		
4.3 Strengthening of the system's IT network, based on priorities	8	3,500	IT systems, one per country	28,000	28,000		
4.4 Training workshops for trainers	5	4,000	Workshops	20,000	20,000		
4.5 Cross-sectoral strengthening workshops on the use and application of information generated by the systems	8	5,000	Workshops	40,000	40,000		
4.6 Local cross-sectoral and transborder evaluation meetings	5	4,000	1 Workshop per bi or tri-border	20,000	20,000		
4.7 Publication of the environmental health surveillance manual for the Amazon region	1	15,000	Publication	15,000	10,000		5,000
4.8 Consultants to prepare educational materials to strengthen healthy environment networks.	5	5,000	Consultant	25,000	25,000		
4.9 Regional workshop to evaluate outcomes and the sustainability of the system	1	25,000	Workshop	25,000	25,000		
5. Evaluation and final audit of the project				50,000	50,000		
5.1 Midterm and final evaluation	2	20,000	Consultants per project	40,000	40,000		
5.2. Audit	1	10,000	Audit	10,000	10,000		
6. Contingencies				80,700	61,500	5,000	14,200
6.1 Contingencies				80,700	61,500	5,000	14,200
T O T A L				1,750,000	1,000,000	600,000	150,000

PROCUREMENT PLAN

Loan Number/Technical Cooperation: RG-T1275

Project Name: Environmental Health Surveillance System in the Amazon Region.

Principal procurement contracts	Source of Financing		Procurement method ¹	Prequalifi- cation	Specific procurement notice N/A	Status ²
	IDB (%)	Local/Other (%)		Yes/No	Tentative procurement date	
1. Goods						
A. Reference laboratories Amount: US\$80,000.00	100%		PC	NO	1 st half of 2009	Pending
B. Computer equipment for the network Amount: US\$28,000	100%		PC	NO	1 st half of 2009	Pending

¹ Notes: **ICB:** International competitive bidding
DC: Direct contracting without competition

PC: Price comparison
LB: Limited bidding

NCB: National competitive bidding
FA: Force account

² The terminology to be used is:

Pending / In process / Awarded/ Canceled

Principal project procurement	Source of Financing		Procurement method ³	Prequalifi- cation	Specific procurement notice	Status ⁴
	IDB (%)	Local/Other (%)		Yes/No	Tentative publication date	
2. Services						
A. Publication / Translation (plan) Amount: US\$10,000	50%	50%	PC / DC	NO	2 nd half of 2008	Pending
B. Publication / Translation (manual) Amount: US\$15,000	66%	33%	PC / CD	NO	1 st half of 2010	Pending

³ Notes: **ICB:** International competitive bidding
DC: Direct contracting without competition

PC: Price comparison
LB: Limited bidding

NCB: National competitive bidding
FA: Force account

⁴ The terminology to be used is:

Pending / In process / Awarded/ Canceled

Principal project procurement	Source of Financing		Procurement method ³	Prequalifi- cation	Specific procurement notice	Status ⁴
	IDB (%)	Local/Other (%)		Yes/No	Tentative publication date	
3. Consulting Services						
A. Project manager Amount: US\$150,000	100%		LB	YES	1 st half of 2008	Pending
B. IT specialist Amount: US\$21,000	100%		LB	YES	1 st half of 2008	Pending
C. Baseline (firm) Amount: US\$80,000	100%		LB	YES	1 st half of 2008	Pending
D. Harmonization specialists (4) Amount: US\$40,000	100%		LB	YES	1 st half of 2009	Pending

Principal project procurement	Source of Financing		Procurement method ³	Prequalifi- cation	Specific procurement notice	Status ⁴
	IDB (%)	Local/Other (%)		Yes/No	Tentative publication date	
3. Consulting Services						
E. Specialists to detect human resources and IT needs (4) Amount: US\$40,000	100%		LB	YES	1 st half of 2009	Pending
F. Consolidation of strengthening plans (2) Amount: US\$10,000	100%		LB	YES	1 st half of 2009	Pending
G. Production of educational materials (5) Amount: US\$25,000	100%		LB	YES	2 nd half of 2009	Pending
H. Midterm evaluation Amount: US\$20,000	100%		LB	YES	1 st half of 2009	Pending
I. Final evaluation Amount: US\$20,000	100%		LB	YES	1 st half of 2010	Pending

Additional notes: To procure consulting services, a limited bidding procedure will be used in which short lists of consultants or firms that meet the requirements stipulated in the terms of reference will be compiled. These candidates will be evaluated using an evaluation matrix, and the contract will be awarded to the consultant or firm with the highest score.

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/07

Regional. Nonreimbursable Technical Cooperation ATN/OC-____-RG
Environmental Health Surveillance System in the Amazon Region

The Board of Executive Directors

RESOLVES:

1. That the President of the Inter-American Development Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such agreements as may be necessary with Organización del Tratado de Cooperación Amazónica (OTCA), and to take such other measures as may be pertinent for the execution of the plan of operations referred to in document AT-_____ with respect to nonreimbursable technical cooperation for the environmental health surveillance system in the Amazon Region.
2. That up to the sum of US\$1,000,000 is authorized for the purposes of this resolution, chargeable to the resources allocated to the Facility for the Promotion of Regional Public Goods.
3. That the above-mentioned sum is to be provided on a nonreimbursable basis.

LEG/SGO/RG-1227028-07
RG-T1275