

PANDEMIC PREPAREDNESS AND COVID-19 (CORONAVIRUS)

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Context

The COVID-19 pandemic has brought to the forefront the risk of major disease outbreaks and highlighted countries' lack of preparedness to fight them. Pandemics are large disease outbreaks that affect several countries and pose major health, social, and economic risks. A quick-moving pathogen spreading across the globe has the potential to kill tens of millions of people, disrupt economies, and destabilize national security – just as COVID-19 has demonstrated. Climate change, urbanization, and the lack of water and sanitation are all factors that could contribute to fast-spreading, catastrophic outbreaks.

COVID-19 has unleashed a worldwide shock wave with severe health, economic and social consequences which will affect many countries for years to come. Pandemic preparedness and disease surveillance anchored in strong health systems that reach all people—especially the most vulnerable—are crucial to ensure better protection from major disease outbreaks. Ensuring and investing in preparedness before a crisis strikes saves lives and ultimately saves money.

Global Preparedness Monitoring Board

The [Global Preparedness Monitoring Board](#) (GPMB) is an independent monitoring and accountability body co-convened by the World Bank and World Health Organization, created in response to recommendations by the UN Secretary General's Global Health Crises Task Force in 2017.

Despite progress made since the West Africa Ebola crisis in 2014/15, GPMB's 2020 report, [World in Disorder](#), notes how the COVID-19 pandemic has revealed a collective failure to take pandemic prevention, preparedness and response seriously and prioritize it accordingly. GPMB warned that epidemic-prone diseases like Ebola, influenza and SARS were increasingly difficult to manage in the face of prolonged conflict, fragile states, and forced migration.

Anti-Microbial Resistance

Anti-Microbial Resistance (AMR) also poses a significant and growing health and financial threat to countries at all income levels. AMR occurs when microbes (bacteria, fungi, viruses, and

parasites) cannot be treated by medicines that were previously effective. Investing in strengthening health systems and preparedness for pandemics and other infectious disease outbreaks is one of the best ways to contain AMR.

Also read the reports, "[Pulling Together to Beat Superbugs: Knowledge and Implementation Gaps in Addressing Antimicrobial Resistance](#)" and "[Landscape Analysis of Tools to Address Antimicrobial Resistance](#)" to learn more.

Strategy

What the World Bank is doing

The World Bank supports countries in their efforts to prevent pandemics by strengthening veterinary and human health systems, as well as the bridges between them. As we launch an early replenishment of [IDA 20](#), the fund for the world's poorest countries, crisis preparedness has been identified as one of the four cross-cutting themes. To date, [IDA is deploying unprecedented support to enable more than 70 countries](#) to focus on pandemic response, while setting the stage for an inclusive, sustainable, and resilient recovery.

Already under [IDA 19](#), the World Bank sharpened its focus on building crisis resilience including pandemic preparedness, committing to help at least 25 countries implement pandemic preparedness plans.

Together with the [Global Financing Facility for Women, Children and Adolescents \(GFF\)](#), we are supporting multilateral efforts such as the [Access to COVID-19 Tools Accelerator \(ACT-A\)](#) and [COVAX](#). The ACT-A brings together governments, scientists, businesses, civil society, and philanthropists and global health organizations to speed up an end to the pandemic by supporting the development and equitable distribution of the tests, treatments, and vaccines.

We are also working with governments, Gavi, the Global Fund, UNICEF, and the WHO to help more than 140 countries get ready for vaccine deployment. The report "[Assessing Country Readiness for COVID-19](#)" launched in March 2021, highlights findings from assessments of 128 low- and middle-income countries and shows that while 85 percent of countries have developed national vaccination plans, only 30 percent have plans to train the number of vaccinators needed and 27 percent have put public engagement strategies in place to address vaccine hesitancy.

COVID-19 (coronavirus)

COVID-19 (coronavirus) threatens to wipe out a decade of human capital gains – leaving an entire generation behind – as countries struggle to contain the virus, save lives and rebuild their economies. It also poses a severe public health challenge that requires coordinated action and continued transparency around the world.

The World Bank is taking broad, fast action to help developing countries and the poorest people during this unprecedented crisis. We are delivering urgent support to over 100 countries, reaching 70 percent of the world’s population, with projects that deliver scale and impact. [Our operational response](#) is tailored to the health, economic and social shocks countries are facing.

We are providing [\\$12 billion](#) for developing countries to finance the purchase and distribution of COVID-19 vaccines, tests, and treatments and strengthen vaccination systems. These vaccines, alongside widespread testing, improved treatment, and strong health systems, are critical to protecting lives and stimulating economic recovery. Fair and equitable access to effective and safe the vaccines is vital.

Because strengthening vaccination systems has many components, we are supporting countries to get ready by: establishing policies for safe and effective deployment; expanding storage and building cold chains; developing tracking systems to make sure vaccines reach people and are distributed as intended; training and motivating front-line health workers; supporting citizen and community engagement programs to build support and understanding of the benefits, and apprehensions addressed; and identifying and targeting of highest risk populations, especially for front line health worker to sustain and scale the response.

[See more](#) on what the World Bank Group’s Operational Response to COVID-19 in the Health Sectors.

Health Emergency Preparedness and Response Program

The Health Emergency Preparedness and Response (HEPR) Umbrella Program complements the World Bank’s efforts to provide further resources in response to COVID-19 and other health emergencies. The HEPR Umbrella Program provides upstream, catalytic, and rapid financing to the most vulnerable countries, including those unable to access traditional World Bank financing.

The program offers a flexible mechanism that makes resources available before a country accesses other funding sources or even when there is insufficient domestic funding.

As of May 2021, 9 grants for health emergency preparedness and 18 grants for health emergency response have been awarded.

See more on the HEPR program [here](#).

Regional Disease Surveillance Systems (REDISSE)

To enhance regional preparedness the World Bank expanded IDA financing for the [Regional Disease Surveillance Systems Enhancement](#) (REDISSE) Program. The initiative is a series of projects to strengthen national, regional, and cross-sectoral capacity for integrated disease surveillance and response in 16 West and Central African countries.

The program has two objectives:

1. to address systemic weaknesses within the animal and human health systems that hinder effective cross sectoral and cross border collaboration for disease surveillance and response, and;
2. in the event of an eligible emergency, to provide immediate and effective response to said eligible emergency.

See more on REDISSE including its financing and recipient countries in the [Results](#) section.

Anti-Microbial Resistance

Antimicrobials are drugs – such as antibiotics – that kill or control disease-causing microbes. Antimicrobial resistance (AMR) occurs when microbes mutate or adapt in ways that enable them to withstand antimicrobials, rendering treatments ineffective. AMR is dramatically accelerated by the over-use and misuse of antimicrobials, including antibiotics, in people and animals.

Without action, the death toll from AMR could rise even higher, to as many as 10 million deaths annually by 2050. The world's poorest people --those living in low- and middle-income countries or in the increasing areas affected by fragility, conflict, and violence-- are especially vulnerable.

The World Bank's 2019 report [Pulling Together to Beat Superbugs](#) found that AMR already causes 700,000 deaths per year. We have also developed a [One Health Operational Framework](#) to promote, strengthen and operationalize human, animal and environmental public health systems.

Unchecked, AMR will hamper progress towards the 2030 Sustainable Development Goals, harm economies and negatively impact human capital. If countries don't act to stop the rise of AMR, its economic impact is projected to rise to more than \$1 trillion annually after 2030.

To help prevent this, the World Bank is including interventions that address AMR containment in its health investments in the developing world. Examples include the Africa CDC Regional Investment Financing Project which is supporting the establishment of Centers of Excellence in AMR, piloting a scorecard for AMR and an innovative approach for One Health. The REDISSE program (above) is also upgrading public health and veterinary laboratories to strengthen capacities and collaboration. Another example is the [Regional Sahel Pastoralism Support Project](#) which contains AMR mitigation activities.

For more information on AMR, please see [here](#).

Africa Centres for Disease Control and Prevention Regional Investment Financing Project (ACDCP)

The World Bank's [Africa Centres for Disease Control and Prevention Regional Investment Financing Project](#) supports (with \$250 million) Ethiopia, Zambia, and the African Union (AU) in combatting epidemics and advancing critical public health priorities. Launched in 2017, the project is linking existing public health institutions and pooling the capabilities of national health authorities. It is also financing the establishment of laboratories, transnational surveillance networks, emergency-response mechanisms, and other public health assets designed to manage diseases on a regional and continental scale. The ACDCP is supporting the implementation of Africa CDC's flagship innovation RISLNET (Regional Integrated Surveillance and Laboratory Network) in the Eastern and Southern Africa regions.

It supports the development of guidelines and standards to improve coordination between the Africa Centers for Disease Control and Prevention (Africa CDC) and national public health institutions across the African continent. The project facilitates the sharing of public health assets and the exchange of vital data on infectious diseases. It also aims to build the capacity of regional and continental public health institutions.

Result

COVID-19 (Coronavirus)

Since the pandemic was declared in March 2020, the World Bank has been helping developing countries respond to the health, social and economic impacts of COVID-19. The financing provided has been helping low- and middle-income countries purchase and distribute COVID-19 vaccines, tests, and treatments, and strengthen vaccination systems. It also builds on the broader World Bank Group COVID-19 response, which is helping more than 100 countries strengthen health systems, support the poorest households, and create supportive conditions to maintain livelihoods and jobs for those hit hardest.

- [Read](#) how the Bank is mitigating the impacts of COVID-19 in the health sector.
- [Learn more](#) about the World Bank Group vaccine announcement.
- See [the World Bank Project List](#) of operational response.

Regional Disease Surveillance Systems (REDISSE)

Currently in its fourth phase, the REDISSE Program leverages \$657 million of World Bank financing (of which \$597 million is a mixture of IDA grants and credits and \$60 million is from IBRD) to improve surveillance and laboratory capacity in 16 countries in West and Central Africa. Recipients include Angola, Benin, Central African Republic, Chad, Democratic Republic of Congo, Economic Community of Central African States (ECCAS), Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Republic of Congo, Sierra Leone, Senegal, Togo, West African Health Organization (WAHO).

REDISSE provides countries with financing that is under their direct control to address identified priorities. It ensures that financing for emergency responses is in place to decrease response delays in the event of a disease outbreak. It also finances regional level policy dialogue to promote information exchange, collective action and efficient use of country and shared resources, training institutions and commodity stockpiles for disease surveillance and response. Through the program, participating countries have also benefited from an early and immediate access to World Bank financing for COVID-19 preparedness and response, while complementary country-specific financing was mobilized from the World Bank's COVID-19 Fast-Track Facility.

More details about the program can be found [here](#).

East Africa Health Laboratory Networking Project

The [East Africa Public Health Laboratory Networking Project](#) is a World Bank-funded regional laboratory network that includes Burundi, Kenya, Rwanda, Tanzania and Uganda. The project has significantly increased regional capacity to detect outbreaks and mount rapid effective responses, with access to quality diagnostic services expanded to vulnerable groups in border areas and serving over 10 million people (of which 60 percent are female).

Through a network of 41 upgraded laboratories, access to services has improved for vulnerable groups, while boosting cross-border disease outbreak preparedness. The project has allowed the creation of 10 cross-border committees across the five countries and one between Kenya/Uganda and South Sudan; screenings at selected border crossing points; enhanced diagnostic capacities for laboratory-confirmation of pathogens (from 8% to 100%); joint investigations on Ebola, Marburg, and yellow fever; continued strengthening of pandemic preparedness to address risks of cross-border transmission; and roll out of a mobile phone reporting system on disease outbreaks.

Going forward, the network is also leveraged for the COVID-19 response. The laboratories have benefited from the latest molecular technologies that ensure rapid turnaround and greater accuracy and can now be leveraged for COVID-19 testing.