

ADB'S CRISIS RESPONSE TO SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

1. The severe acute respiratory syndrome (SARS) disease seems to have first occurred in the southern People's Republic of China (PRC) in late November 2002. To date, there is no vaccine, and no effective treatment against SARS, which has an overall fatality rate of 6–15% and many unexplained features. SARS was recognized as a global threat on 12 March by World Health Organization (WHO). The outbreak spread rapidly and within a month about 3,000 cases and more than 100 deaths were recorded on all continents. During the peak of the global outbreak, in early May, more than 200 new cases were being reported each day. As of 19 June, SARS had caused 804 deaths and 8,462 cases had been reported.
2. On 25 April 2003, the President requested a SARS action plan to address outbreak of SARS in the region. A rapid, interdisciplinary effort followed drawing on Asian Development Bank (ADB) staff, developing member country (DMC) officials, and other international agencies. G. van der Linden, Special Advisor to the President, provided overall coordination.
3. ADB's SARS Crisis Response Team, a working group comprising representatives from operations and knowledge departments with specialized expertise,¹ met from 25 April to 2 May 2003 and developed a comprehensive proposal.² Although emergency responses of this type are not normally financed by ADB,³ on 7 May 2003 the President approved an action plan to meet the immediate needs of DMCs affected or potentially by SARS. The proposal included rapid assessments, SARS features on the ADB's website,⁴ two emergency technical assistance (TA) projects⁵ that will enable ADB to assist its DMCs, and a memorandum of understanding (MOU) with WHO.
4. Two other working groups are working in parallel to address ADB internal matters. The first is an Emergency Management Team (EMT), set up under ADB's Emergency Management System Procedures. Under these procedures, the EMT reports to the Crisis Management Committee chaired by the Vice President (VP) Finance & Administration, with VP (01) and VP (02) as members of the committee. The EMT ensures that medical information on the SARS outbreak is distributed through *ADB Today* and other special notices. Travel restrictions and advisories have been implemented, guidelines on regional meetings provided, staff returning from mission to affected locations screened, and procedures for household isolation of staff if necessary put in place. SARS awareness stations were set up at ADB's reception areas.
5. The second team advised Management on the potential impact of SARS on ADB's operations program. The team comprised representatives from Strategy and Policy Department and regional departments, and examined the potential impact of SARS and the consequent

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² ADB. 2003. *Action Plan To Address Outbreak of SARS in Asia and the Pacific* (Online). Available: http://www.adb.org/Documents/Others/SARS/SARS_Action_Plan.pdf

³ The ADB normally finances infrastructure repairs in responding to emergencies, cf. OM Section 25, issued on 12 December 1995. This needs to be revised and updated to reflect the specific requirements for emergency intervention in health sector.

⁴ See <http://www.adb.org/sars/>

⁵ TA-6108, *Emergency Regional Support to Address the Outbreak of Severe Acute Respiratory Syndrome (SARS)*, approved on 23 May for \$2,000,000. and TA-4118-PRC, *Combating Severe Acute Respiratory Syndrome in the Western Region*, approved on 22 May for \$2,000,000.

travel restrictions on ADB's ability to undertake operations, and on lending, TA, and portfolio management activities.

6. The first step in implementing ADB's SARS action plan was to prepare a rapid assessment of the likely direct and indirect impacts of SARS, based on the most recent data. The *2003 Asia Development Outlook*, released on 5 May, had initial estimates for the region as a whole. These estimates were expanded and refined in two economic reports focusing on SARS.⁶ The Economics and Research Department report estimated that if SARS were contained by the end of the second quarter, the cost to East and Southeast Asia in reduced growth would be around \$28 billion. A comprehensive assessment of SARS will be carried out for the *ADO Outlook Update* in September. Country-based assessments have been completed for PRC and Mongolia, and others are expected shortly.

7. Both the action plan and economic report generated extensive media attention, with ADB officials spotlighted in high profile, international television, radio, and newspaper coverage. This coverage received a boost from ADB sponsorship of the Boao Forum's conference, SARS and Asia's Economy: Impacts and Policy Recommendations, held on 13–14 May in Beijing. The President and the Chief Economist gave keynote addresses by video.⁷

8. The SARS action plan also provided for borrowing countries to reallocate loan funds for SARS work. The first country to do so was Viet Nam, which agreed on 2 June to reallocate \$6.17 million from a health sector loan to help strengthen the country's fight against SARS. The funds will be reallocated from a \$70 million primary and preventative health care project to Viet Nam that was approved in November 2000.⁸ In partnership with WHO, which is providing the technical expertise, ADB's reallocated funds will support the immediate purchase of equipment and supplies to increase Viet Nam's ability to detect and prevent future cases of SARS. These will include a mobile x-ray machine, ambulance, ultra-red thermography, ventilators, oxygen meters, sterilizers, masks, and SARS prevention garments. Similar reallocations are under consideration in several other DMCs, including Indonesia, Lao People's Democratic Republic (Lao PDR), and Philippines.

9. By 10 June, ADB had fully allocated its regional emergency grant support to fight the outbreak. In response to proposals received to enhance surveillance and infection control, ADB allocated funds to support programs in 14 countries: Afghanistan, Bangladesh, Cambodia, Fiji Islands, Indonesia, Kyrgyz Republic, Lao PDR, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, Tajikistan, and Viet Nam. In addition, ADB agreed to support a regional proposal for Pacific island countries from the Secretariat of the Pacific Community.

10. Under a separate TA, ADB is responding to a request from the PRC for containing and coping with the spread of SARS in its western region. The western region is vulnerable to SARS' spread for many reasons, including economic migration and cross-border traffic with the Mekong and Central Asian regions. The western region area faces a substantial risk due to

⁶ ADB. 2003. *SARS: Economic Impacts and Implications*, ERD Policy Brief No. 15. Manila (Online). Available: http://www.adb.org/Documents/EDRC/Policy_Briefs/PB015.pdf and ADB. 2003. *Economic Impacts of the SARS Outbreak on East Asia: An Initial Assessment* (Online). Available: http://aric.adb.org/infocus/sars/spotlight_sars_outbreak.asp

⁷ See <http://www.boaoforum.org/en/event02.shtml> and http://www.adb.org/Media/Articles/2003/2230_Regional_Focused_Effort_Needed_to_Address_SARS/default.asp?registrationID=ADBWEB

⁸ ADB. 2000. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to Viet Nam for the Rural Health Project*. Manila.

weaknesses in local health systems' capacities for surveillance, information dissemination, prevention, and treatment, as well as broader constraints on financial resources and higher levels of poverty. Working with the Ministry of Health and in close dialogue with WHO and other international organizations, ADB will finance \$2 million equivalent assistance in the areas of (i) provincial planning to address SARS; (ii) epidemiological surveillance and reporting systems; (iii) emergency response capabilities; and (iv) information, education, and communication campaigns to increase public awareness of SARS and self-protection measures. Critically needed equipment and supplies will augment the capacity-building initiatives under the TA, which will provide crucial support to complement assistance pledged and under consideration by other partners, including the World Bank.

11. On 18 June, President signed an MOU with WHO to cooperate in the fight against SARS and other emerging diseases. The MOU, which had earlier been signed by Gro Harlem Brundtland, Director-General of the Geneva-based WHO, formalized a partnership envisioned in ADB's SARS action plan, with ADB providing funding and WHO contributing additional technical expertise. The partnership expects to guide the short-term response of DMCs to SARS and, equally important, longer term preparedness for the next wave of emerging infectious diseases. ADB is also working closely with the World Bank, nongovernment organizations, and other development partners.

12. Because of the rapid responses of ADB's member countries, SARS is on the wane. Fortunately, the effect of SARS on ADB's operations has been modest. No ADB staff member or participant in an ADB-sponsored event has been infected. Travel prohibitions have now been lifted for all destinations except Beijing. Regional meetings are now recommencing, with proper safeguards in place concerning participants from infected areas. ADB missions are being carried out to all destinations except the PRC, and these last restrictions are expected to be relaxed soon.

13. SARS has come under control mainly because of strict application of traditional methods of quarantine, contact tracing, and good hygiene. There has also been remarkable regional collaboration and coordination among countries. "SARS has highlighted disease-prevention weaknesses in all places where outbreaks occurred," said WHO's David Heymann, Executive Director and Global SARS Response Coordinator.⁹ In particular, a strong and reliable system for data collection and reporting, and a central coordinating body are needed. With a global trend for decentralization and making communities more responsible, central reporting and coordination for communicable diseases must be maintained.

14. SARS could flare up again as the virus adapts to the environment, so it is crucial that countries remain vigilant. Because of the many unanswered questions, particularly concerning the origins of the virus and the contribution of environmental contamination to overall transmission, WHO notes that at least a full year of surveillance is needed to determine whether the disease has become endemic and to determine if cases have spread. If the disease has not become endemic, the next big hurdles will concern determining whether an animal reservoir for SARS exists, and if SARS will recur periodically. The SARS virus could persist somewhere in nature, as the Ebola virus does, and return when conditions are once again ripe for the efficient spread of infection to humans.

15. To ensure adequate financing is in place for DMCs to carry out essential surveillance and control, ADB is seeking additional funds from donor capitals, while encouraging additional

⁹ *International Herald Tribune*. 2003. SARS Spurs Global Effort to Stem Future Epidemics. 16 June.

borrowing countries to reallocate loan funds for SARS work. A positive response has been received from Government of Japan. As is stated in the *Action Plan to Address Outbreak of Severe Acute Respiratory Syndrome*, Office of Cofinancing Operations has been seeking \$3 million in supplemental contribution in grant from donor countries for this TA.¹⁰ In response, the Government of Japan expressed its willingness to provide \$3 million through the Japan Special Fund on 27 May 2003. ADB is now undergoing the process of obtaining formal clearance for the TA from the Japanese authorities.

16. Epidemiological surveillance systems need to be strengthened for detecting any resurgence of SARS, and for other emerging diseases (e.g., the outbreak of monkey pox, a disease of the African forests, in the United States). Moreover, strengthening the epidemiological surveillance system will help control well-known communicable diseases (e.g., tuberculosis, HIV/AIDS,¹¹ malaria, dengue hemorrhagic fever), which affect particularly the poor. SARS also highlights the need for hospitals to be ready, with physical infrastructure, supplies and equipment, and with quality control procedures and management systems. Training and rapid information dissemination are also critical to improve awareness among front-line staff of treatment protocols and self-protection measures.

17. ADB also needs to better understand the impact of such epidemics on the economy of a country, and of a region, and particularly on the poor, both due to the outbreak itself, and due to fears associated with it. From anecdotal evidence, the poor working in factories may have been one of the most affected groups. Considering the potential medical, economic, and social impact of epidemic outbreak, in particular on the poor, ADB and its partners will need to continue investing significantly in the health sector.

¹⁰ ADB. 2003. *Technical Assistance for Emergency Regional Support to Address the Outbreak of Severe Acute Respiratory Syndrome (SARS)*. Manila.

¹¹ Human immunodeficiency virus/Acquired immune deficiency syndrome.