PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE

Report No.: AB2284

Project Name	Avian Influenza Control & Human Pandemic Preparedness & Response Project
Region	EUROPE AND CENTRAL ASIA
Sector	General agriculture, fishing and forestry sector (50%);Health (50%)
Project ID	P099808
Borrower(s)	GOVERNMENT OF GEORGIA
Implementing Agency	
	Government of Georgia Georgia
Environment Category	[ ] A [X] B [ ] C [ ] FI [ ] TBD (to be determined)
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1. Country and Sector Background

1. Georgia is a small country with a population of 4.6 million people, bordered by the Black Sea to the west, Russia to the north, Turkey and Armenia to the south and Azerbaijan to the east. Georgia's location places it at extreme risk for the spread of Avian Influenza (AI). Georgia's border with Turkey is near the regions in eastern Turkey with a high number of reported outbreaks (13 separate outbreaks in domestic poultry as of the end of January). A major migratory bird flyway crosses from this direction over Georgia. Another flyway from the north crosses over Georgia's long border with Russia, where outbreaks in seven regions have been reported, with recent outbreaks in three regions bordering Georgia. The length of that border, the fact that it traverses difficult mountainous terrain and two conflict zones, complicates surveillance efforts for the disease. The recent recorded outbreak in wild fowl and domestic birds and several suspected human cases in Azerbaijan threatens exposure from that direction as well.

2. Agriculture plays a key role in Georgia's economy contributing about 16 percent of GDP in 2004 and accounting for about 50 percent of employment. Agriculture production is predominately small holder, though commercial farming is growing in importance. One growth area in agriculture is poultry production, both in terms of egg and meat production, though its contribution to the GDP is still quite small at about 1.6% of GDP in 2004. About 90 percent of poultry are owned by households, and contribute significantly to the income of rural, often poor families. Commercial production has grown by over ten times in the last five years, with some 20 large to medium commercial poultry farms producing both eggs and meat. In all an estimated, 10,000 people are employed in commercial poultry production and trade.

3. Georgia reported its first case of Avian Flu on February 21, 2006 when a dead swan found at a lake in Ajara region tested positive to a test using a real time PCR. It has not been determined yet if it is the highly pathological N1 but the fact that a number of dead birds were found at the sight strongly suggests it is. Samples have been sent to London for confirmation. A second migratory bird tested positive the following day, and the Government declared a state of Emergency in Adjara. It implemented culling in a three mile radius around the site where the dead birds were found, killing all domestic poultry (about 1800 chickens) in 12 villages within the 3km. radius.

4. Responsibility for the ongoing surveillance and monitoring for HPAI in poultry and migratory fowl and for response in case of an outbreak rests with the Ministry of Agriculture and Food (MAF). Up until the suspected positive result, over 1,000 samples had been taken from suspicious birds identified during passive surveillance. Also, regular testing of water fowl has been initiated at lakes along major migratory routes.

5. Until January this year, state veterinarians were under the Ministry's Veterinary Department, with branch offices in each of Georgia's 65 Rayons. Some 560 Veterinarians were employed by the Ministry. The MAF in late 2005 undertook a major review of its structure, and developed restructuring plans which are to be introduced over the first half of CY 2006. As part of the restructuring, the Veterinary Department will be absorbed into a newly created Food Safety Agency and the number of public veterinarians will be reduced to about 200. While state veterinarians will still be assigned to Rayon offices, the intention is to evolve much of the previous state veterinary functions that are of a more private nature to the private sector and therefore have a clearly distinct role of the public and the private veterinary sector.

6. In response to the threat of HPAI outbreak the Government has established local crisis centers in each of the 65 Rayons based on the former structure of the Rayon Veterinary Units. Weekly meetings of a committee including the veterinary administration, health care department, local Government representatives as well as local representatives of the Ministry of Education and Ministry of the Environment are taking place to oversee the work of the monitoring centers. Hotlines to the centers have been established to report suspicious bird deaths. These centers provide the first line intervention when bird deaths are reported and are investigating the reported cases. They are backstopped by eight regional centers that aim to respond within two hours of a reported outbreak to assist in taking samples and with disinfection. Finally, there is a national Crisis center in Tbilisi that is staffed 24 hours a day and which coordinates monitoring, testing, and response activities in the field.

7. There are two Bank-financed projects under implementation in the agricultural sector: (i) one funded by an IDA Credit and a GEF grant – the Agricultural Extension, Research and Training Project (ARET); and (ii) the Rural Development Project (RDP) which is funded by IDA, the International Fund for Agricultural Development (IFAD), and a Japanese PHRD implementation grant. Funds from both projects have been used to fund immediate needs for the Avian Flu response.

8. Responsibility for preparing for the threat of HPAI to human health rests with the Ministry of Labor, Health and Social Affairs (MoLHSA). Health sector reforms, initiated back

in 1995, supported purchaser/provider split, where MoLHSA maintains only a stewardship role. The Ministry, as steward of the system, is responsible for policy formulation, financing and regulatory action for controlling the quality, safety and effectiveness of health services, pharmaceuticals and medical equipment. Infectious disease surveillance system, sanitary inspection control and health promotion are carried out by Public Health Department of MoLHSA. The National Center for Disease Control (NCDC), is a public entity subordinated to the Public Health Department which serves as a National Referral Laboratory for the control of communicable and non-communicable diseases. The National central laboratory is further supported by two regional laboratories, one in the western part of the country and another in the Autonomous Region of Adjara and a public health laboratory network of smaller laboratories.

9. The NCDC developed special influenza and Influenza Like Illnesses (ILI) guidelines. Epidemiologists of district and regional Public health Centers are in charge of active surveillance and case detection. Epidemiologists deployed in district/regional public health departments are responsible for sample collection and transportation to the NCDC. Information on ILI is reported on monthly basis, but hospitalized cases should be notified within 24 hour to respective authorities in the MoLHSA and NCDC.

10. Two IDA-financed projects are under implementation in the health sector. The Primary Health Care Project (PHC) is aimed at helping the Government develop and implement a primary health care strategy, and the Hospital Restructuring component of the Structural Reform Support Project (SRS) is helping to rehabilitate key hospital infrastructure in the context of ongoing Government efforts to restructure the sector. In addition to the proposed project, some funds from both these projects have been allocated to finance key equipment to prepare for a human outbreak of HPAI. The equipment includes respirators, monitors, and personal protection gear for health care workers.

2. Objectives

Total Project Cost and Financing in US$

Components	Government	IDA	PHRD	Total
Animal Component				
A. Strengthening National HPIA Preparedness and Prevention Capability	**182,000**	**1,030,000**	**390,000**	**1,602,000**
B. Strengthening Disease Surveillance, Monitoring and Diagnostic Capacity	**248,600**	**1,770,000**	**180,000**	**2,198,600**
C: Component Implementation support, Monitoring and Evaluation	**8,600**	**70,000**	**0**	**78,600**
Sub Total	**439,200**	**2,870,000**	**570,000**	**3,879,200**

Human Health Component				
A. Enhancing Public Health Program Planning and Coordination	**62,000**	**60,000**	**278,000**	**400,000**
B. Strengthening of National Public Health Surveillance Systems	**68,000**	**357,324**	**29,000**	**454,324**
C. Strengthening Health System Response Capacity	**312,525**	**1,500,000**	**213,000**	**2,025,525**
D. Component Implementation support, Monitoring and Evaluation	**6,975**	**59,676**	**0**	**66,651**
Sub Total	**449,500**	**1,977,000**	**520,000**	**2,946,500**
Public Awareness and Information	**84,300**	**153,000**	**310,000**	**547,300**
Total	**973,000**	**5,000,000**	**1,400,000**	**7,373,000**

12. Georgia's strategy for addressing the threat of HPAI is based on the Strategic Action plan prepared by WHO for responding to the Avian Influenza Pandemic Threat. The objectives of Georgia's strategy can be structured in three phases – pre-pandemic, emergence of a pandemic, and pandemic declared and spreading internationally. In the current pre-pandemic phase, the focus is on monitoring, surveillance, and testing of both domestic and migratory birds coupled with tightened border controls. As already demonstrated with the outbreak in Ajara, in the event of a confirmed outbreak in birds, the Government will rely on rapid reaction to contain the spread of the virus, including culling. In addition, mechanisms are in place to strengthen the collaboration between animal and human health services, and to strengthen the capacity to respond to a spread of the virus to the human population. If a Pandemic shows signs of emerging, the focus of the strategy will be on containing or delaying the spread at the source through such measures as social distancing and quarantine. If a full-blown pandemic emerges, the strategy will be to focus on reducing morbidity, mortality and social disruption. At all three stages, a key element of the strategy is a comprehensive communication program, to inform the population of the risks, enlist its help in surveillance and reporting, and to ease the implementation of social distancing measures and to minimize panic and social disruption.

1. Country response to the AI emergency

13. The Georgian Government has moved quickly to respond to the threat of HPAI. In December 2005 a National Task Force on Avian Influenza was established under the chairmanship of the Prime Minister and consisting of the Minister's of Finance, Health and Social Affairs, Defense, Education and Agriculture and Food. Responsibility for day-to-day coordination of across Government rests with an inter-ministerial working group headed by the Deputy Minister for MoLHSA and the Senior Veterinary Officer in the MAF, and including representatives of the other ministers. The inter-ministerial working group meets weekly to review the current status of preparedness and coordinate activities. Under the coordination of Task Force, the working group developed a draft National AI Preparedness Plan (NAIPP). This plan provides a good basis for further preparatory work with a particular focus on development of contingency plans and conducive legal framework, that will enable the government to implement recommended disease detection, control, prevention, containment, and eradication measures in a uniform and effective way. In addition, immediate preventative measures have been implemented with particular emphasis on surveillance and monitoring, and testing of poultry and migratory water fowl, strict border controls, including disinfection of entering vehicles, and the launching of a public education campaign, both in the schools and in the media. Also, for human health, medical equipment is being mobilized, and medical personnel trained to respond to an outbreak.

14. Testing of suspected cases in poultry and water fowl is carried out at the Veterinary Laboratory of the MAF. This laboratory has been recently been renovated with assistance of the US Government and is now being equipped and staff is being trained to undertake testing for HPAI. The Central Laboratory of the Center for Disease Control has likewise been renovated and is fully equipped for human testing if the need arises, as has a laboratory in Kutaisi in western Georgia. Finally, a third laboratory in Batumi is slated for upgrading.

15. In developing the National Plan, the Government prepared a proposal in January for donor support for the prevention and control of avian influenza in Georgia. The objective of the proposal is to provide the necessary equipment, materials, and training to monitor for outbreaks and respond when they occur, both in poultry and humans. The proposal also provides for contingency funds to be used in case compensation for culling becomes necessary. At the same time, the Prime Minister wrote to the Bank on January 17, 2006 to request assistance in putting together a coordinated donor response to the Government's proposal.

2. Country eligibility under GPAI

16. Georgia qualifies as a country at risk, at an early stage of an outbreak. It has fulfilled the eligibility criteria including demonstrating Government commitment. This commitment is apparent in the establishment of the Avian Flu Task Force chaired by the Prime Minister, and the Government's approach to the Bank to help it secure and coordinate donor assistance for the Government's program for the Prevention of Distribution and the Control of Avian Influenza in Georgia. This program supports Georgia's capacity for the early detection of HPAI, and rapid response to an outbreak.

B. BANK RESPONSE AND STRATEGY

1. International support to the Avian Influenza emergency in the country

17. Several donors are currently supporting the Government's HPAI strategy. For testing for the presence of the virus in both, humans and poultry and wild birds, Georgia is fortunate to have in place approximately US$100.0 million in US assistance to upgrade labs for human testing at the Center for Disease Control, and at Kutaisi Hospital, as well as three labs for veterinary testing. The upgrade in facilities is intended to equip Georgia with laboratory capacity for a wide range of testing needs but the timing of the assistance is particularly fortunate given the threat of HPAI. The rehabilitation of the labs provides Georgia with adequate testing facilities that are fully equipped to test for HPAI on the human side. The Vet labs are now equipped to test for the virus with real time PCR and three lab technicians have been trained in administering the test. Further training is planned to ensure that the labs are fully capable of testing for the virus in birds. Included in the assistance, besides equipment and civil works, is training for lab technicians and consumables and reagents needed for the virological tests. As part of this assistance, construction is underway on a Bio-Safety Level 3 lab in Tbilisi with facilities for both animal and human testing, though the construction will take two years before the lab can be commissioned.

18. WHO and FAO are providing rapid assessments of the situation in Georgia, and are providing technical backstopping in the preparation of contingency plans for AI and for the preparation of a coordinated program of donor assistance. UNICEF is preparing learning materials focusing on information for elementary school children for dissemination in schools across the country. USAID is providing Georgia with US$0.8 million assistance as part of the US Government's global US$131 million program of support for HPAI. The funding will provide technical assistance and some equipment for MoLHSA and MAF, as well as support for a communications campaign. Finally the EU has allocated 5.0 million Euro for the response to

the threat of HPAI in three Caucasus countries, Moldova, Ukraine and Belarus. This funding is being provided through the Multi-Donor Trust Fund for Avian flu and will be administered by the World Bank. The allocation between the eligible countries and the trust fund mechanism are currently under discussion, with a June target date to have the trust fund operational.

2. Response gaps and Bank's assistance

19. On the animal health side, financing needs include strengthening of disease monitoring and surveillance, border controls and on containment measures in event of an outbreak, including preparation of plans for compensation for culling. Immediate inputs required include cars, fuel, protective gear, disinfectant material, sprayers and rapid testing kits. Training, particularly for regional staff is required, along with technical assistance to assist in the development of contingency plans, to review the legal and regulatory framework for response to an outbreak, to develop a mechanism to compensate poultry owners in the event that culling becomes necessary.

20. On the human health side, financing is needed for the provision of equipment and materials needed for the health system to respond both in the pre-pandemic stage where limited human cases might occur, and in the pandemic case where the focus would be on reducing morbidity and mortality. Training also needs to be intensified for health care workers at all levels on monitoring for the disease and on how to handle cases should they occur. Moreover, technical assistance is required to assist in developing contingency plans and reviewing the legal and regulatory environment. A final financing requirement is for the development and implementation of a communications strategy.

21. Overall, the costs of the program are estimated at about US $15 million of which about US$7.7 million is provided by the Bank through various channels. First, emergency assistance of about US$ 1.2 million to provide urgently needed equipment and materials to enable the Government to implement monitoring and surveillance and to help prepare initially for an outbreak both in poultry and humans is being provided from four existing projects –RDP, ARET, PHC, and SRS. Second, the proposed project provides for $5.0 million in IDA financing is aimed at strengthening the capacity of both the animal health and human health agencies to respond to the threat of an HPAI outbreak. as well as potential outbreaks from other zoonoses and to support a communications strategy. Included in the proposed project is a proposed PHRD implementation grant for US$ 1.7 million to help meet the technical assistance gaps outlined above. Finally, an additional US$ 1.5 million will be provided from the PHC and ARET projects to support the overall program.

22. Table 1 shows the financing break-down for the total program. It shows a financing gap of about US$ 3.9 million. The allocation for Georgia from the Multi-donor trust fund will help to close this gap but it is expected that a gap in the neighborhood of US$3 million will remain. The Government is continuing to consult with donor partners in an effort to find the required additional financing.

Table 1: Georgia Avian Influenza Control and Human Pandemic Preparedness and Response
Summary Program Cost by Component and Financier

Component and Expenditure Category	Total Program Cost	Government	World Bank	Japan PHRD Grant	Covered under current WB portfolio	To be financed out of current portfolio	USAID
I. Animal Health							
Subtotal Component A:	**7,000,000**	439,200	2,870,000	570,000	765,000	1,000,000	350,000
II. Human Health							
Subtotal Component B:	**7,000,000**	449,500	1,977,000	520,000	424,000	500,000	350,000
III. Public Awareness and Information							
Subtotal Component C:	**800,000**	84,300	153,000	310,000	0	0	100,000
TOTAL COSTS BY FINANCIER	**14,800,000**	**973,000**	**5,000,000**	**1,400,000**	**1,189,000**	**1,500,000**	**800,000**

3. Rationale for Bank involvement

23. The justification for the Bank involvement is the Global Public Goods aspect of the HPAI, one of many emerging and re-emerging zoonoses, and its strong link to poverty reduction. HPAI control programs require a multi-disciplinary approach to integrate technical, social, economic, political, policy, and regulatory issues in addressing a complex problem. The Bank is well placed to build upon its knowledge base on multi-disciplinary approaches needed in the proposed Project, which draws on evidence and lessons learned in the various regions regarding emergency preparedness responses and multi-disciplinary approaches. The Bank's experience with multi-sectoral emergency response and risk-mitigation projects gives it considerable qualifications in bringing together the relevant ministries, government agencies, and the donor community, in understanding and addressing the social and economic impact, and in assuring high level political coordination.

24. Given the Bank's work with FAO, WHO, OIE, the US Assistance Program, EU and other partners in country and at the international level to address both preparedness and outbreaks and to assist with institutional assessments, the Bank can assist Georgia in leveraging additional resources from other international and bilateral agencies. In addition to its financial role, the technical assistance provided by the Bank has been important in similar global or regional emergency situations such as SARS, Tsunami relief, and HIV/AIDS. The Bank's national and regional support will be closely linked with the activities of FAO, WHO, OIE, and the EU, and the proposed Project is fully consistent with, and draws heavily on, the global strategies proposed by FAO and WHO.

4. Lessons learned

25. Relevant lessons for the design of the proposed operation have been drawn from implementation of projects in the agricultural and health sectors in Georgia. They have also been drawn from the design of previous World Bank/IDA and FAO-supported emergency recovery projects. These included the Vietnam Avian Influenza Emergency Recovery Project, which is the only Bank project on this matter that is already being implemented. Only two projects have been approved by the Bank in response to the Avian Influenza so far.

26. The lessons learned indicate that project success depends to a large extent on the speed of the response provided and, particularly when dealing with smallholders' production systems, a speedy, efficient and transparent distribution of suitable key inputs is clearly a major factor in limiting the impact of a crisis and hastening recovery. A performance audit of some of the emergency projects supported by the Bank in various regions drew the following general lessons: (i) emergency projects should avoid policy conditionality; (ii) project design must be simple and take into account a realistic assessment of the existing Borrower's capacity and other stakeholders capacity, i.e. NGOs; (iii) a speedy appraisal and approval are crucial to provide a prompt response and a substantial contribution to project success; (iv) procurement arrangements need to be flexible and should be finalized at an early stage; (v) mitigation and prevention measures should be included in the design to minimize impacts of a possible recurrence of the disaster; and (vi) realistic assessments should be made of counterparts absorption capacity, as well as of the effective communications and coordination mechanisms among all relevant stakeholders.

27. Even though the Vietnam Avian Influenza Emergency Recovery Project has been in implementation for only about one year (effective on November 9, 2004), the main recommendations arising from its implementation are:

a) Preparedness is a key factor. While Vietnam had a national strategy document to control avian influenza in the domestic poultry population, it was not clearly understood and shared by all relevant stakeholders and some aspects of the response have lagged.
b) A two-pronged strategy is recommended, including: (i) the control of HPAI at the source in high-risk regions (through aggressive measures including culling and movement control); and (ii) simultaneously prepared short and medium-term measures to minimize the risks to humans and prepare for an eventual pandemic.
c) For implementation arrangements, a coordination structure is needed which is empowered with multi-sectoral responsibilities, for instance at the Prime Minister's Office level, and to have full time project coordinators to implement activities in a "crisis situation". Coordination should not only involve the Government, but include the donor community, the private sector and the civil society.
d) A "compensation framework" is essential to obtain cooperation from affected farmers and to ensure the efficacy of the surveillance and diagnosis mechanisms.
e) Strengthening the technical, scientific and operational capacity of relevant participating agencies is important. The HPAI crisis highlighted several weaknesses in the existing animal health and public health services systems, including: poor surveillance at the local level, weak diagnostic capacity, lack of epidemiological expertise and information system, and inadequate operating budget to bear the additional physical and human cost to contain the disease.
f) An effective national response is imperative in case of a human epidemic, including all technical ministries in charge of agriculture/animal health and human health, as well as other relevant sectors, at the national and sub-national level.
g) Raising awareness in the public and private sectors is important from the initial moments.

h) Support should be given for the integration of each country to a regional and global framework for the control of HPAI, and more broadly of all trans-boundary animal diseases and other emerging infectious diseases, to increase cost-effectiveness and ensure the harmonization of activities and responses.

28. Some important lessons learned from the response to the HIV/AIDS epidemic[1] are incorporated in the design of the proposed project. They include:

- The need for high level political commitment and leadership is key.
- A comprehensive multi-sectoral approach is need for prevention, treatment, care and support services.
- Monitoring and evaluation is critical in the scaling-up of a national response.
- Stakeholders at the country and international levels, are important in dealing with the AI threat
- Building a strong fiduciary architecture is needed.

3. Rationale for Bank Involvement

5. (OR damage assessment for already affected countries)

11. Even before the recent outbreak, Georgia had not escaped the negative impact of the disease on its economy. Sales of poultry products dropped by as much as 90 percent in January 2006 following intensive coverage of the outbreaks in Turkey and speculation about its spread to Georgia. The decline in sales not only affected the commercial producers but smallholder farmers who own the vast majority of poultry in the country. Numerous reports of spontaneous culling have also been received. Three of the 13 commercial producers have culled their flocks and stopped production in response to the downturn in demand and fears about AI. Since the outbreak, there have been further reports of spontaneous culling and sales of poultry products remain depressed.

4. Description

5. Financing

Source:		($m.)
BORROWER/RECIPIENT		.97
INTERNATIONAL DEVELOPMENT ASSOCIATION		3.5
IDA Grant		3.5
JAPAN: MINISTRY OF FINANCE - PHRD GRANTS		1.4
	Total	9.37

6. Implementation

[1] World Bank. 2005. Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance. An OED Evaluation of the World Bank's Assistance for HIV/AIDS Control. Washington, D.C.

38. The project will be implemented jointly by MAF and the MoLHSA. The Minister of Agriculture will designate a senior veterinary official as the component manager for the Animal Health Component and the Minister of Health will designate a deputy minister to be in charge of the Human Health and Communications Components. Both component managers will be responsible for the implementation of their respective components. Under the communications component, the project will finance communication assistants to the managers to meet the day to day communications requirements of the project and to provide overall assistance in project implementation.

39. ***Avian Flu Crisis Task Force.*** This multi-sectoral high level task force was formed in January 2006 to respond to the threat of HPAI. It is chaired by the Prime Minister and includes the minister's of finance, health, education, agriculture and defense. It sets overall policy on HPAI prevention and control and overseas the efforts of the Government in monitoring and surveillance, prevention measures, and in preparing responses to contain identified outbreaks. The task force will also serve as the overall coordinating and oversight body for the proposed project and it will review at least twice annually progress with project implementation. A inter-ministerial working group of the Ministries involved is charged with the responsibility of ensuring that the policy and operational directions of the Task Force are carried out. This working group meets weekly to oversee and coordinate Avian Flu activities across the Government.

40. ***Project Implementation Team (PIT).*** Given the multi-sector nature of the project and the need to coordinate across the sectors particularly in overall information sharing and in the implementation of the communications strategy, a project implementation team would be established to coordinate project activities. Participants in the team would include the two component managers, a representative from the customs department, an official of the Ministry of Finance and the communications assistants hired by the project. The team will be chaired by a designated official from the Prime Minister's office. It will meet regularly to review project implementation, identify outstanding issues, and coordinate activities. The project would provide funds for one consultant to provide support to the PIT and the component managers in the day-to-day management of the project.

41. ***Animal Health Component.*** The implementing agency for this component will be MAF. A senior Veterinary official in the ministry, designated by the Minister, will be the component manager for this component. Since procurement and financial management skills required by IDA and necessary for Project implementation are lacking within the Ministry, assistance in these areas will be provided by the existing Project Coordinating Center (PCC) which has been established to support implementation of the ongoing IDA projects in the agricultural sector. The PCC is an entity under Public Law reporting to MAF. The entity is well experienced in managing IDA-financed projects and in assuring that procurement and financial management is carried out in accordance with World Bank guidelines. The activities of the PCC under this component will be under direct oversight of the component manager.

42. ***Human Health Component.*** The Human Health Component will be implemented by the MoLHSA. The Deputy Minister who is responsible for Avian Flu in the Ministry, will be designated by the Minister to be in charge of the Project. If necessary, the project will finance a consultant contract for a component assistant to assist the component manager in day to day implementation of the component. As with the other component, financial management and procurement services for the component will be provided by an existing entity in the Ministry that is experienced in implementing IDA projects. Specifically, the Project Management Unit (PIU) responsible for the ongoing PHC project will also handle procurement and financial management under the Human Health Component. The activities of the PIU under this Project will be under direct oversight of the Component Manager. The Ministry will be responsible for all other functions related to implementation of this component, including inter alia decisions relating to the terms of references for consultants, and substantive supervision of their work.

43. ***Public Awareness and Communications Component.*** The Strategic Communications Component will also be managed by the Ministry of Health, specifically by the Component Manager for the Health Component, and the PIU in the Ministry will also handle procurement and financial management arrangements for this component. Substantive management of the component will, however, need to take into account that the communication strategy for HPAI has to encompass both the animal and human aspects of the HPAI threat. Thus, while the day to day management of the Component will rest within the MoLHSA, for substantive decisions on the communications strategy, and specific messages arising from that strategy, the component would receive guidance from the Avian Flu Crisis Task Force at the level of strategy formulation, and the PIT, *inter alia*, the content of specific messages, choice of media, and design of training activities. The project will provide for Technical assistance to assist with communications component at both the level of the PIT and at the MAF and MoLHSA.

7. Sustainability

46. At present, the Ministry of Justice is interpreting the Georgia's new procurement law in such a way as to preclude the use of retroactive financing as no World Bank Procurement procedures can be initiated prior to Parliamentary ratification of the project. The Government is working on an amendment to the procurement law to allow World Bank procurement procedures to be used prior to ratification and the possibility of including retroactive financing will be discussed during appraisal.

8. Lessons Learned from Past Operations in the Country/Sector

9. Safeguard Policies (including public consultation)

10. List of Factual Technical Documents

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