Regional: Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion

Project Name	Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion			
Project Number	47143-001			
Country	Regional			
Project Status	Active			
Project Type / Modality of Assistance	Technical Assistance			
Source of Funding / Amount	TA 8898-REG: Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion			
	Nordic Development Fund US\$ 4.36 million			
Strategic Agendas	Environmentally sustainable growth Inclusive economic growth Regional integration			
Drivers of Change	Governance and capacity development Knowledge solutions Partnerships			
Sector / Subsector	Health - Health sector development and reform			
Gender Equity and Mainstreaming	Some gender elements			
Description	The midterm review of ADB"s Strategy 2020 strategic priorities includes support for regional public goods, poverty reduction and inclusive growth, which includes an expansion of health sector operations. The TA is aligned with (i) the environment and biodiversity priority of the Strategic Framework of the GMS Economic Cooperation Program (20122022); (ii) the Strategic Framework and Action Plan for Human Resource Development in the GMS (20132017); (iii) the program framework document (PFD) for CEP-BCI (20122016); and (iv) the SERD climate change implementation plan. The TA is consistent with the GMS Regional Cooperation Operations Business Plan (20132014) (RCOBP), with an increased focus on climate change as a broader development issues as well as an environmental issue. The TA will build on ADB-financed projects and TAs including the Second Communicable Disease Control (CDC 2) Project, the Water Resources Management Sector Development Program in Cambodia, Mainstreaming Climate Resilience into Development Planning in Cambodia, Climate Impact and Adaptation Sectoral Strategy for Rural Infrastructure in Lao PDR, Climate Impacts on Health in Water and Agriculture Sectors and Disaster Risk Reduction, the Core Environment Program and Biodiversity Conservation Corridors Initiative in the GMS, and Greater Mekong Subregion Flood and Drought Risk Management and Mitigation Project. The completion report of a previous TA recommended that (i) countries are encouraged to adapt their tools and instruments so that health impacts of climate change can be taken into account in the design, implementation, and monitoring process for all projects; and (ii) ADB should consider supporting DMCs in developing climate resilient sector road maps that include health impacts and evidence-based good practices on climate change and health for key sectors. Disaster risk management interventions will not be included in the TA. TA results will be instrumental for the design of the proposed GMS project on health security, the former comm			

Project Rationale and Linkage to Country/Regional Strategy Climate change is recognized as a major threat to economic development in southeast Asia, which is one of the most climate at risk regions in the world, in particular, coastal and low-lying regions like the Greater Mekong Sub-region (GMS). Rapid infrastructure development including hydropower, roads and new urban areas, as well as the increased mobility of populations, is likely to have an impact on vector ecology and disease incidence. The major diseases most sensitive to climate change (e.g. vector-borne diseases, diarrhea, and infections associated with under nutrition) are most significant among children living in poverty. In the GMS, the World Health Organization (WHO) estimates that climate change will contribute to about 150,000 deaths annually. Populations are vulnerable to climate-induced health risks because of (i) changes in temperature and rainfall patterns that affect the incidence of vector-borne diseases (e.g. malaria and dengue) and also change in the geographical habitat of the disease vectors; (ii) extreme weather events that cause injuries, deaths, water contamination, and infectious and water-borne diseases; (iii) droughts and heavy rainfall that cause significant reduction in crop yield, that lead to low food security and malnutrition; and (iv) increased risk of heat waves in urban areas, along with forest fires that adversely affect air quality over broad areas and exacerbate the occurrence and intensity of respiratory diseases and heat strokes. The direct costs to health (excluding costs in health-determining sectors such as agriculture and water and sanitation) are estimated to be \$2- \$4 billion per year by 2030 worldwide. Cambodia and the Lao PDR have a high burden of vector-borne diseases and in recent years more than 150,000 dengue cases were reported annually. In Cambodia, vector-borne and water-borne diseases (malaria, dengue and cholera) cause significant impact on health outcomes such as an increase in dengue cases. Viet Nam is more vulnerable to climate change due to regular flooding of low coastal areas and frequent typhoons and therefore an increased burden of vector-water and food borne diseases. Diseases related to frequent heat waves such as respiratory infections are increasing in the region. The Government of Viet Nam has recognized that climate change is a major threat to development and approved the National Target Program (NTP) in 2008, which policy and implementation was supported by ADB financed through the Nordic Development Fund. Recent regional analyses show that a warmer, more variable climate will have adverse health effects, which significantly will impact on the poor, particularly women and children. Climate change will strain health resources of countries that already face public health challenges, poor infrastructure, poverty, and inequality. The urban and rural poor in the GMS have limited adaptive capacity given the existing burden of climate sensitive diseases, poverty, low educational attainment, and inadequate quality of health services. In this context, it will be necessary to identify investment priorities such as for climate resilient infrastructure and capacity building to cope and prevent the effects of climate sensitive diseases including those related to natural disasters and thereby strengthen governments' capacity for planning and implementing national climate change programs. Women and children are disproportionately more vulnerable than men to impacts of climate change. However, efforts to integrate gender perspectives in health adaptation programs, plans, and policies have also been limited. Gender-sensitive collection, analysis and reporting of sex-disaggregated data, is needed to better understand the health implications of climate change and climate policies. This will provide information to supporting gender mainstreaming in climate change policies, alongside empowerment of individuals to build their own resilience.

Impact

Reduced vulnerability to climate-induced health risks, especially for vulnerable populations in GMS.

Project Outcome

Description of Outcome	Improved government capacity to cope with adverse health impact of climate change.
Progress Toward Outcome	
Implementation Progress	
Description of Project Outputs	Improved integrated surveillance for climate change related impact Strengthened institutional and human resource capacities to climate change adaptation in the health sector Climate change adaptation is integrated in national and regional health operation plans
Status of Implementation Progress (Outputs, Activities, and Issues)	A Vulnerability and Adaptation (V&A) Assessment workshop was held on 15 December 2016 in Siem Reap, Cambodia. There were more than 60 participants from Cambodia, Lao PDR and Viet Nam who actively participated in designing the TOR for a vulnerability and adaptation assessment in their respective countries. The regional inception workshop took place on 4-5 August 2016 in Hanoi. Attendees from relevant government agencies in Cambodia, Lao PDR, and Vietnam, as well as representatives from development partners and NGOs in the region, attended and contributed to discussions about the project's direction. The project team is now finalizing the inception report, based on the outcomes of the national and regional workshops held during the project's inception. ADB fielded an inception mission 25 February-2 March 2016 to Cambodia, Viet Nam, and Lao PDR to launch the project, introduce the consulting firm, and meet with the implementing agency in each country. The three implementing agencies all welcomed the project and began discussions with the team on how it would be carried out in each country. The inception phase of the project, during which plans will be made for the duration of the project and discussions held on how to ensure the project best fits the needs of each country, will last approximately three months. At the conclusion of the inception phase, officials from the three countries will convene and share their plans for the project and identify synergies. Upon completion of the regional workshop, the project will begin full implementation.
Geographical Location	· · · · · · · · · · · · · · · · · · ·

Summary of Environmental and Social Aspects

Environmental Aspects			
Involuntary Resettlement			
Indigenous Peoples Stakeholder Communication, Participation, and Consultation			
During Project Implementation	The TA will be monitored through the IAs and supported by the consulting team. The results of the TA (midterm and final) will be evaluated and disseminated through regional workshops and or consultation meetings which will include key regional institutions on climate change and academia. Good practices and lessons learned will be disseminated through regional workshops, the CDC and related government websites, and a proposed joint publication on the pilot results.		

Business Opportunities

Consulting Services	The TA requires 58 person-months of international consultants and 123 person-months of national consultants with expertise in public health, climate change adaptation in the health sector, climate change modeling, health economy, training, public private partnerships, data management, epidemiology, gender and community development and communications. It was discussed previously that the TA office could be based in the Viet Nam Health Environment Management Agency, Ministry of Health, Hanoi, Viet Nam. The international consultant team will have to undertake frequent visits to Cambodia and Lao PDR to assist during TA inception and implementation. A team of international and national consultants, to be provided by a consulting firm, will assist the team leader in coordinating the consulting inputs and facilitating efficient and effective use of resources. The consulting firm, recruited using quality- and cost-based selection method (90:10) will be engaged. TA funds for administration, training, regional meetings, workshops, and study tours will be managed under the consulting firm's contract.
Procurement	All equipment (computers and software to support data analysis) will be procured in accordance with the ADB Procurement Guidelines (2015, amended from time to time).

Responsible Staff

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Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Human and Social Development Division, SERD
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Timetable

Concept Clearance	24 Jul 2014
Fact Finding	01 Apr 2014 to 12 May 2014
MRM	-
Approval	26 May 2015
Last Review Mission	-
Last PDS Update	30 Mar 2017

TA 8898-REG

Milestones					
Approval Signing Date Eff	Effectivity Date	Closing			
	Signing Date	Ellectivity Date	Original	Revised	Actual
26 May 2015	-	26 May 2015	31 Dec 2018	-	-

	Financing Plan/TA Utilization					Cumulative Disbu	ursements	
ADB	Cofinancing	Counterpart			Total	Date	Amount	
		Gov	Beneficiaries	Project Sponsor	Others			

Project Page	https://www.adb.org/projects/47143-001/main
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