

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets and Indicators with Baselines ^a	Data Sources and Reporting Mechanisms	Assumptions and Risks
Impact Reduced malaria incidence in the GMS and other selected high-malaria burden developing member countries	Malaria burden reduced by 75% by 2015 (2000 baseline). National artemisinin resistance containment/elimination targets met by 2015	World Malaria Report WHO Malaria Scorecard	Assumption Long-term government commitment to control or eliminate malaria Risks Continued evolution of malaria vector and virus Emergence of new drug resistance reduces effectiveness of malaria programs
Outcome Financing, support, and quality drugs and technologies for malaria programs increased in the region	Regional financing for malaria increased to fill 40% of the identified gap through 2016 (\$160M). Withdrawal of marketing authorization for all oral artemisinin-based monotherapies from markets Decreased low-quality and counterfeit drugs in local markets of selected GMS countries (baseline to be established) APLMA mandate expanded beyond malaria to other communicable diseases relevant to the region by December 2015	WHO annual reports National malaria program assessments APLMA reports APLMA communiqué	Assumption Leadership and advocacy impact international funding and national budgets Risk Other regional security and health priorities prevent leaders from focusing on malaria
Outputs 1. APLMA secretariat supporting regional leaders to deliver on national malaria targets	Secretariat has results-based work plan in place by December 2013 Monthly progress reports against results work plan available from January 2014 to December 2015	APLMA Annual Report Project reports Meeting reports	Assumptions Countries remain committed to malaria reduction APLMA is established and functioning

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	Annual APLMA meetings through 2015		Risk Timely recruitment of qualified consultants is delayed
2. Policy recommendations implemented by the majority of APLMA members for sustained financing of malaria control and elimination	Regional innovative financing task force formed, membership selected and results-based work plan by November 2013 Quarterly progress reports against work plan provided from January 2014 to December 2015 1 technical report on policy recommendations for increasing financing delivered by June 2014 APLMA member countries supported in implementing agreed policies by June 2015	APLMA Annual Report Technical reports	Assumptions Majority of policy recommendations are within the purview of line agencies and do not require legislative action.
3. Policy recommendations implemented by majority of APLMA members on improving access to quality malaria medicines and other technologies	Access to malaria medicines task force formed, membership selected and results-based work plan by November 2013 Quarterly progress reports against work plan provided from January 2014 to December 2015 1 technical report on policy recommendations for improving licensing, trade, and availability of appropriate antimalarial drugs delivered by June 2014 APLMA member countries supported in implementing agreed policies by June 2015	APLMA Annual Report Technical reports	Assumptions Majority of policy recommendations are within the purview of line agencies and do not require legislative action.

Activities with Milestones 1. APLMA secretariat in place and delivering results 1.1 Organize the APLMA secretariat; establish task forces, and develop results-based work plans for the secretariat and task forces (December 2013) 1.2 Hold meetings and workshops of the champions group (December 2013–November 2015) 1.3 Organize annual APLMA meeting (October 2014) 1.4 Conduct review of APLMA and update objectives and targets (June 2015) 1.5 Prepare and submit TA final report (December 2015) 2. Regional task force on innovative finance in place and delivering results 2.1 Hold meetings and workshops of the task force (December 2013–November 2015) 2.2 Submit technical report on innovative financing mechanisms for long-term malaria control to the APLMA (June 2014) 3. Regional task force on improving access to quality medicines in place and delivering results 3.1 Hold meetings and workshops of the task force (December 2013–November 2015) 3.2 Submit technical report on mechanisms for improving the availability of quality medicines for malaria to the APLMA (June 2014)	Inputs Government of Australia: \$1,500,000	
	Item	Amount
	Consultant	1,051,000
	Seminars, workshops	150,000
	Equipment	10,000
	Miscellaneous	145,000
	Contingencies	144,000

APLMA = Asia-Pacific Leaders Malaria Alliance, GMS = Greater Mekong Subregion, MDG = Millennium Development Goal, TA = technical assistance, WHO = World Health Organization.

^a Performance indicators will be finalized after the APLMA Secretariat has been established and consultants are mobilized.

Source: Asian Development Bank.