Technical Assistance Report

Project Number: 47278
Regional—Capacity Development Technical Assistance (R-CDTA)
October 2013

Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific
(Financed by the Government of Australia)

Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
APLMA	–	Asia Pacific Leaders Malaria Alliance
ASEAN	–	Association of Southeast Asian Nations
EAS	–	East Asia Summit
GMS	–	Greater Mekong Subregion
MDG	–	Millennium Development Goal
TA	–	technical assistance
WHO	–	World Health Organization

TECHNICAL ASSISTANCE CLASSIFICATION

Type	–	Regional—capacity development technical assistance (R-CDTA)
Targeting classification	–	General intervention
Sector (subsectors)	–	Health and social protection (health programs**,** industry and trade sector development)
Themes (subthemes)	–	**Regional cooperation and integration** (other regional public goods); social development (human development, other vulnerable groups, disaster risk management); capacity development (institutional development; organizational development; client relations, network, and partnership development)
Location (impact)	–	Rural (low), urban (low), national (high), regional (high)
Partnership	–	Government of Australia

NOTE

In this report, "$" refers to US dollars.

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CONTENTS

I. INTRODUCTION

1. Regional cooperation and integration is one of three institutional objectives of the Asian Development Bank (ADB) corporate guidance in Strategy 2020, which recognizes health security from the control of communicable diseases as a regional public good.[1] The Operational Plan for Health and the Regional Cooperation and Integration Strategy also highlight ADB's role in supporting Asia and the Pacific to expand opportunities for addressing health challenges at regional and subregional levels.[2]

2. The region continues to face communicable disease challenges, including a continuing burden from malaria, particularly in border areas.[3] Malaria control and elimination remain relevant to the health agenda, even as many countries have made strong progress in meeting the Millennium Development Goal (MDG) target on malaria (6c) of reducing by 75% the incidence of malaria by 2015. After 2015, countries in the region are targeting further reductions, with some countries declaring malaria elimination goals within the next 10–15 years.

3. However, sustained progress in reducing malaria will depend on better regional cooperation to prevent cross-border transmission; sustained attention from national health authorities; maintaining financing, even as malaria garners less global and national concern as a result of lower incidence; and containing growing artemisinin resistance (drug-resistant) malaria, particularly in the Greater Mekong Subregion (GMS). High-level engagement within and beyond the health sector is needed if malaria control and elimination are to be achieved.

4. This regional technical assistance (TA) will support regional leadership and cooperation on malaria control and elimination, including containment of drug-resistant malaria, and pave the way for strengthened regional cooperation on long-term control and prevention of communicable diseases.[4] It will help build stronger collaboration between governments, the private sector, and other stakeholders, to improve regional leadership, financing, and drug management for malaria.

II. ISSUES

5. Asia and the Pacific has made significant progress in combating malaria—reducing malaria deaths by more than 25% since 2000.[5] Despite this, malaria remains a major cause of death and illness, with an estimated 30 million cases and around 42,000 deaths in the region each year. This high rate of illness and loss of human life affects economic development and is both unacceptable and preventable.

6. In addition, the emergence of drug-resistant malaria in parts of the GMS is a threat to regional and global health. While much progress has been made in reducing malaria, the rise of drug resistance in the GMS threatens progress made to date, not only in Asia, but in other regions of the world. The previous history of drug resistance saw resistance that developed in the GMS spread throughout Asia and transfer rapidly to Africa through trade and labor migration, overwhelming fragile malaria control programs. As new drugs entered the market rapidly, the

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1 ADB. 2008. *Strategy 2020: The Long-Term Strategic Framework of the Asian Development Bank, 2008–2020.* Manila.
2 ADB. 2008. *An Operational Plan for Improving Health Access and Outcomes Under Strategy 2020*. Manila. ADB. 2006. *Regional Cooperation and Integration Strategy*. Manila.
3 ADB. 2013. Health and the Post-2015 Development Agenda for Asia and the Pacific*. RSDD Working Paper Series.* Manila.
4 The TA first appeared in the business opportunities section of ADB's website on 22 August 2013.
5 World Health Organization. 2011. *World Malaria Report*. Geneva.

disease was again beaten back. However, no viable new drugs are in the antimalarial drug development pipeline, so the situation is considered grave.

7. Malaria, including drug-resistant malaria, does not recognize national borders.[6] A regional approach is needed to address the causes and spread of malaria and drug-resistant malaria, which is linked to increased human mobility, migration, trade, logging, and illegal trade of counterfeit drugs. Urgent coordinated, multi-country action is needed to keep countries on course. Failure to do so will result in reversing malaria trends, at the cost of hundreds of thousands of lives and billions of dollars.

8. In this context, representatives of governments and partners from Asia and the Pacific and beyond met in Sydney, Australia, for the Malaria 2012 conference from 31 October to 2 November 2012, to accelerate progress on malaria control and elimination and to accelerate containment of drug resistance. The leaders attending the meeting agreed to (i) accelerate progress toward the goal set by member states of the World Health Assembly of a 75% reduction in malaria cases and deaths by 2015, thus contributing to the United Nations Secretary General's goal of near-zero deaths from malaria worldwide; and (ii) support urgent collective action to contain drug-resistant malaria. To do this, it was agreed to establish the Asia Pacific Leaders Malaria Alliance (APLMA). The subsequent agreement of East Asia Summit (EAS) leaders on 20 November 2012 to the Australian-proposed declaration on Regional Responses to Malaria Control and Addressing Resistance to Antimalarial Medicines gave further political leadership and support to this issue.[7]

9. The APLMA is a regional initiative led by Australia and Viet Nam. ADB was asked to provide secretariat functions for the APLMA because of its strength in regional cooperation, multisectoral collaboration, donor harmonization, and innovative partnerships. The APLMA, including co-chairing arrangements, the secretariat, and the task forces, will have an initial mandate through the end of 2015, to coincide with the ending of the timeline for meeting the MDG targets. The objectives of the APLMA are to (i) undertake high level policy advocacy with decision makers in Asia and the Pacific, to drive progress and accountability to achieve the goals of 75% reduction in malaria cases and deaths by 2015; (ii) contribute to the worldwide target of near-zero deaths and to the long-term aspiration of Asian and Pacific countries to achieve malaria elimination; (iii) mobilize urgent country and regional action to address emerging public health issues, in the first instance addressing antimalarial drug resistance; and (iv) track progress by working with existing regional institutions, such as the WHO; Global Fund for AIDS, Tuberculosis, and Malaria; Roll Back Malaria Initiative; and the Asia Pacific Malaria Elimination Network.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

10. The impact of the TA will be reduced incidence of malaria in the GMS and other selected high-malaria incidence developing member countries[8]. The outcome will be increased financing,

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[6] Malaria is preventable and curable, and the best treatment is artemisinin-based combination therapy (antimalarial drugs). No alternative antimalarial medicines currently exist that offers the same level of efficacy. In recent years, resistance to this antimalarial medicine has been detected in the GMS reigon. Continued efficacy of this first line treatment is critical for ensuring that gains made are not reversed and for the eventual elimination of malaria.

[7] Participating countries in the 7th EAS are Australia, Brunei, Cambodia, India, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Myanmar, New Zealand, People's Republic of China, Philippines, Russia, Singapore, South Korea, Thailand, United States, and Viet Nam.

[8] Countries include: Afghanistan, Bangladesh, Bhutan, Cambodia, East Timor, India, Indonesia, Lao People's Democratic Republic, Myanmar, Nepal, Pakistan, Papua New Guinea, People's Republic of China, Philippines, Solomon Islands, Sri Lanka, Thailand, Vanuatu, and Viet Nam

support, and quality drugs and technologies for malaria and other communicable diseases in the region. This TA will support capacity building of the APLMA, and will establish and oversee the secretariat and two task forces. One task force will help APLMA develop policy recommendations on improving access to quality medicines and other technologies, including increasing regional production capacity for and access to medicines. The other task force will examine options and develop policy recommendations for the APLMA for sustainable financing mechanisms for malaria programs as the region moves from disease control to elimination. It is envisaged that the APLMA platform will provide an entry point to develop a regional architecture to respond effectively to other regional health threats, particularly communicable diseases. The TA will also ensure strong linkages between the APLMA and ADB's regional financing mechanism for health, which will allow ADB to respond to health sector needs expressed by leaders convened through the APLMA.

B. Methodology and Key Activities

11. The TA will deliver three outputs: (i) APLMA secretariat in place supporting regional leaders to deliver on national malaria targets; (ii) selected member countries implement APLMA policy recommendations to improve financing of malaria control programs; and (iii) selected member countries implement APLMA policy recommendations on improving access to quality malaria medicines.

12. **Output 1: Asia-Pacific Leaders Malaria Alliance Secretariat supporting regional leaders to deliver on national malaria targets.** The APLMA consists of leaders from select EAS nations and malaria-affected countries in Asia and the Pacific. The initial mandate for the APLMA is through to the end of 2015. In mid-2015, a review will be undertaken to inform decisions about the ongoing need for and structure of the APLMA, including expansion to other communicable diseases. The Secretariat will support the APLMA in developing the capacities needed to improve malaria programs in Asia and the Pacific. This will include support for organizational development of the APLMA, developing work plans, convening of task forces, coordinating review of task force recommendations, reporting on progress and engaging new members.

13. The APLMA Secretariat will (i) convene a regional task force to explore options and make policy recommendations to close the financing gap; (ii) convene a regional task force to develop policy recommendations to improve access to quality antimalarial medicines and technologies in Asia and the Pacific; (iii) help APLMA to expand the coverage of effective malaria interventions, in partnership with nongovernment organizations and the private sector; and (iv) identify and coordinate priority research and development.[9] The APLMA secretariat will support the APLMA to work toward its objectives and achieve its envisaged results.

14. **Output 2: Policy recommendations implemented by the majority of APLMA members for sustained financing of malaria control and elimination.** A regional task force on innovative finance with two co-chairs will be established to assess the baseline and gap in domestic and regional financing and to identify options and make policy recommendations for raising sustainable additional financing for malaria. The task force will need to (i) identify financial shortfalls and commodity gaps to meet the agreed malaria targets; and (ii) develop a strategic plan to address these gaps, with options and recommendations for raising and sustaining finance. This will include assessment of options for a regional financing mechanism based on voluntary contributions. The

[9] The WHO estimates the financing gap between available domestic and external resources needed to provide full malaria prevention and treatment services to those in need, for the GMS alone, to be nearly $400 million through 2015.

task force will build on lessons learned on global health financing, and work through existing institutional and programmatic arrangements to avoid duplication of effort, and where possible, accelerate progress. It will collaborate closely with existing regional institutions and policy processes, in particular the ASEAN secretariat, EAS, Secretariat of the Pacific Community, and the Pacific Islands Forum.

15. The task force will be composed of a number of experts convened by the APLMA secretariat (through the team leader), representing government, regional bodies, multilateral agencies, the private sector, and donors in Asia and the Pacific. The Task Force will build on the findings and outcomes of this work to make policy recommendations to the APLMA. Findings will also feed into country and regional political fora including ASEAN, the Pacific Islands Forum, Secretariat of the Pacific Community, and EAS. Limited technical assistance is available through the TA to support policy implementation at the national level.

16. **Output 3: Policy recommendations implemented by majority of APLMA members on improving access to quality malaria medicines and other technologies.** A task force on access to malaria medicines with two co-chairs will be established to develop and implement a strategy for improving the licensing, trade, and availability of effective antimalarial drugs and other necessary technologies in the region.

17. Building on existing information regarding issues of availability, quality, and access to malaria control drugs and technologies, and on information regarding drivers of drug-resistant malaria, the task force will develop policy recommendations for the APLMA to improve access to and reduce the development of new resistance to malaria drugs. This will include policy recommendations on (i) improved licensing and quality control in the production of antimalarial drugs; (ii) improved malaria treatment standards across the region, recognizing the growing potential for drug resistance (e.g., eliminating monotherapies); (iii) enforcement of quality control standards in trade, wholesale and retail, of antimalarial drugs and technologies; and (iv) improving the knowledge and understanding of drug buyers, prescribers, and users regarding therapies and user behavior to prevent increased resistance.

18. The task force will be composed of a number of experts convened by the APLMA secretariat (through the team leader), representing government, regional bodies, multilateral agencies, and donors in Asia and the Pacific. Each of the five experts will convene a separate working group with three to five experts, as needed, on specific topics. The policy recommendations of the task force will be provided to the APLMA and will feed into country and regional political fora, including meetings of the WHO governing body, Asia-Pacific Economic Cooperation, ASEAN, the Pacific Islands Forum, and EAS. Limited technical assistance is available through the TA to support policy implementation at the national level.

19. A key assumption in the success of the TA is the commitment of the Asia and Pacific region leaders for long-term regional political leadership and collaboration in controlling and eliminating malaria, including drug-resistant malaria; and in tackling broader communicable diseases. A potential risk to successful implementation of the TA is the timely availability of highly qualified secretariat staff and technical consultants to support the APLMA in achieving results.

C. Cost and Financing

20. The TA is estimated to cost $1,500,000 equivalent, which will be financed on a grant basis by the Government of Australia and administered by ADB.

D. Implementation Arrangements

21. The TA will be implemented from October 2013 to December 2015. ADB, through the Regional and Sustainable Development Department, will be the executing agency. Individual consultants will be recruited by ADB in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time) to support the TA implementation at ADB headquarters. The project requires a total of 45 person-months of international consulting services and 32 person-months of national consulting services. This will include the APLMA executive secretary (international, 5 person-months); APLMA deputy secretary (international, 15 person-months); APLMA champions group team leader (international, 5 person-months, intermittent); APLMA finance task force team leader (international, 10 person-months); APLMA access to quality medicines task force team leader (international, 10 person-months); health specialist (national, 10 person-months); finance and administration support officer (national, 18 person-months); and knowledge management officer (national, 4 person-months). Terms of reference for the consultants are in Appendix 3.

22. The consultants comprising the APLMA secretariat will be based at ADB headquarters or in an adjacent rented space. The TA will finance the cost of rented office space. The TA will also cover expenses incurred in the conduct of regional meetings and workshops. Disbursement under the TA will be made in accordance with ADB's *Technical Assistance Disbursement Handbook* (2010, as amended from time to time). Equipment (computers and office equipment) and supplies shall be procured in accordance with ADB's Procurement Guidelines (2013, as amended from time to time).

23. A regional steering committee consisting of key stakeholders will be established to provide guidance and coordination to the Secretariat. This will include representatives of key government constituencies, ADB, the Australian Agency for International Development, the WHO, and representatives from the private sector. A network of centers of excellence will also be established to provide technical updates and support to the APLMA.[10]

24. The expected outputs, outcome evaluation, and lessons learned will be disseminated through the websites of ADB and other development partners, including the Australian Agency for International Development and the WHO; and through conference and print materials.

IV. THE PRESIDENT'S DECISION

25. The President, acting under the authority delegated by the Board, has approved ADB administering technical assistance not exceeding the equivalent of $1,500,000 to be financed on a grant basis by the Government of Australia for Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific, and hereby reports this action to the Board.

[10] Centers of Excellence include the Schools of Public Health at Harvard University, London University, Mahidol University, and the National University of Singapore; the Pasteur Institutes in Cambodia and Lao People's Democratic Republic; and the WHO Malaria Policy Advisory Committee.

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 **Risk** Timely recruitment of

Design Summary	Performance Targets and Indicators with Baselines[a]	Data Sources and Reporting Mechanisms	Assumptions and Risks
	Annual APLMA meetings through 2015		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.

<table>
<tr>
<td>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)</td>
<td>Inputs

Government of Australia: $1,500,000

<table>
<tr><th>Item</th><th>Amount</th></tr>
<tr><td>Consultant</td><td>1,051,000</td></tr>
<tr><td>Seminars, workshops</td><td>150,000</td></tr>
<tr><td>Equipment</td><td>10,000</td></tr>
<tr><td>Miscellaneous</td><td>145,000</td></tr>
<tr><td>Contingencies</td><td>144,000</td></tr>
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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.

COST ESTIMATES AND FINANCING PLAN

($'000)

Item	Amount
Government of Australia[a]	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	795.00
ii. National consultants	96.00
b. International and local travel	160.00
2. Seminars, workshops, and conferences[b]	150.00
3. Equipment[c]	10.00
4. Miscellaneous administration and support cost[d]	245.00
5. Contingencies	44.00
Total	**1,500.00**

[a] Administered by the Asian Development Bank (ADB). This amount includes the ADB administration fee, audit costs, bank charges, and a provision for foreign exchange fluctuations, to the extent that these items are not covered by the interest income earned on this grant.

[b] Includes materials that will be used in the seminars, meetings, and workshops.

[c] Office equipment such as computers and printers, which will be turned over to ADB.

[d] Includes an administration fee of $75,000; office rental for consultants of $50,000; supplies and other operating expenses of $20,000; and other special technical assistance administration missions of $100,000.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. General

1. The Asia-Pacific Leaders Malaria Alliance (APLMA) will work through existing institutions, processes, and networks. It will advocate approaches to combat malaria that are consistent with strengthening the capacity of the overall health system, for example, sustainable financing and improving access to quality medicines.

2. A team of consultants will be recruited to form part of the APLMA secretariat, which will be based in the Asian Development Bank (ADB) headquarters or in an adjacent location. All consultants to be engaged in the technical assistance (TA) will be recruited in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). The APLMA secretariat will perform the following functions: (i) establish and support mechanisms for effective regional cooperation toward the elimination of malaria in the region; (ii) manage the task forces, advance analytical work, and develop policy briefs and technical reports; (iii) facilitate effective decision making within the APLMA and the different task forces, and coordinate communications at all levels; (iv) develop a multisector, long-term strategy and priority operational areas at regional and national levels; (v) engage with regional institutions and partners to encourage more effective coordination and collaboration; (vi) facilitate formal agreements focusing on regional and cross-border cooperation, including on planning, program implementation, research and technology, financing, and resource allocation; and (vii) support APLMA activities, its regular meetings, and all related events and activities; and help coordinate the work of the different task forces.

B. Consultants

1. International Consultants

3. **Asia-Pacific Leaders Malaria Alliance regional executive secretary** (international, 5 person-months, intermittent). The executive secretary will provide leadership to the APLMA secretariat and should be a reputable malaria expert in the region. The executive secretary has a critical role in bridging the APLMA and the secretariat, as well as engaging key stakeholders in the region. He or she will be the key external face of the secretariat in the region, and will give vision and leadership to the strategic and day-to-day program implementation of the APLMA, assuring that it achieves its mission in a consistent and timely manner. The executive secretary should have a strong academic background, and at least a master's degree in public health, social development, or a related technical field. The candidate should be internationally recognized, and experienced in health or the social sector. He or she should have a minimum of 20 years of relevant and broad-based professional experience in health and social protection, including 10 years of experience in communicable diseases, preferably in Asia and the Pacific, and 10 years minimum in a senior advisory level. Experience working with international or regional and specialized organizations is necessary. The detailed tasks are as follows:

(i) Provide advice on critical regional issues regarding malaria; innovative approaches; good practices; as well as emerging areas of research, policy, and financing; and lead the development of regional strategic directions and operational priorities.
(ii) Collaborate and lead in effecting positive communication within and among the APLMA, the secretariat, and regional and national stakeholders.

(iii) Represent the point of view of the organization to agencies, organizations, and the public, and establish sound working relationships with them.
(iv) Help facilitate APLMA regional meetings, and guide the APLMA in responding to emerging or regional security issues.
(v) Maintain a working knowledge of significant developments and trends in the field.
(vi) Jointly with the APLMA, conduct official correspondence of the organization; and jointly with designated officers, execute legal documents.

4. **Asia-Pacific Leaders Malaria Alliance regional deputy executive secretary** (international, 15 person-months, continuous). The deputy executive secretary will assume the overall management of day-to-day operations of the APLMA secretariat. This consultant has a critical role in coordinating, facilitating, administering, and providing structure and form to the secretariat. The candidate should have a master's degree in public health, social research, or a related technical field. He or she should have a minimum of 15 years' experience in public health, including 10 years of experience in communicable diseases preferably in Asia and the Pacific, and at least 5 years of experience in a senior advisory or managerial level. The consultant should have relevant experience in and understanding of the malaria problem and its impact on countries in Asia and the Pacific. Ability to communicate well and prepare technical reports is needed. The consultant should have experience working with international organizations in Asia and the Pacific; and excellent command of the English language, with advanced written and oral communication skills. The detailed tasks are as follows:

(i) Formulate a detailed program, organizational, and financial plan; distribute tasks; define priorities; and ensure implementation of program tasks by the secretariat in particular and by other key stakeholders in general.
(ii) Establish and maintain working contacts and exchanges, and sustain the support of relevant public and private stakeholders.
(iii) Coordinate the design and finalization of the regional malaria program and project proposals.
(iv) Guide and assist the task forces in the completion of their stated objectives.
(v) Ensure that the partnership stays on course, that the suggestions agreed upon by the task forces are presented to the APLMA and government, and that the suggestions inform government policy.
(vi) Manage the secretariat's team of consultants.
(vii) Manage funding and be responsible for the accountability, transparency, and efficiency of the secretariat and APLMA.
(viii) Ensure that adequate funds are available to permit the APLMA to carry out its work.
(ix) Prepare annual (or semiannual) reports for the APLMA, participants, donors, and counterparts—along with other reports that may be required, such as media briefings.
(x) With other secretariat members, draft articles and deliver presentations and speeches on the APLMA.

5. **Asia-Pacific Leaders Malaria Alliance team leader for champions' group** (international, 5 person-months, intermittent). The project support manager and team leader will convene and lead the champions group. This requires effective communication and networking. He or she should have a strong academic background and well-recognized professional status in the health or social sector. The consultant should have a minimum 15 years' experience in communicable diseases, preferably in Asia and the Pacific. He or she should have at least 5 years of experience in a senior advisory or managerial level, experience in leveraging fund

raising, and relevant experience and understanding of the malaria problem and its impact on countries in Asia and the Pacific. Work experience in international or regional and specialized organizations is necessary. The detailed tasks are as follows:

(i) Broaden the membership base and ensure active participation in the champions group.
(ii) Create an active network of advocacy, communication, and social mobilization partners**.**
(iii) Develop and implement an annual program of work for the champions group that would enable or promote cross-border, cross-sector collaboration.
(iv) Present feedback on perspectives and recommendations to the secretariat.

2. National Consultants

6. **Administrative and finance manager** (national, 18 person-months, continuous). The administration and finance manager will manage the secretariat office and deal with all logistics related to the secretariat. He or she should have a university degree in business administration, finance, accounting, or a relevant field, with training in business administration and project management, and computer literacy. The consultant should have a minimum of 7 years of relevant and broad-based professional experience in health and social protection. A proven record in the relevant field, and work experience with international organizations or United Nations agencies, will be preferred. The candidate should be proficient in English, adaptable in a multitasking environment, possess strong interpersonal and teamwork skills, and have sound knowledge of development issues in Asia and the Pacific. The detailed tasks are as follows:

(i) Assist the deputy executive secretary in formulating a detailed program, organizational, and financial plan.
(ii) Establish and maintain a database and a monitoring system for subprojects and related disbursements and use of funds.
(iii) Validate and verify disbursement claims under the project in accordance with ADB policies and procedures.
(iv) Help the deputy executive secretary organize annual reviews of activities, and prepare annual reports on these activities.
(v) Organize meetings of the APLMA, secretariat, and task forces.
(vi) Carry out other finance- and administration-related duties as assigned.

7. **Knowledge management officer** (national, 4 person-months, intermittent). The consultant will develop a communications strategy and knowledge-sharing plan to support the APLMA's marketing, communications, knowledge management, branding, and outreach activities with the aim of sustaining the engagement of stakeholders, including governments, donors, academia, and the private sector. The consultant should have a master's or bachelor's degree in communications, international relations, public affairs, journalism, marketing, political science, information management, or other related disciplines; with a minimum of 5–8 years (with master's) or 10–12 years (with bachelor's) of relevant work experience. The detailed tasks are as follows:

(i) Analyze overall communication goals and communication objectives, identify target groups and key messages, and determine appropriate platforms and initiatives for communication and knowledge sharing goals.
(ii) Develop and implement a marketing and branding strategy for APLMA, which will define, strengthen, and promote the APLMA brand, and effectively market APLMA's advocacy and work to all stakeholders.

(iii) Develop and implement effective knowledge management practices for the APLMA, secretariat, and task forces.
(iv) Conduct any other assignment related to knowledge management, marketing, communications, branding, and outreach, as may be required.
(v) Prepare a marketing and branding strategy, knowledge management protocol or manual, and APLMA communication materials.

8. Malaria and public health expert (national, 10 person-months, intermittent). The consultant will be responsible for supporting the secretariat with the latest data on malaria programs; maintaining a database on malaria funding in the region, national malaria programs, national malaria research programs, and international research; and providing briefing documents with the latest malaria statistics. He or she should have a medical degree, master of public health or master in epidemiology degree, or other related degree. The consultant should have at least 8 years of experience in communicable disease control programs and a research background. The detailed tasks are as follows:

(i) Identify gaps and opportunities for supporting regional efforts in malaria reduction.
(ii) Undertake a rapid stocktaking of malaria control and elimination programs in the region.
(iii) Maintain a database on internationally recognized malaria program performance indicators; and a database on regional and national malaria programs, including funding sources.
(iv) Conduct and update malaria control and elimination stakeholders mapping in the region.
(v) Review existing documentation of malaria control and elimination strategies and programs in the region.
(vi) Support networks with malaria centers of excellence.
(vii) Update the APLMA secretariat on the latest developments in malaria research.
(viii) Conduct desk research as needed.

C. Task Forces

9. The two task forces will be composed of five experts each convened by the APLMA secretariat (through the team leader), representing government, regional bodies, multilateral agencies, and a donor from Asia and the Pacific. The task forces will review estimates of funding needs and gaps in the region. They will develop and recommend policy options to mobilize and channel sustained financing for malaria in Asia and the Pacific in the form of an investment case for consideration by the APLMA. The task forces will support policy recommendations on how to improve access to high-quality drugs and diagnostics.

10. **Asia-Pacific Leaders Malaria Alliance team leader for task force on regional financing** (international, 10 person-months, intermittent). The team leader for the task force on regional financing will develop and implement mechanisms to address the financing gap on malaria and other communicable diseases. The team leader should have a strong academic background and well-recognized professional status in health or social protection. He or she should have a minimum of 15 years' experience in communicable diseases, preferably in Asia and the Pacific, and at least 5 years of experience in a senior advisory or managerial level. The consultant should have relevant experience in and understanding of the malaria problem and its impact on countries in Asia and the Pacific. The consultant should be a leading international expert in health financing, particularly on communicable diseases, with demonstrated ability to

deliver sustainable and locally owned results in complex operating environments comprising multiple stakeholders and a diversity of interests. The detailed tasks are as follows:

(i) Convene the task force of 10–20 members with a core group of five members.
(ii) Consult with members of the task force on the subject to be covered during the discussion.
(iii) Preside at every meeting of the task force and ensure that all interests are heard, keep discussions to the point, judge when a consensus of opinion has been reached, and express it by summing up progress so that the minutes are clear and precise.
(iv) Lead the development and review of terms of references for work that needs to be commissioned to specialist teams.
(v) Ensure the completion of the concept paper.
(vi) Report to the APLMA or secretariat any policy issues that may arise during discussion.
(vii) Identify and recommend for the APLMA's consideration, policy, and direction, the type of programs or activities to be undertaken to accomplish objectives.
(viii) Liaise with the APLMA and its associated support structures, including the secretariat, other task force, and champions' group, as appropriate.

11. **Asia-Pacific Leaders Malaria Alliance team leader for task force on access to quality medicine and other technologies for malaria** (international, 10 person-months, intermittent). The consultant will be recruited to develop and implement a strategy to improve the licensing, trade, and availability of effective antimalarial drugs and other necessary technologies. He or she must have a strong academic background and well-recognized professional status in health or social protection. The consultant should have a minimum of 15 years of experience in communicable diseases, preferably in Asia and the Pacific, with at least 5 years of experience in a senior advisory or managerial level. He or she should have relevant experience and understanding of the malaria problem and its impact on countries in Asia and the Pacific. The consultant should have demonstrated ability to deliver sustainable and locally owned results in complex operating environments, comprising multiple stakeholders and a diversity of interests. The detailed tasks are as follows:

(i) Convene the task force of 10–20 members with a core group of five members.
(ii) Consult with the members of the task force on the subject to be covered during the discussion.
(iii) Preside at every meeting of the task force and ensure that all interests are heard, keep discussions to the point, judge when a consensus of opinion has been reached, and express it by summing up progress so that the minutes are clear and precise.
(iv) Lead the development and review of terms of references for work that needs to be commissioned.
(v) Report to the APLMA or secretariat any policy issues that may arise during discussion.
(vi) Make recommendations for the APLMA's consideration, policy, and direction, including identifying the type of programs or activities to be undertaken to accomplish objectives.
(vii) Liaise with the APLMA and its associated support structures, including the secretariat, other task force, and champions' group, as appropriate.