



## Major Change in Technical Assistance

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# Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific

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Asian Development Bank

## CURRENCY EQUIVALENTS

(as of 25 May 2015)

Currency unit	–	Australian dollar (A\$)
A\$1.00	=	\$0.7822
\$1.00	=	A\$1.2788

## ABBREVIATIONS

ADB	–	Asian Development Bank
APLMA	–	Asia Pacific Leaders Malaria Alliance
BMGF	–	Bill & Melinda Gates Foundation
DFAT	–	Department of Foreign Affairs and Trade, Australia
DMC	–	developing member country
EAS	–	East Asia Summit
GMS	–	Greater Mekong Subregion
TA	–	technical assistance
TASU	–	technical assistance supervising unit

## NOTE

In this report, "\$" refers to US dollars unless otherwise stated.

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## **I. PROPOSED MAJOR CHANGES**

1. A major change in regional capacity development technical assistance (TA) for Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific is proposed for Board consideration.

2. The major change includes the expansion of outcome to include policy (political) and technical commitments for malaria elimination fulfilled by heads of government and other stakeholders by 2017. This will be achieved through three reformulated outputs: (i) commitments from heads of government, multilateral and regional organizations, and key donors mobilized, sustained, and measured to realize the 2030 Asia Pacific elimination goal; (ii) overall financing for malaria elimination in Asia and the Pacific increased; and (iii) interventions for malaria elimination, particularly ensuring access to quality malaria medicines and health technologies, implemented in malaria-endemic countries in Asia and the Pacific. The revised design and monitoring framework is in Appendix 1.

3. An increase in TA amount is also proposed for Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific Board consideration. The President approved the original TA amount of \$1,500,000, financed by the Government of Australia, on 21 October 2013. In April 2014, Vice-President, Knowledge Management and Sustainable Development (VPKM) approved an increase in the TA amount of \$750,000 from the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF). In December 2014, the President approved a further increase in the TA amount of \$635,545 and \$1,077,428 from the Government of Australia and from the Bill & Melinda Gates Foundation (BMGF) respectively. The proposed new increase of \$3,026,401 will be financed on a grant basis by the Government of Australia (\$617,200) and the BMGF (\$2,409,201), and administered by ADB. This additional funding will increase the total TA amount from \$3,962,973 to \$6,989,374. The proposed increase in TA amount will be used to finance the delivery the expanded outcome in paragraph 2.

## **II. BACKGROUND**

4. The TA aimed to reduce the incidence of malaria in the Greater Mekong Subregion (GMS) and other selected high-malaria incidence developing member countries (DMCs). This was later expanded to elimination of malaria by 2030, by achieving the outcome of: financing, support, and quality drugs and technologies for malaria elimination programs increased in the region by 2017. This outcome was to be realized through three outputs: (i) the Asia Pacific Leaders Malaria Alliance (APLMA) secretariat supporting regional leaders to deliver on national malaria targets; (ii) policy recommendations implemented by the majority of APLMA for sustained financing of malaria control and elimination; and (iii) policy recommendations implemented by the majority of APLMA on improving access to quality malaria medicines and other technologies.

5. The TA was approved by the President in October 2013 with a funding of \$1,500,000 from the Government of Australia under a cofinancing agreement between the Government of Australia and the Asian Development Bank (ADB). It had an original completion date of December 2015. In May 2014, the ADB vice-president for Knowledge Management and Sustainable Development approved a supplementary financing of \$750,000 from the Regional Malaria and Other Communicable Disease Threats Trust Fund. In December 2014, the President approved a further increase in the amount of \$635,545 from the Government of Australia and \$1,077,428 from the BMGF. The TA's completion date was also extended to November 2017.

6. ADB is the executing agency, and leads the overall implementation of the TA through the Sector Advisory Service Division, Sustainable Development and Climate Change Department.

### III. IMPLEMENTATION PROGRESS

7. The TA is performing well; implementation and disbursement are both on track. Expectations from DMCs, the Government of Australia, the BMGF and other key partners and stakeholders are high.<sup>1</sup>

8. **Output 1** called for establishing the APLMA secretariat to support regional leaders to deliver on malaria targets. Currently, the APLMA secretariat and its results-based work plan are in place with a Malaria Elimination Roadmap to be delivered to the APLMA co-chairs prior to the 2015 East Asia Summit (EAS). This follows successful high-level engagement, and advocacy and policy dialogue with countries and other partners.

9. **Output 2** called for implementing policy recommendations for sustained financing for malaria control and elimination. A regional malaria financing task force was convened, and technical reports were commissioned to inform and guide the task force deliberations. The task force developed an outcomes statement outlining five evidence-based policy recommendations for increasing financing to support the goal of an Asia Pacific free of malaria by 2030. The recommendations were subsequently supported by the heads of government at the 2014 EAS and are expected to be incorporated in the malaria elimination roadmap.

10. **Output 3** called for implementing policy recommendations on improving access to malaria medicines and other technologies. An Access to Quality Medicine Task Force was convened, and technical reports were commissioned to inform and guide the deliberations. The task force produced an outcomes statement and underpinning synthesis report detailing 12 recommendations for improving licensing, trade, and availability of appropriate antimalarial drugs in the region. These recommendations would similarly support malaria elimination in the region by 2030 and are expected to be incorporated in the elimination roadmap.

### IV. RATIONALE FOR THE PROPOSED CHANGES

11. The strong regional ownership and political support built by the APLMA secretariat has contributed to APLMA's decision to expand its mandate to regional malaria elimination by 2030. The expanded mandate—offering opportunities to stimulate a broader regional conversation on health security and public goods in health with malaria as an entry point, and increasing visibility of the APLMA secretariat's work and outputs—led to increased expectations from the original financier, the Government of Australia. It also led to interest from the BMGF and demand for support from malaria-endemic DMCs.

12. The increase in interest and expectations led to additional financing from both the Government of Australia (\$635,545) and the BMGF (\$1,077,428), approved by the President in December 2014. Then, with the further expansion of outputs, \$3,026,401 in additional financing was secured from the Government of Australia (\$617,200) and the BMGF (\$2,409,201), resulting in the need for Board approval<sup>2</sup>, to bring the overall TA value to \$6,989,374.

<sup>1</sup> As of 25 May 2015, of the total TA amount of \$3,962,973, \$3,000,350 (76%) has been committed. Of this committed amount, \$1,555,393 (52%) has been disbursed.

<sup>2</sup> Para 33 of the Project Administration Instructions 5.09 (May 2013) defines the approval levels and procedure for increasing the TA budget amount. An increase of greater than \$1,500,000 goes to the Board for approval.

13. The original desired TA impact was the reduction of malaria in the GMS and selected high-malaria burden DMCs. This was expanded in December 2014 to an Asia Pacific free of malaria by 2030, which will be retained. The revised outcome will now be expanded to include policy (political), technical, and financial commitments for malaria elimination fulfilled by heads of government and other stakeholders by 2017. This will be achieved through three reformulated outputs: (i) commitments from heads of government, multilateral and regional organizations, and key donors mobilized, sustained, and measured to realize the 2030 Asia Pacific elimination goal; (ii) overall financing for malaria elimination in Asia and the Pacific increased; and (iii) interventions for malaria elimination, particularly ensuring access to quality malaria medicines and health technologies, implemented in malaria-endemic countries in Asia and the Pacific.

14. These outputs represent the progression from setting up the secretariat, convening task forces, and preparing evidence-based policy recommendations to supporting the implementation of the recommendations. As policy options have become more specific and ambitious, each output now requires additional inputs and activities.

15. **Output 1** will have additional activities including the evidence base and political case for the goal of an Asia Pacific free of malaria by 2030 presented to representatives from malaria-endemic and non-endemic EAS nations. Consultations will result in a Leader's Roadmap for the APLMA co-chairs to present to EAS leaders in November 2015. A media and communications strategy from October 2015 to November 2017 will build a broad support base and deepen national commitment.

16. Critical to moving from political commitment to action is an appropriate accountability framework. Output 1 will include a "scorecard" presenting clear targets against which progress can be measured. Under this output, the TA will expand advocacy and increase awareness for the scorecard in close coordination with the World Health Organization. The APLMA secretariat's structure will also be improved to enable it to implement Output 1 and address emerging demands from DMCs.

17. **Output 2** will scale up current and include new malaria financing activities. Given the clear demand for elimination from the region's leaders, the TA will extend and intensify work in increasing and sustaining the total financing, and increasing cost effectiveness of existing inputs. It will build DMC governments' awareness of existing surveillance data and gaps, update disease burden estimates, and develop cost and financial gap analyses for malaria elimination by 2030. The work will focus on the GMS and on one large population country each in the South Asia, South East Asia and Pacific regions, which are impacted by drug resistance.

18. **Output 3** will further the work on medicines and other health technologies to focus on the expanded set of interventions (including medicines) recommended by the two 2014 Access to Quality Medicine Task Force meetings convened by the Secretaries of Health of India and Australia. The 12 recommendations cover a range of technical domains. The APLMA Secretariat will conduct new thematic studies on recommendations prioritized by a recent technical meeting. It will work with officials from key malaria endemic DMCs to analyze and cost the regional public goods, such as shared surveillance and pharma regulatory capacity, that are required to support elimination. In addition, this output will produce—and present to regional leaders via the roadmap—clear guidance on the innovation investments needed to realize elimination by 2030.

19. The expanded outputs will be delivered through additional resources that will primarily fund additional working days and travel for 13 of the 15 current consultant positions. An estimated \$2.760 million will fund 173 person-months that will be distributed to these 13 consultants based on the expected level of work needed (see Supplementary Document 4 for distribution). No new consultant positions will be added. The additional working days for current consultants will allow for consistent, robust, and coherent technical and implementation advice to APLMA countries as they implement policy recommendations previously developed with TA support. The rest of the increase is allocated for equipment (\$0.004 million), miscellaneous and administration support (\$0.161 million), and contingencies (\$0.100 million).

20. The APLMA secretariat (four consultants) will be led by an Executive Secretary supported by the Malaria and Public Health Expert, an Administrative and Finance Manager, and an Administrative Assistant. The first output of mobilizing, sustaining, and measuring commitment to malaria elimination will be the primary scope of work of six consultants (Leaders' Envoy, Envoy's Special Advisor, Senior Advisor, Advocacy and Partnership Team Leader, Viet Nam Resident Coordinator, and an External Communications Team Lead). The financing for malaria elimination output will be the main tasks of two consultants (Regional Malaria Financing Team Lead and Technical Officer for Economics and Financing). The third output on supporting implementation of interventions for malaria elimination will be the principal assignment of three consultants (Senior Health Security Advisor, Access to Quality Medicines Advisor, and a Technical Officer). As stated, only 13 of these 15 consultants will be funded by the increased financing, as the consultation positions of Viet Nam Resident Coordinator and Technical Officer for Output 3 are already fully funded by the current approved financing. In addition, staff secondment to ADB from the Department of Foreign Affairs and Trade, Australia (DFAT) (one staff) and the Clinton Health Access Initiatives (two staff) will also help to complete outputs and attain the outcome.

21. All consultants will continue to be engaged and/or extended as individual consultants in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). Procurement of goods and services will follow ADB's Procurement Guidelines (2015, as amended from time to time). This change does not envisage any provision for additional consultant positions; consulting services will be extended to cover the change via contract variations. A procurement plan that identifies all the consultant positions, the current and additional person-months required, and estimated cost by source is included as Supplementary Document 4.

22. Since the additional financing from DFAT (\$617,200) must be used no later than 31 December 2015<sup>3</sup>, as a no-cost extension is not guaranteed, part of the additional DFAT funds will be used to support consultant contracts already allocated for BMGF financing. The funding for three consultant positions (Leaders Envoy for Malaria, Envoy Special Advisor, and Advocacy & Partnership Team Leader) will be reallocated from the BMGF to DFAT July 1–December 31 2015. The BMGF has agreed to this change and the rest of the procurement plan (Supplementary Document 6).

## **V. DUE DILIGENCE**

23. The proposed additional financing is fully consistent with the TA's expanded objectives. The regional malaria elimination goal has significantly expanded the TA's scope and therefore level of effort. The expansion in effort and associated additional financing is strongly supported

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<sup>3</sup> Paragraph 6, amendment 2 of cofinancing agreement.



by both co-financiers, who have been closely involved in TA implementation and consulted on this matter. The TA will also be strongly supported by the World Health Organization, which has been providing technical advice on malaria, particularly on the technical feasibility of elimination.

24. The Health Sector Group secretariat as the TA supervising unit (TASU) has adequate resources to administer a high-value TA such as this. A new principal health specialist will be hired by 2015, and a national officer has recently been added to the team. The team's operations analyst will soon complete the Procurement Accreditation Skills Scheme; the TASU specialist is also expected to undertake the Procurement Accreditation Skills Scheme within 2015. A full-time technical advisor will also improve the reorganized sector group's capacity. In addition, the scope of work of long-term consultants contracted as the APLMA secretariat Executive Secretary and the Administrative and Financial Manager includes the supervision of the other consultants. This is expected to further support the Health Sector Group secretariat in overall TA supervision and implementation. Lastly, there are three secondees who can provide assistance as needed. A risk strategy is included as Supplementary Document 8.

25. The Board paper was circulated for interdepartmental review and revised based on comments regarding the procurement plan, the TASU's capacity to administer a high-value TA such as this, the alignment of the revisions to the cofinancing agreement, and the design and monitoring framework. The comments matrix is included as Supplementary Document 9.

## **VI. THE PRESIDENT'S RECOMMENDATION**

26. The President recommends that the Board approve

- (i) the major change in scope in Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific as described in paragraph 2 above; and
- (ii) increase in technical assistance (TA) amount for Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific by \$2,409,201 to be financed on a grant basis by the Bill & Melinda Gates Foundation. If the Board approves this increase in TA amount, the vice-president, Knowledge Management and Sustainable Development, acting under the authority delegated by the Board, approves the increase in TA amount by \$617,200 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. These increases in TA amount totaling to \$3,026,401 will finance the changes described in paragraph 2.

## REVISED DESIGN AND MONITORING FRAMEWORK

<p><b>Impacts with which the project is aligned:</b></p> <p>Asia Pacific free of malaria by 2030 (9<sup>th</sup> EAS*)</p>
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<b>Project Results Chain</b>	<b>Performance Indicators with Targets and Baselines</b>	<b>Data Sources or Reporting Mechanisms</b>	<b>Risks</b>
<p><b>Outcome</b> Policy, technical, and financial commitments for malaria elimination in the Asia Pacific region fulfilled by heads of government and other stakeholders</p>	<p>By 2017,</p> <p>a. EAS and non-EAS countries adopt the malaria elimination roadmap with its financing strategy and implementation plan</p> <p>b. Malaria elimination priority areas for national implementation and regional engagement identified and incorporated in national plans and budgets</p>	<p>a. APLMA secretariat annual reports</p> <p>b. NMCP annual reports, APLMA secretariat annual reports, WHO annual World Malaria Report</p>	<p>a, b. Other regional security and health priorities prevent leaders from focusing on malaria</p>
<p><b>Outputs</b> 1. Commitments from heads of government, multilateral and regional organizations, and key donors mobilized, sustained, and measured</p>	<p>1a. Roadmap, with financing strategy and implementation plan, is disseminated among EAS and non-EAS leaders by end of 2015</p> <p>1b. Scorecard indicators are agreed with technical partners; costed implementation plan is finalized with WHO</p> <p>1c. Leaders commit to the scorecard, and a sustainable platform that supports its use is established by 2017</p>	<p>1a. APLMA secretariat annual reports</p> <p>1b. Annual APLMA Malaria Scorecard</p> <p>1c. EAS Chair's Statement, (Bilateral) statements of support</p>	<p>1a. Roadmap is rejected by leaders</p> <p>1b, c. Lack of buy in from NMCP managers</p>

Project Results Chain	Performance Indicators with Targets and Baselines	Data Sources or Reporting Mechanisms	Risks
2. Overall financing for malaria elimination in Asia and the Pacific increased	<p>2a. Elimination investment cases and resource mobilization strategies (including gap analysis, national costings, and a case for private sector investment) for the GMS and selected large population DMCs impacted by drug resistance developed</p> <p>2b. National costing and gap analysis tool developed and distributed in up to 20 Asia Pacific countries</p> <p>2c. Regional financing mechanisms for malaria and other communicable diseases threats established</p>	<p>2a. APLMA secretariat annual reports, technical reports on investment case/resource mobilization from Ministries of Health of GMS and selected DMCs</p> <p>2b. APLMA secretariat annual reports, APLMA Malaria Scorecard</p> <p>2c. EAS Chair's Statement, APLMA secretariat fund announcement and press releases</p>	2a-c. Difficulty in getting consensus for a governance structure for oversight
3. Interventions for malaria elimination, particularly ensuring access to quality malaria medicines and health technologies, implemented in malaria-endemic countries in Asia and the Pacific	<p>3a. Background analyses completed and technical areas input into the roadmap, scorecard, and regional financing frameworks</p> <p>3b. Regional regulatory processes and bodies strengthened (as indicated by improvement in time required for registering anti-malaria medicines against baseline)</p> <p>3c. Withdrawal of low-quality products and/or improvement of quality coordinated with the private sector</p>	<p>3a. APLMA secretariat technical reports</p> <p>3b. WHO annual malaria reports</p> <p>3c. WHO annual malaria reports, APLMA secretariat annual reports</p>	<p>3a, b. Other regional security and health priorities prevent leaders and co-financiers to continue support for elimination</p> <p>3c. Timely and appropriate R&amp;D is not prioritized and/or delayed</p>
<p><b>Key Activities with Milestones</b></p> <ol style="list-style-type: none"> <li>1. Commitments from heads of government, multilateral and regional organizations, and key donors mobilized, sustained, and measured to realize the 2030 Asia Pacific elimination goal.</li> <li>1.1 Build the evidence base and political case for recommending an Asia Pacific free of malaria by 2030, and seek endorsement at the EAS 2014 (Q1–Q4 2014)</li> <li>1.2 Develop and present a Leader's Roadmap to APLMA co-chairs for subsequent presentation to EAS leaders (Q1–Q3 2015)</li> <li>1.3 Undertake advocacy and outreach activities at national and regional level to build broad consensus for the roadmap (Q2–Q4 2015)</li> <li>1.4 Convene regional meetings on malaria in 2015 and 2016 to review progress and develop a framework for action post-EAS endorsement of the roadmap beyond 2016 (Q2 2016 and Q3 2016)</li> <li>1.5 Develop and implement a media and communications strategy to ensure high visibility on the region's political radar (Q1 2015–Q4 2017)</li> </ol>			

- 1.6 Develop and submit the scorecard to APLMA co-chairs and EAS leaders for endorsement (Q4 2014–Q4 2015)
- 1.7 Implement and update malaria scorecards and develop a sustainability plan for the scorecard (Q4 2015–Q4 2017)
- 1.8 Use other platforms and regional fora (including WHO Regional Committee Meetings, World Health Assembly, ASEAN Senior Officials Meetings, and ASEAN Foreign Ministers Meeting) to strengthen and institutionalize the accountability framework for measuring progress against the agreed malaria targets (Q4 2014–Q4 2017)

## **2. Overall financing for malaria elimination in Asia and the Pacific increased.**

- 2.1 Oversee studies on feasibility of expanding domestic funding, revising disease burden estimates, and developing innovative financing mechanisms, including private sector involvement, to inform the Leaders' Roadmap (Q1 2015–Q3 2016)
- 2.2 Develop and disseminate toolkits for analyzing the effectiveness and efficiency of existing malaria funding (Q3 2015–Q3 2016)
- 2.3 Review existing surveillance data and gaps; update disease burden estimates (Q4 2014–Q2 2016)
- 2.4 Develop costs and financial gap analyses for malaria elimination by 2030 at the regional level, and at the national level for the GMS and selected large population DMCs impacted by drug resistance (Q1 2015–Q2 2016)
- 2.5 Develop business investment cases for domestic, bilateral, multilateral, and private sector financing of malaria elimination in the GMS and selected large population DMCs impacted by drug resistance (Q1 2015–Q3 2016)
- 2.6 Assess the feasibility of, and the design, scope, and institutional and governance arrangements for, a regional health security fund (Q1 2015–Q3 2016)
- 2.7 Develop and implement a resource mobilization strategy for a regional health security fund for malaria and other communicable diseases, as well as other health threats (Q4 2014–Q4 2017)

## **3. Interventions for malaria elimination, particularly ensuring access quality malaria medicines and health technologies, implemented in malaria-endemic countries in Asia and the Pacific.**

- 3.1 Analyze the revised disease burden estimates to map priority national and regional areas for malaria interventions (Q2 2016)
- 3.2 Commission a study, disseminate findings, and seek political and financial support for the national and regional technical priority areas in support of the malaria elimination goal (Q2 2015–Q4 2016)
- 3.3 Analyze, document, and cost the regional public goods required to support the elimination goal; identify gaps and coordinate amongst partners for delivering the public goods (Q2–Q4 2016)

### **Inputs**

Government of Australia: \$2,752,745

Bill & Melinda Gates Foundation: \$3,486,629

Regional Malaria and other Communicable Disease Threats Trust Fund: \$750,000

### **Assumptions for Partner Financing**

Not applicable.

APLMA = Asia Pacific Leaders Malaria Alliance; ASEAN = Association of Southeast Asian Nations; DMC = developing member country; EAS = East Asia Summit; GMS = Greater Mekong Subregion; NMCP = National Malaria Control Program; R&D = research and development; WHO = World Health Organization.

\*EAS, Nay Pyi Taw, Myanmar, 13 November 2014.

Source: ADB.

**LIST OF LINKED DOCUMENTS**

<http://www.adb.org/Documents/MC/?id=47278-001-4>

1. Revised Financing Plan

**Supplementary Documents**

2. Design and Monitoring Framework (Technical Assistance paper, October 2013)
3. Revised Design and Monitoring Framework (Major change in scope, December 2014)
4. Procurement Plan
5. Bill & Melinda Gates Foundation - Asian Development Bank Cofinancing Agreement
6. Bill & Melinda Gates Foundation concurrence on revised procurement and financing plan
7. Department of Foreign Affairs and Trade - Asian Development Bank Cofinancing Agreement
8. Risk Strategy
9. Comments Matrix