



# Completion Report

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Project Number: 47278-001  
TA Number: 8485  
March 2017

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

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TA Number, Country, and Name:			Amount Approved: \$ 1,500,000	
TA 8485-REG: Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and the Pacific			Revised Amount: \$ 4,580,173	
Executing Agency(ies): Asian Development Bank	Source of Funding Bill and Melinda Gates Foundation (Fund 5Y); Government of Australia (Fund 35); Regional Malaria and other Communicable Diseases Trust Fund (Fund 6A)		Amount Undisbursed: \$ 252,242.30	Amount Utilized: \$ 4,327,930.70
TA Approval Date: 21/10/2013	TA Signing Date: 21/10/2013	Fielding of First Consultant(s): 31/12/ 2013	TA Completion Date Original: 31/12/2015      Actual: 30/09/2016	
			Account Closing Date Original: : 31/12/2015      Actual: 31/01/2017	
<p><b>Description:</b> The TA initially aimed to help reduce the incidence of malaria in the Greater Mekong Subregion (GMS) and other selected high-malaria incidence developing member countries (DMCs) but this was subsequently expanded into helping aim for the elimination of malaria in the Asia and the Pacific by 2030. This support was to be achieved through its hosting and enabling the Asia Pacific Leaders Malaria Alliance (APLMA) secretariat, and the development of policy recommendations for sustained financing of malaria control and elimination, and for improved access to quality malaria medicines and other technologies.</p> <p><b>Expected Impact, Outcome, and Outputs:</b> The expected impact was to help advance the Asia Pacific region towards becoming malaria-free by 2030. The expected outcomes were policy, technical, and financial commitments for malaria elimination in the Asia Pacific region fulfilled by heads of government and other stakeholders. The expected outputs included: (1) commitments from heads of government, multilateral and regional organizations and key donors are mobilized, sustained, and measured; (2) overall financing for malaria elimination in Asia and the Pacific is increased; and (3) interventions for malaria elimination, particularly ensuring access to quality malaria medicine and health technologies, are implemented in malaria-endemic countries in Asia and the Pacific. These outputs were delivered through a group of individual consultants organized as the APLMA secretariat, and the convening of task forces and meetings. This is an appropriate TA approach as the APLMA Secretariat enabled policy development and advocacy work for malaria elimination which ADB staff would be have difficulty doing on their own.</p> <p><b>Delivery of Inputs and Conduct of Activities:</b> The TA's approach to building commitment focused on four core activities namely: (1) building a compelling evidence base; (2) convening influential individuals to build support, consensus and momentum around elimination, and the building blocks required to achieve it; (3) communicating targeted messages to help build support for regional malaria efforts; and (4) supporting direct high-level engagement by influential individuals, to build support for malaria elimination among new and influential constituencies, with a key focus on central agencies, heads of government or leaders and private sector. Among the key inputs and activities that were eventually conducted under this TA included the convening of two task forces that assessed financing the regional malaria elimination efforts and strengthening access to quality antimalarial services (AQM), medicine and commodities. There were also collaborative consultations of senior government officials, technical experts, and key stakeholders that developed the APLMA Malaria Elimination Roadmap which was delivered to Leaders for endorsement at the 9<sup>th</sup> EAS in Kuala Lumpur 2015, A Leaders' Scorecard, the accountability tool for assessing national and regional progress and identifying challenges in achieving malaria elimination, was endorsed by Senior Officials at the 2<sup>nd</sup> APLMA SOM held in May 2016. WHO, Australia Therapeutic Goods Administration, and other regional stakeholders, the Asia Pacific Regional Regulatory Partnership for Malaria Elimination addressed challenges identified by the APLMA Access Task Force and accelerated regulatory processes and improved access to new commodities. In the course of implementing the TA, major change in scope was approved by the ADB Board of Directors in 28 August 2015 which expanded the outcome to be the achievement of policy, technical, and financial commitments from heads of government and other stakeholders in malaria elimination. Outputs and activities were adjusted to better contribute to this outcome. The inputs in terms of original consulting services were increased from 8 to 15 individual consultants and resource persons. Subsequently, these increased inputs have accelerated the completion of the outcomes and outputs, which contributed to the resulting non full disbursement of the grant amount. As for the performance of the consultants, they were all recruited in accordance with the Guidelines on the Use of Consultants and their PERs had been completed with their performance deemed generally satisfactory. Most of the countries which comprise the APLMA have given good feedback on the work done by the secretariat. The performance of ADB as executing agency is satisfactory as it was</p>				

able to recruit and retain the consultants who comprised the APLMA secretariat, and convened well participated task forces and well attended meetings. It was able to supplement the TA's activities with other inputs from ADB and all these supported the garnering and maintaining commitment to a malaria-free Asia Pacific by 2030.

**Evaluation of Outputs and Achievement of Outcome:** For Output 1, all targets were achieved on time, with Roadmap for Malaria Elimination in Asia and the Pacific including a scorecard to track the compliance to the roadmap endorsed in the 2015 EAS. Scorecard indicators on malaria elimination were agreed at the 2016 Senior Officials Meeting and an implementation plan was established. The commitment to malaria elimination was reiterated in the 2016 EAS. Output 2 has been achieved, with overall financing for malaria significantly increased. Several countries have made announcements of increased domestic funding. Malaysia, Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam maintained or increased funding since 2013. New financing mechanisms for malaria elimination have been established with the Asian Development Fund (ADF) set aside for health security; the Health Security Partnership Fund from the Government of Australia; and the planned new Global Fund grant for the GMS region. Country and regional-level costing tools are being developed and the crafting of investment cases for malaria elimination was supported. Output 3 was achieved with comprehensive analysis on expanding access to quality medicines and health technologies conducted and presented at several international fora and meetings within of the planned timelines. Regulatory processes of malaria medicines have been strengthened through a new agreement with the WHO pre-qualification programme to develop new modalities of expedited review for critical malaria products. The outputs are generally of good quality as they had been accepted by the countries comprising the APLMA and had informed statements adopted by countries in several East Asian Summits. All Outcome indicators in the DMF have been met. Recommendations made by the financing and AQM task forces in 2014 were communicated as planned to EAS and Pacific Island countries and regional partners. The Chairman's Statement at the end of the 9<sup>th</sup> EAS in Nay Pyi Taw in 2014, affirming the Leaders' commitment to the Declaration of the 7th East Asia Summit on Regional Responses to Malaria Control and Addressing Resistance to Anti-malaria Medicines included explicit recognition of the APLMA Task Forces Progress Reports and a call to the APLMA co-chairs to submit to the 10<sup>th</sup> EAS in Malaysia a plan for achieving this goal and to implement the recommendations of the APLMA Task Forces. The Malaria Elimination Roadmap was delivered as planned to Leaders for endorsement at the 10<sup>th</sup> EAS by the APLMA Co-Chairs, the Prime Ministers of Australia and Viet Nam with the Chairman's Statement from the 10<sup>th</sup> EAS reaffirming commitment to the goal of an Asia Pacific free of malaria by 2030. It also endorsed the Asia Pacific Leaders' Malaria Elimination Roadmap as a framework for shared action, committed to the Roadmap's six priority areas, and called for a rapid and sustained scale-up effort in the Mekong region to prevent the spread of drug-resistant malaria. Following the endorsement of the Roadmap, Cambodia, India and Thailand launched new malaria elimination strategies with other countries subsequently moving forward to develop elimination plans. The scorecard indicators endorsed by senior officials in 2016 is currently being populated with national data and will be evaluated in the during the 2017 SOM. Development of national malaria elimination costing tools continues with the tool expected to be made available and evaluated in 2017.

**Overall Assessment and Rating:** We assess the over-all rating of the TA to be successful with the outputs and outcomes that had been achieved to be sustainable. The sustainability will be further protected through the newly independent APLMA secretariat which is now based in Singapore as this is institutional body is expected to further ensure that the commitments made by countries and other stakeholders, and the outputs achieved will be sustained.

**Major Lessons:** This TA highlighted how investing in knowledge work including convening of meetings, participation in international meetings, and production of knowledge products (even in the absence of current or planned lending projects related to such knowledge work) will increase ADB visibility as an expert resource on health system reforms, highlight that ADB brings in not just financing but knowledge with financing, and lay down the groundwork for the development of future sovereign and non-sovereign lending projects in the near future. The TA also showed how knowledge and evidence-based policy advocacy, and intensive stakeholder engagement can generate political support for ambitious health reforms and targets. Finally, it showed how active engagement of co-financing partners contributed in achieving the TA outputs.

**Recommendations and Follow-Up Actions:** The APLMA secretariat, having been successfully nurtured by ADB, has been incorporated as an independent entity. ADB should continue to support DMC efforts towards malaria elimination by 2030 including exploring how to integrate malaria elimination with universal health coverage strategies of DMCs, and collaborating with the now independent entity in supporting the elimination efforts. The story of this RETA as to how commitments were mobilized, and evidence generated and adopted by countries will be disseminated to inform similar efforts that ADB will be doing.

TA = technical assistance.