

REVISED DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets and Indicators with Baselines ^a	Data Sources and Reporting Mechanisms	Assumptions and Risks
Impact Asia Pacific free of malaria by 2030	Malaria eliminated in Cambodia, People's Republic of China, India, Indonesia, Republic of Korea, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam by 2030	World Malaria Report	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 elimination programs increased in the region by 2017	Financing strategy for malaria elimination goal identified and financing increased to fill 40% of the identified gap through 2017 (\$160M). Withdrawal of marketing authorization for all oral artemisinin-based monotherapies from markets by 2017 Decreased low-quality and counterfeit drugs in local markets of selected GMS countries (baseline to be established) by 2017 Leaders malaria elimination roadmap endorsed by EAS leaders in 2015 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	APLMA Annual Report Project reports	Assumptions Countries remain committed to malaria reduction

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	<p>Monthly progress reports against results work plan available from January 2014 to December 2017</p> <p>Annual APLMA meetings through 2017</p> <p>Leaders malaria elimination Roadmap with financing strategy and implementation plan prepared and disseminated among EAS leaders by September 2015</p>	Meeting reports	<p>APLMA is established and functioning</p> <p>Risk Timely recruitment of qualified consultants is delayed</p>
2. Policy recommendations implemented by the majority of APLMA members for sustained financing of malaria control and elimination	<p>Regional innovative financing task force formed, membership selected and results-based work plan by November 2013</p> <p>Quarterly progress reports against work plan provided from January 2014 to December 2015</p> <p>1 technical report on policy recommendations for increasing financing for malaria elimination delivered by June 2014</p> <p>APLMA member countries supported in agreeing on policy recommendations for increasing malaria financing by June 2015 to achieve malaria elimination goal by 2030 (input for the Roadmap)</p>	<p>APLMA Annual Report</p> <p>Technical reports</p>	<p>Assumptions Majority of policy recommendations are within the purview of line agencies and do not require legislative action.</p>
3. Policy recommendations implemented by majority of APLMA members on improving access to quality malaria medicines and other technologies	<p>Access to malaria medicines task force formed, membership selected and results-based work plan by November 2013</p> <p>Quarterly progress reports against work plan</p>	<p>APLMA Annual Report</p> <p>Technical reports</p>	<p>Assumptions Majority of policy recommendations are within the purview of line agencies and do not require legislative action.</p>

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	<p>provided from January 2014 to December 2015</p> <p>1 technical report on policy recommendations for improving licensing, trade, and availability of appropriate antimalarial drugs delivered by June 2014</p> <p>APLMA member countries supported in agreeing on policy recommendations for improving access to quality malaria medicines and other technology and by June 2015 to achieve malaria elimination goal by 2030 (input for the Roadmap)</p>		

Activities with Milestones	Inputs	
<p>1. APLMA secretariat in place and delivering results</p> <p>1.1 Organize the APLMA secretariat; establish task forces, and develop results-based work plans for the secretariat and task forces (December 2013)</p> <p>1.2 Hold meetings and workshops with the contact and reference groups</p> <p>1.3 Organize annual APLMA meeting (October 2014, 2015, 2016, 2017)</p> <p>1.4 Conduct review of APLMA and update objectives and targets (June 2015)</p> <p>1.5 Prepare and submit TA final report (December 2017)</p> <p>1.6 Prepare leaders roadmap (May 2015)</p> <p>2. Regional task force on innovative finance in place and delivering results</p> <p>2.1 Hold meetings and workshops of the task force (December 2013–November 2017)</p> <p>2.2 Submit technical report on innovative financing mechanisms for long-term malaria control to the APLMA (June 2014)</p> <p>2.3 Develop recommendations for policy actions for the Roadmap (June 2015)</p> <p>2.4 Support implementation of the roadmap (2015-2017)</p> <p>3. Regional task force on improving access to quality medicines in place and delivering results</p> <p>3.1 Hold meetings and workshops of the task force (December 2013–November 2015)</p> <p>3.2 Submit technical report on mechanisms for improving the availability of quality medicines for malaria to the APLMA (June 2014)</p> <p>3.3 Provide recommendations for policy action for the Roadmap (June 2015)</p> <p>3.4 Support implementation of the roadmap (2015-2017)</p>	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.