



Regional: Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific

Project Name	Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific
Project Number	48001-001
Country	Regional
Project Status	Active
Project Type / Modality of Assistance	Technical Assistance
Source of Funding / Amount	TA 8763-REG: Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific (RECAP) Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility US\$ 12.00 million
Strategic Agendas	Environmentally sustainable growth Inclusive economic growth Regional integration
Drivers of Change	Governance and capacity development Knowledge solutions Partnerships Private sector development
Sector / Subsector	Health - Disease control of communicable disease
Gender Equity and Mainstreaming	No gender elements
Description	<p>The TA will assist AP countries to decrease communicable diseases in Asia and the Pacific and to build capacity to work together across borders to strengthen prevention and response to communicable diseases. Given the initial focus on malaria, the GMS countries currently at risk of spread of AR malaria, as well as the other AP countries with endemic malaria transmission, will be prioritized under the RETA. The TA will be coordinated with RETA 8485: Strengthening Regional Response to Malaria and Other Communicable Diseases.</p> <p>A regional approach is justified by the following: (i) countries or entire regions often face common challenges or limitations that either require cooperation to resolve them or they can more efficiently be addressed through pooling resources and sharing knowledge; (ii) all countries face certain limitations in containing the spread of infections within and from outside their borders, limiting their ability to control communicable diseases; (iii) programs to prevent malaria, tuberculosis, HIV/AIDS and other infectious diseases are regional public goods (RPGs) in the sense that there are shared benefits (good spillovers) and shared costs (bad spillovers); (iv) artemisinin efficacy represents a _commons_, e.g., a shared good that requires the cooperation of all to contain the development of drug resistance; (v) regional cooperation provides economies of scale and greater leverage; and (vi) regional cooperation is instrumental in transferring technology and knowledge.</p>

Project Rationale and Linkage to Country/Regional Strategy

Increased regional and economic integration is a key driver of drug-resistant malaria. In this region, most malaria occurs in or near forested areas, which are largely along the borders between countries. Transport corridors and trade networks are developing fast, bringing new populations into and through these areas and potentially into contact with resistant parasites. Migrant and mobile workers, often with little immunity to malaria and inadequate access to health services, are most affected.

Due to the promise of malaria elimination, and also due to the threat of drug-resistance, malaria has gained the attention of regional leaders. At the 8th East Asian Summit (EAS) held last 10 October 2013 in Bandar Seri Begawan, Brunei Darussalam, heads of states present reiterated their commitment to a declaration made at the 7th EAS on regional responses to malaria control, addressing resistance to antimalarial medicines, and welcomed the establishment of the Asian Pacific Leaders Malaria Alliance (APLMA), naming the ADB as the secretariat. This unprecedented level of political support suggests that the time is right for a regional push to address this disease and to use common ground with other communicable diseases to strengthen regional collaboration on public health issues. Regional leadership needs to be used and actively supported to enable it to have the greatest possible impact. This includes strengthening the work on communicable diseases and public goods in health of ASEAN and other regional bodies.

A broad coalition of countries, donors, private sector and civil society organizations are engaged in malaria control as well as specific action to contain resistant parasites in the GMS. The World Health Organization (WHO) has drawn up a global strategy for tackling resistance. Countries have their own malaria plans in line with this, and with WHO's most recent framework for action, the 2013 Emergency Response to Artemisinin Resistance (ERAR), WHO is setting up a technical hub in Phnom Penh to support GMS countries in these efforts. Given the importance of the issue, several development partners are supporting work on drug resistance, each broadly helping to meet different needs, including US President's Malaria Initiative, supporting work on reducing counterfeit drugs, surveillance for drug resistant strains of malaria, and border area program; the Bill and Melinda Gates Foundation (BMGF), which finances operations research and new surveillance techniques for identifying drug resistant cases and areas; the Australian government which supports regional WHO offices to expand malaria activities, as well as the UK Department for International Development (DFID) which finances access to quality malaria commodities activities in Myanmar and Cambodia. In addition, a 3-year \$100M (2014-2016) grant from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) is addressing the action gap on drug-resistance across GMS.

However, this support is mostly at the country level and does not sufficiently meet the need to act regionally. Large funding gaps exist and are estimated at more than \$200M in the GMS countries to contain drug resistant malaria alone, not including additional funding needed to reach malaria elimination goals or other communicable diseases control (CDC) efforts. These estimates also do not include the funding needed for regional actions, such as strengthened cross-border information sharing, better availability of quality drugs, strengthening the capacity of regulatory agencies, elimination of artemisinin monotherapy in the informal private sector and the need to address market failures where governments and private companies do not have the incentives nor capacity to provide quality health services. In addition, regional action brings greater economies of scale and coordination. Comprehensive consultations with DMCs, development partners, NGOs, centers of excellence and research institutes have found that focused regional initiatives are needed to strengthen malaria and CDC in Asia and the Pacific. These areas of work will be covered in the proposed TA through activities that:

- strengthen political leadership and sustain regional financing for malaria and other communicable diseases;
- improve affordability, availability and use of quality medicine and technologies for malaria and other communicable diseases;
- improve application of ICT and innovative technology for evidence-based programs, including better surveillance of hard to reach populations and health systems efficiencies; and
- increase collaboration with private sector and civil society on mitigating negative health impacts from large infrastructure development.

The TA aims to address the above key issues and will be implemented in close coordination with existing activities of other development partners, ADB's support for the APLMA, other activities under the ADB's Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF) under the Health Financing Partnership Facility, and the work of other ADB departments. The TA will ensure that duplication of efforts is minimized and that all activities are complementary, well-coordinated and strengthen ongoing malaria and other communicable diseases programs. The TA builds on ADB's comparative strengths in (i) facilitating regional cooperation and integration; (ii) mobilizing financing; (iii) engaging in policy dialogue with Ministries of Finance to increase and sustain their own public expenditure; and (iv) engaging the private sector which will be critical in the areas of improving malaria information and availability of drugs and commodities. These strengths have been evidenced in ADB's effective and efficient response to CD threats in Asia and the Pacific, including response to HIV and AIDS and to avian influenza and SARS, and ADB's leadership role on the executive committee of the Regional Steering Committee for the GFATM \$100 million GMS grant.

Impact

Improved health status of the population in Asia and the Pacific (A).

Project Outcome

Description of Outcome

Reduced risk to the AP region and globally from drug resistant malaria and other CD threats

Progress Toward Outcome

Implementation Progress

Description of Project Outputs	<p>Strengthened regional leadership and financing for malaria and CD threats</p> <p>Increased availability, and use of quality assured commodities appropriate to internationally agreed guidelines for malaria and other CD threats</p> <p>Increased availability and use of quality information, tools and technologies on malaria and other CD threats</p> <p>Improved capacity to detect and respond to drug-resistant malaria and other CD threats</p> <p>Communicable diseases addressed in large commercial and infrastructure projects</p>
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Status of Implementation Progress (Outputs, Activities, and Issues)

Geographical Location

Summary of Environmental and Social Aspects

Environmental Aspects

Involuntary Resettlement

Indigenous Peoples

Stakeholder Communication, Participation, and Consultation

During Project Design

During Project Implementation

Responsible Staff

Responsible ADB Officer	Roth, Susann
Responsible ADB Department	SDSC
Responsible ADB Division	SDSC-HEA
Executing Agencies	<i>Asian Development Bank 6 ADB Avenue, Mandaluyong City 1550, Philippines</i>

Timetable

Concept Clearance	04 Aug 2014
Fact Finding	02 Jun 2014 to 19 Jun 2014
MRM	-
Approval	20 Nov 2014
Last Review Mission	-
Last PDS Update	26 Feb 2015

TA 8763-REG

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
20 Nov 2014	-	20 Nov 2014	31 Dec 2017	-	-

Financing Plan/TA Utilization						Cumulative Disbursements		
ADB	Cofinancing	Counterpart				Total	Date	Amount
		Gov	Beneficiaries	Project Sponsor	Others			
0.00	12,000,000.00	0.00	0.00	0.00	0.00	12,000,000.00	20 Nov 2014	5,207,272.80

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