



Major Change in Technical Assistance

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

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Asian Development Bank

CURRENCY EQUIVALENTS

(as of 13 August 2015)

Currency unit	–	Australian dollar/s (A\$)
A\$1.00	=	\$0.7379
\$1.00	=	A\$1.3552

Currency unit	–	pound/s sterling (£)
£1.00	=	\$1.5613
\$1.00	=	£0.6405

ABBREVIATIONS

ADB	–	Asian Development Bank
DFATD	–	Department of Foreign Affairs, Trade and Development Canada
DFID	–	Department for International Development of the United Kingdom
GMS	–	Greater Mekong Subregion
ICT	–	information and communication technology
RECAP	–	Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific
RMTF	–	Regional Malaria and Other Communicable Diseases Threats Trust Fund
SERD	–	Southeast Asia Department
TA	–	technical assistance
WHO	–	World Health Organization

NOTE

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

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I. PROPOSED MAJOR CHANGES

1. A major change in scope in the regional capacity development technical assistance (TA) for Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific (RECAP) is proposed for Board consideration.

2. The major changes are (i) reduction in the TA amount from \$18 million to \$12 million; (ii) scaling down and adjusting of the TA's scope by partial cancellation of some activities and consulting services under outputs 2, 3, and 4; and (iii) reallocation of TA proceeds.¹ The revised design and monitoring framework (DMF) is in Appendix 1.

3. The Board approved the original TA amount of \$18 million on 20 November 2014, financed under the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF) of the Health Financing Partnership Facility. The RMTF's financing partners are the governments of Australia, Canada, and the United Kingdom.² The RMTF programming was done based on the donors' financial commitments documented in the partnership MOU. However, the government of the UK, through the Department for International Development (DfID), postponed and may possibly cancel the transfer of the remaining contributions in the amount of \$6 million equivalent, which now leads to ADB's inability to approve the trust fund financed project: the Second Greater Mekong Subregion (GMS) Communicable Disease Control Project (\$9.5 million)³. This project was discussed and negotiated by the Human and Social Development Division of the Southeast Asia Department (SERD) with the respective GMS governments in July 2014 as reflected in the aides memoire. DfID was fully briefed and involved in the RMTF programming and is aware of the impact of the postponed and possible cancellation of the remaining tranche of the committed funds. With the delay and possible cancellation of the last tranche remittance from DFID, a decrease in TA amount by \$6 million (from \$18 million to \$12 million) is proposed for Board approval so that it can be used to fill the financing gap and immediately process the SERD additional financing request. Key changes in the TA resulting from this proposed decrease in amount include partial cancellation of some activities and consulting services, reduction in information and communication technology tools that will be pilot-tested through the TA, and reduction in the number of infrastructure projects where impact assessment tools developed by the TA will be used. These changes will not significantly affect attainment of the overall TA outcome while outputs will be scaled down.

II. BACKGROUND

4. RECAP was designed to support developing member countries in an effort to eliminate malaria and control other communicable diseases through TA, grant, and lending operations provided by the Asian Development Bank (ADB). RECAP aims to strengthen the broader health system using malaria elimination as an entry point, with the impact being improved health status of populations in Asia and the Pacific. The outcome is reduced risk to the Asia and Pacific

¹ Reallocation of Technical Assistance Proceeds (accessible from the list of linked documents in Appendix 1).

² Through a memorandum of understanding, the Government of Australia (through the Department of Foreign Affairs and Trade) agreed to contribute A\$18 million, the Government of Canada (through the Department of Foreign Affairs, Trade and Development Canada) agreed to contribute \$0.53 million equivalent, and the Government of the United Kingdom (through the Department for International Development [DFID] of the United Kingdom) agreed to contribute £11.8 million; the contributions totaled approximately \$35 million equivalent. As of 13 July 2015, total remittances amounted to \$28.7 million equivalent. This includes the Department of Foreign Affairs and Trade's full remittance of A\$18 million, DFID's two tranches amounting to £7.8 million, and the Department of Foreign Affairs, Trade and Development Canada's fund transfer of \$0.53 million.

³ ADB. 2015. *Additional Financing: Proposed Administration of Grants, Kingdom of Cambodia, Lao People's Democratic Republic, and Socialist Republic of Viet Nam: Second Greater Mekong Subregion Regional Communicable Diseases Control Project* (draft). Manila.

region and globally from drug-resistant malaria and other communicable disease threats. RECAP aims to deliver four outputs: (i) strengthened regional leadership and financing for malaria and communicable disease threats; (ii) increased availability and use of quality-assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats; (iii) increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats; and (iv) communicable diseases addressed in large commercial and infrastructure projects.

5. RECAP is a regional capacity development TA with multisector targeting classification of intervention in finance under the health and social protection sector. The Board approved the TA on 20 November 2014 in the amount of \$18 million, financed under the RMTF. The expected completion date is 31 December 2017.

6. ADB is the executing agency and leads the overall implementation through the Sector Advisory Service Division, Sustainable Development and Climate Change Department, in close collaboration with SERD.

III. IMPLEMENTATION PROGRESS

7. Start-up of TA implementation has been delayed because consultant recruitment has taken longer than anticipated and TA activities had to be adjusted to align with other development partners' efforts on malaria elimination and other communicable disease control. The TA inception mission in January 2015 identified the need to change the procurement plan and implementation arrangements for more efficient and effective project implementation, which will yield wide-ranging health system strengthening gains. A minor change in the scope and implementation arrangements were approved in March 2015. All changes were discussed with the RMTF donors. The status of implementation per output is described in paragraphs 8–11.

8. **Output 1: Strengthened regional leadership and financing for malaria and communicable disease threats.** This output will build capacity and strengthen coordination among governments in Asia and the Pacific to improve regional leadership for malaria elimination and control of other communicable disease threats as part of regional health security. There are five activities and milestones to support this output. Recruitment of consultants is ongoing (milestones 1 to 3), and a regional meeting on malaria financing through a universal health coverage approach (milestone 4) has been conducted. An experts' meeting on financing of malaria and other communicable disease threats informs stakeholders on the malaria elimination road map.⁴ Financing from the Department of Foreign Affairs, Trade and Development Canada (formerly the Canadian International Development Agency), under the RMTF, will be specifically used to recruit a regional health security expert and organize subregional workshops to bring together officials from ministries of health, finance, and foreign affairs to advance subregional policy dialogue beyond malaria to include ebola and pandemic preparedness as part of regional health security. This work will take into account and supplement the work streams under the Global Health Security Agenda, led by the Government of the United States of America, and in the Asia-Pacific region led by the Government of Thailand and the activities of World Health Organization (WHO).

9. **Output 2: Increased availability and use of quality-assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats.** This output will translate recommendations from the Asia Pacific Leaders

⁴ This was discussed at the Asia Pacific Leaders Malaria Alliance Senior Officials Meeting held on 9–10 July 2015 at ADB headquarters.

Malaria Alliance Access to Quality Medicine Task Force into actions. There are four activities and milestones to support this output. Recruitment of consultants is ongoing. The position of a regulatory specialist has been redesigned and will require more person months. Contract negotiation with the Center of Regulatory Excellence of the Duke-National University of Singapore is expected to be concluded in October 2015. The budget for the pharmacological and commodities landscape analysis expert and recruitment of Population Services International for the market surveillance will be deleted and made available through the RMTF to provide additional financing for the Second GMS Communicable Disease Control Project (currently being processed by SERD). Two additional posts are proposed to be recruited: (i) a post-market surveillance tools expert to pilot test new technological innovations for pharmaceutical quality testing and reporting, and (ii) a regulatory expert on spurious, falsely labeled, falsified, and counterfeit (SFFC) medicines. Collaboration with WHO on capacity development on reporting SFFC medicines is planned for the fourth quarter of 2015.

10. **Output 3: Increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats.** This output will develop and test information and communication technology (ICT) tools, and support operational research on applying ICT in malaria surveillance, with plans to scale up at least two technologies by the end of the TA. Activities under this output are closely coordinated with SERD. There are five activities and milestones to support this output. Consultants have been recruited, and inception reports were submitted to the TA's supervising specialist. The budget for output 3 will be reduced by \$1.36 million, which will affect the number and scale of ICT tool scale-ups. Additional activities to link ICT investments in malaria surveillance with broader strengthening of the health system through eHealth were included in the minor change in scope in March 2015, and these activities have commenced.

11. **Output 4: Communicable diseases addressed in large commercial and infrastructure projects.** This output will strengthen developing member countries and ADB's health impact assessment capacity. There are four activities and milestones to support this output. Recruitment of consultants is ongoing. The program was to have identified four large infrastructure projects in malaria-endemic areas that include a health component providing malaria testing and treatment to be implemented through nongovernment organizations. This activity will be reduced to malaria health service activities in two infrastructure projects, reducing the budget by \$0.26 million, while adding some funds for regional knowledge sharing workshops. Net reduction of funds from output 4 is \$0.17 million.

12. The contract awards projection for 2015 is \$5,500,000, while the disbursement projection is \$3,400,000. As of 13 August 2015, \$1,270,542 has been committed and \$191,392 has been disbursed. Meetings with WHO, Department of Foreign Affairs and Trade, Bill & Melinda Gates Foundation, and DFID are periodically convened to coordinate the implementation of the TA, ensure completion of each activity, and avoid duplication of efforts.

IV. RATIONALE FOR THE PROPOSED CHANGES

13. The objective of RECAP is to support the Asia and the Pacific region to unite countries in scaling up the fight against malaria and other communicable disease threats, and to promote regional political leadership for financing malaria elimination and communicable disease control. The decrease in TA amount will result in changes in implementation arrangements, implementation schedule, and procurement arrangements, but the outcome of the TA will generally be achieved as it is strategically designed to fill coordination gaps and facilitate other development partner activities. The project cost and financing plan has been revised to reflect

the reduced TA amount. Outputs, 2, 3, and 4 will be scaled down consistent with the reduction of the allocation for consulting services.

14. For output 1, in line with the RMTF donor Department of Foreign Affairs, Trade and Development Canada, funds will be used for subregional capacity development and policy dialogue between regional ministries of finance, health, and foreign affairs to advance regional health security in the context of ebola and pandemic preparedness, mobilize regional financing, and strengthen subregional information exchange for disease surveillance. Regional health security is a flagship program under ADB's new Operational Plan for Health 2015–2020.⁵ The regional health security expert is to be engaged intermittently for 12 person-months in the amount of \$500,000 (includes cost of workshops and working papers).⁶

15. Output 2 targets have been updated to reflect the latest partner activities and the DFID funding cut. An additional low-cost activity to fill the gap in post-market surveillance will be included. It is proposed to recruit the Lao-Oxford-Mahosot Hospital Wellcome Trust Research Unit through single source selection contracted through the University of Oxford for its exceptional achievements in malaria and infectious disease research.⁷ They would be the only implementing partner with the required expertise and country presence. The University of Oxford will be engaged to pilot test new technological innovations for pharmaceutical quality testing and reporting for 23 person-months in the amount of \$600,000 (footnote 7). It would be strategic for ADB to finance this activity in collaboration with WHO since it requires collaboration with the private sector, and it needs to be linked to broader capacity development of national regulatory agencies, which ADB is funding through the Center of Regulatory Excellence in Singapore under this TA. Quality testing tools will have benefits beyond anti-malaria post-market surveillance. Quality testing replaces the activities and related design and monitoring framework indicator on oral artemisinin monotherapies, as studies published in June 2015 demonstrate progress on oral artemisinin monotherapies eradication and point to low quality of artemisinin combination therapy as key issue.⁸ The studies also confirm a gap in monitoring of spurious, falsely labeled, falsified, and counterfeit medicines in GMS countries. An individual international consultant is proposed to be engaged for 18 months, full-time, with a budget of around \$200,000 to lead ADB's collaboration with WHO in strengthening the capacity of national regulatory agencies in the Association of Southeast Asian Nations to report on spurious, falsely labeled, falsified, and counterfeit medicines, especially related to anti-malarial. Related workshops will also be conducted in collaboration with WHO in order to improve detection in GMS developing member countries.

16. Output 3 will retain its original focus, but the number of ICT tools to be scaled up will be reduced from three to two. In addition, the support for GMS subregional data sharing ICT tools will be cancelled, since this effort is now supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as by WHO. The output will support developing adequate surveillance and information systems, integrated into comprehensive national e-health plans.

⁵ ADB. 2015. *Health in Asia and the Pacific: A focused approach to address the health needs of ADB developing member countries*. Manila.

⁶ Terms of Reference (accessible from the list of linked documents in Appendix 1).

⁷ The Lao-Oxford-Mahosot Hospital Wellcome Trust Research Unit is part of the Mahidol Oxford Tropical Medicine Research Unit in the Lao People's Democratic Republic, which aims at improving the health of people in the country and similar environments across Asia through research and capacity building. The Lao-Oxford-Mahosot Hospital Wellcome Trust Research Unit lists among its many achievements the first clinical trial evidence for artemisinin combination therapy for malaria treatment. The Mahidol Oxford Tropical Medicine Research Unit was established in 1979 as a research collaboration between Mahidol University (Thailand), the University of Oxford (United Kingdom), and the Wellcome Trust.

⁸ P. Taberner et al. 2015. A Repeat Random Survey of the Prevalence of Falsified and Substandard Antimalarials in the Lao PDR: A Change for the Better. *American Journal of Tropical Medicine and Hygiene*. 92 Suppl 6: 95–104.

GMS countries are developing e-health plans as part of their health sector reforms, and surveillance mechanisms for vertical (stand-alone) programs need to be mainstreamed and integrated.

17. The targets for output 4 are consistent with the outputs indicated in the design and monitoring framework of the RMTF (the fund which finances this TA), and only a change in implementation arrangement is suggested (in a separate minor change memo). Instead of hiring one international consultant for 528 days and three individual national consultants, it is proposed to recruit four international consultants with different skills sets for 528 days, and to recruit individual national consultants later when developing member country health impact assessment capacity development starts. With the reduction in the budget, two instead of four large infrastructure projects in malaria-endemic areas will be targeted to include health components that provide malaria testing and treatment. This will be implemented through a nongovernment organization and complemented by activities under SERD's regional TA. All other activities will remain the same. Financing from other partners will be mobilized.

18. All consultants will be engaged 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 (2013, as amended from time to time). The TA funds will be disbursed in accordance with the *Technical Assistance Disbursement Handbook* (2010, as amended from time to time).

V. DUE DILIGENCE

19. The proposed reduction of the TA budget is consistent with the partner discussions of the RMTF annual work program to support the regional malaria elimination goal.

20. The Controller's Department and Office of Cofinancing Operations found the paper generally in order. Comments received from the Office of the General Counsel and Operations Services and Financial Management Department have been addressed.

VI. THE PRESIDENT'S RECOMMENDATION

21. The President recommends that the Board approve the major changes in the Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific as described in paragraphs 2–3.

REVISED DESIGN AND MONITORING FRAMEWORK

<p>Impacts the Project is aligned with:</p> <p style="margin-left: 20px;">Asia Pacific free of malaria by 2030 (Ninth East Asia Summit*)</p>

Project Results Chain	Performance Indicators with Targets and Baselines	Data Sources or Reporting Mechanisms	Risks
<p>Outcome Reduced risk to the Asia and the Pacific region and globally from drug-resistant malaria and other communicable disease threats</p>	<p>By 2017 Total malaria funding available for malaria elimination in the GMS increased (2013 baseline: \$75.4 million^a)</p> <p>National and regional capacities and systems are in place for managing public health events and emergencies in a collective, coordinated, and effective manner (baseline: partly fulfilled, based on international health regulations self-assessment tool and work packages under the Global Health Security Agenda)</p>	<p>National malaria program annual reports (all in the region)</p> <p>Asia Pacific Leaders Malaria Alliance (APLMA) annual malaria scorecard</p> <p>WHO World Malaria Report</p> <p>WHO international health regulations assessment report</p>	<p>Other regional security and health priorities prevent leaders from focusing on malaria</p> <p>Lack of regional coordination and collaboration with key partners working in malaria</p>
<p>Outputs</p> <p>1. Strengthened regional leadership and financing for malaria and communicable disease threats</p> <p>2. Increased availability and use of quality-assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats</p>	<p>By 2017 Annual review of developing member country performance on malaria (2013 baseline: 0, no system in place)</p> <p>By 2030 21 malaria-endemic countries commit in 2015 to regional malaria elimination by 2030</p> <p>Identified annual financing gaps reduced by 20% from 2014 levels by Q4 2017, with greater efficiency and contributions from domestic, private, and regional resources</p> <p>At least two new regional sources contribute to the RMTF by 2017</p> <p>National and regional regulatory systems strengthened in GMS countries to improve access to quality-assured malaria commodities (2013 baseline for registration time of anti-malarial medicine: unknown; 2013 baseline for quality control of artemisinin-based combination therapy: 0)</p> <p>Asia Pacific regulatory local points trained in global surveillance system of spurious, falsely labeled, falsified, and counterfeit medicines in order to improve their detection</p>	<p>APLMA scorecard reports and regional statements</p> <p>Reports from GMS, Association of Southeast Asian Nations, South Asian Association for Regional Cooperation, and their relevant working groups</p> <p>National program and budget data showing increase in spending.</p> <p>WHO records</p> <p>Center of regulatory excellence reports published in Duke National University Singapore Graduate Medical School website</p>	<p>Other pandemics receive more attention than malaria elimination</p> <p>Testing tools not provided by private sector</p>

Project Results Chain	Performance Indicators with Targets and Baselines	Data Sources or Reporting Mechanisms	Risks
3. Increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats	<p>and reporting (baseline: 0, no reporting)</p> <p>New quality testing tools piloted and introduced for post-market surveillance</p> <p>By 2016 Assessment shared regarding workshop on (i) existing ICT applications for malaria and communicable diseases, (ii) gaps and recommendations for scaling up, and (iii) transferring technology between countries (baseline 0; target - 1 report by 2016; country focus: Cambodia, Lao People's Democratic Republic, Myanmar)</p> <p>By 2017 Two ICT applications identified and feasibility study conducted for scaling up, including cost estimates</p> <p>One subregional workshop held to share lessons learned</p> <p>By 2016 Best practice workshop on health impact assessment held</p>	<p>WHO World Malaria Report</p> <p>National malaria programs</p>	
4. Communicable diseases addressed in large commercial and infrastructure projects	<p>By 2017 ADB's online environmental and social impact assessment tool revised, and training conducted</p> <p>Two infrastructure projects with a value of \$25 million or above in areas of high risk for transmission identified to apply new impact assessment tools, including malaria-specific interventions for construction workers and affected communities</p>	<p>ADB website</p> <p>Reports from individual infrastructure projects</p>	<p>No investments are undertaken from 2014 to 2018 in large infrastructure projects that are close to forest areas in malaria-endemic countries</p>

Key Activities with Milestones

Output 1: Strengthened regional leadership and financing for malaria and other communicable disease threats

- 1.1 Conduct studies and support subsequent policy dialogue, including on:
 - (i) Macroeconomic and microeconomic impact and feasibility of expanding domestic and external funding for malaria (Q1 2015–Q2 2015)
 - (ii) A realistic financing gap assessment for malaria responses (Q1 2015–Q3 2015)
- 1.2 Engage WHO consultants to implement and update malaria scorecards (Q4 2014)
- 1.3 Convene a regional meeting on malaria financing to review progress and develop a framework for action beyond 2015 (Q4 2015)
- 1.4 Design and implement fund-raising strategy for a regional fund for malaria and other health threats (Q4 2014–Q4 2017)
- 1.5 Recruit regional health security experts and conduct subregional regional health security workshop (Q4 2016–Q4 2017)

Output 2: Increased availability and use of quality-assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats

- 2.1 Recruit center of regulatory excellence (Q2 2015)
- 2.2 Support center of regulatory excellence in establishing a regional unit and plan for building capacities on regulation of essential drugs (Q4 2016)
- 2.3 Hold capacity development workshop on reporting of spurious, falsely labeled, falsified, and counterfeit medicines in GMS and identify focal points (Q1 2016)
- 2.4 Recruit Center of excellence (University of Oxford) to test field-quality assessment tools for operationalization in national regulatory agencies (Q1 2016)

Output 3: Increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats

- 3.1 Conduct mapping of existing ICT tools for malaria and communicable disease control and response in Cambodia, Lao People's Democratic Republic, Myanmar, Viet Nam, and Thailand (Q1 2016)
- 3.2 Identify surveillance and response gaps, and recommend tools for scaling up and transferring technology between countries (Q1 2016)
- 3.3 Conduct gap analysis to roll out unique health identifier in Lao People's Democratic Republic, Cambodia, and Myanmar (Q1 2016)
- 3.4 Conduct review of e-health architecture to integrate vertical disease surveillance programs (Q1 2016)
- 3.5 Hold a technical advisory group meeting to identify specific options for scaling up implementation (Q1 2016)
- 3.6 Hold country level workshops (as necessary)
- 3.7 Develop and publish operational guidelines and other knowledge products on malaria and other communicable disease surveillance and response tool, which will also inform ADB's proposed health security program (Q4 2016)
- 3.8 Develop implementation plan and proposal for funding (Q2 2016)
- 3.9 Coordinate with other partners at the country and regional levels (Q1 2015-Q4 2017)
- 3.10 Mobilize funding based on more detailed and in-depth cost analysis of WHO's Malaria Policy Advisory Committee(Q3 2016)

Output 4: Communicable diseases addressed in large commercial and infrastructure projects

- 4.1 Recruit team of health impact assessment expert consultants (Q3 2015)
- 4.2 Expand existing ADB environment and social impact assessment tool to incorporate malaria and other communicable disease threats (Q4 2015)
- 4.3 Hold regional knowledge sharing and consultation workshop on best practices of malaria and other communicable disease-related health impact assessment in large infrastructure projects (Q2 2016)
- 4.4 Identify process through which developing member countries can agree on accountability mechanism to ensure that private sector infrastructure investments consider malaria and other communicable disease risks for workers (Q2 2016)
- 4.5 Identify at least two large infrastructure projects (not necessarily ADB-financed) in malaria-endemic areas and include health component that provides malaria testing and treatment, implemented through nongovernment organizations and other partners (Q3 2017)

Inputs

Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility:
\$12,000,000

Assumptions for Partner Financing

The governments will provide counterpart support in the form of staff time; support to retrieve district, provincial, and national data; engagement with agencies from sectors (other than the health sector); and other in-kind contributions.

ADB = Asian Development Bank, APLMA = Asia Pacific Leaders Malaria Alliance, GMS = Greater Mekong Subregion, ICT = information and communication technology, RMTF = Regional Malaria and Other Communicable Diseases Threats Trust Fund, WHO = World Health Organization.

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

^aBased on the WHO World Malaria Report 2014.

Source: Asian Development Bank.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/MC/?id=48001-001-2>

1. Revised Financing Plan
2. Reallocation of Proceeds

Supplementary Documents

3. Technical Assistance Report (October 2014)
4. Request for Minor Change of Scope and Change in Implementation Arrangements (March 2015)
5. Aide Memoire
6. Revised Procurement Plan
7. Terms of Reference
8. Matrix of Comments and Responses