ADB

Technical Assistance Report

Project Number: 48001-001
Regional—Capacity Development Technical Assistance (R-CDTA)
October 2014

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

(Financed by the Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility)

Asian Development Bank

ABBREVIATIONS

ACT	–	artemisinin-based combination therapy
ADB	–	Asian Development Bank
APLMA	–	Asia Pacific Leaders Malaria Alliance
ASEAN	–	Association of Southeast Asian Nations
GFATM	–	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
GMS	–	Greater Mekong Subregion
HIA	–	health impact assessment
ICT	–	information and communication technology
Lao PDR	–	Lao People's Democratic Republic
NGO	–	nongovernment organization
PRC	–	People's Republic of China
RAI	–	Regional Artemisinin Initiative
RMTF	–	Regional Malaria and Other Communicable Diseases Trust Fund
SARS	–	severe acute respiratory syndrome
TA	–	technical assistance
WHO	–	World Health Organization

NOTE

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

Vice-President	B.N. Lohani, Knowledge Management and Sustainable Development
Director General	C. Locsin, Regional and Sustainable Development Department (RSDD)
Director	B. Édes, Poverty Reduction, Social Development and Governance Division, RSDD
Team leaders	P. Moser, Lead Health Specialist, RSDD S. Roth, Senior Social Development Specialist (Social Protection), RSDD
Team members	H. Manzano-Guerzon, Associate Operations Analyst, RSDD D. Navarrete, Operations Assistant, RSDD D. Oldfield, Senior Economist, Central and West Asia Department A. Ramamurthy, Senior Public Management Specialist (ICT and e-Governance), RSDD G. Servais, Senior Health Specialist, Southeast Asia Department M. Thant, Principal Regional Cooperation Specialist, Office of Regional Economic Integration
Peer reviewer	C. Bodart, Principal Health Specialist, East Asia Regional Department

CONTENTS

CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data — **Project Number:** 48001-001

Project Name	Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific	**Department /Division**	RSDD/RSPG
Country	REG	**Executing Agency**	Asian Development Bank
Borrower	not applicable		

2. Sector	**Subsector(s)**	**Financing ($ million)**
✓ Health	Disease control of communicable disease	18.00
	Total	**18.00**

3. Strategic Agenda	**Subcomponents**	**Climate Change Information**	
Inclusive economic growth (IEG)	Pillar 2: Access to economic opportunities, including jobs, made more inclusive	Climate Change impact on the Project	Low
Environmentally sustainable growth (ESG)	Global and regional transboundary environmental concerns		
Regional integration (RCI)	Pillar 4: Other regional public goods		

4. Drivers of Change	**Components**	**Gender Equity and Mainstreaming**	
Governance and capacity development (GCD)	Client relations, network, and partnership development to partnership driver of change	No gender elements (NGE)	✓
Knowledge solutions (KNS)	Knowledge sharing activities Pilot-testing innovation and learning		
Partnerships (PAR)	Civil society organizations Implementation Private Sector Regional organizations United Nations organization		
Private sector development (PSD)	Conducive policy and institutional environment		

5. Poverty Targeting		**Location Impact**
Project directly targets poverty	No	Not Applicable

6. TA Category: A

7. Safeguard Categorization Not Applicable

8. Financing

Modality and Sources	**Amount ($ million)**
ADB	**0.00**
None	0.00
Cofinancing	**18.00**
Regional Malaria and Other Communicable Disease Threats Trust Fund	18.00
Counterpart	**0.00**
None	0.00
Total	**18.00**

9. Effective Development Cooperation

Use of country procurement systems	No
Use of country public financial management systems	No

I. INTRODUCTION

1. In early 2014, the Midterm Review of Strategy 2020 reconfirmed regional cooperation and integration, including for control of communicable diseases, as one of three institutional objectives of the Asian Development Bank (ADB).[1] The Operational Plan for Health and the Regional Cooperation and Integration Strategy highlight ADB's role in addressing communicable diseases at regional and subregional levels.[2] A persistent regional challenge is to address malaria, particularly drug-resistant malaria.

2. The proposed high-value technical assistance (TA) will scale up regional efforts urgently needed to achieve malaria elimination in Asia and the Pacific.[3]

3. The TA will be financed under the Regional Malaria and Other Communicable Diseases Trust Fund (RMTF).[4] It will build on ADB's comparative strengths in facilitating regional cooperation, mobilizing financing, conducting policy dialogue, and engaging the private sector. The participating developing member countries were involved in TA preparation and they welcome this initiative.[5] ADB will only undertake activities under this regional TA in countries from which a no-objection confirmation has been received. The design and monitoring framework is in Appendix 1.[6]

II. ISSUES

4. Countries in Asia and the Pacific have made significant progress in combating communicable diseases, but these diseases remain a leading cause of premature death and disability—measured by years of life lost—for certain South and Southeast Asian countries.[7] Communicable diseases slow economic development as they affect workforce productivity, as well as trade, investment, and tourism. The impacts on economies can be substantial.[8] Countries in Asia and the Pacific, acting out of mutual self-interest, recognize that more regional effort is needed to prevent the health and economic consequences of communicable diseases.

5. An important disease is malaria. While the region has made progress, more than 36 million cases and 45,000 deaths from preventable disease are still reported each year. In addition, past gains and future progress in combating malaria are now jeopardized by the emergence in the GMS of malaria parasites resistant to artemisinin-based combination therapy (ACT), the main treatment used worldwide for the most severe form of malaria, *P. falciparum*. Modeling suggests that widespread resistance to ACT, and particularly its spread through South Asia to Africa, could increase malaria mortality globally by 25%, with devastating consequences.

---

1 ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific*. Manila.

2 ADB. 2008. *An Operational Plan for Improving Health Access and Outcomes Under Strategy 2020*. Manila; ADB. 2006. *Regional Cooperation and Integration Strategy*. Manila.

3 Cambodia, the Lao People's Democratic Republic (Lao PDR), Myanmar, Thailand, and Viet Nam. Other countries likely to be included are the People's Republic of China (PRC) and India.

4 Funded through commitments of about $35 million by the governments of the United Kingdom and Australia.

5 TA reconnaissance began in the fourth quarter of 2013.

6 The TA first appeared in the business opportunities section of ADB's website on 4 April 2014.

7 World Health Organization. *Global Burden of Disease*. Geneva. WHO. 2012.

8 Severe acute respiratory syndrome (SARS) killed 774 people, lasted 3 months and decreased regional gross domestic product by around 0.8%. ADB. *SARS: Economic Impacts and Implications*. Manila, ADB. 2003.
The Ebola epidemic is estimated to have already halved economic growth in some affected African countries in 2014. A. Jallanzo. 2014. *Ebola: Economic Impact Could Be Devastating*. http://www.worldbank.org/en/region/afr/publication/ebola-economic-analysis-ebola-long-term-economic-impact-could-be-devastating

6. Regional and economic integration is a key driver of drug-resistant malaria. In this region, most malaria occurs in or near forested areas, largely along country borders. 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 seek informal, accessing fake or poor quality drugs. These risks underscore the urgent need for regional efforts to prevent the spread of drug-resistant malaria. Achievement of time-bound, region-wide elimination of malaria is the only means considered effective for this task.

7. Malaria elimination will require regional cooperation for increased leadership and partnership; reliable and sustained financing; maintaining the efficacy and affordability of quality malaria drugs and other commodities; improved tools for measuring progress; and increased attention to health impacts of development projects in malaria-endemic areas. Regional leaders have committed to tackling the disease, as evidenced in the outcome statement of the 8th East Asian Summit in October 2013, and welcomed the establishment of the Asia Pacific Leaders Malaria Alliance (APLMA) with ADB as the secretariat. This level of political support suggests 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.

8. A broad coalition of countries, development partners, private sector, and civil society organizations are addressing aspects of malaria and drug-resistant malaria in the region. The World Health Organization (WHO) is working with countries to develop national and global strategies for malaria elimination under the Global Malaria Elimination Program. The governments of Australia, the United Kingdom, and the United States, and the Bill and Melinda Gates Foundation fund important drug-resistant malaria research and program operations in the GMS. The Global Fund supports national malaria programs and has provided additional grants to countries in the GMS of $100 million for the Regional Artemisinin Initiative (RAI) for 2014–2016.[9]

9. However, this support is largely country-based and does not sufficiently support the need to act regionally. Large funding gaps exist, estimated at more than $175 million per year in four GMS countries to contain drug-resistant malaria alone, not including additional funding needed to reach malaria elimination goals or other communicable disease control efforts.[10] These estimates do not include funding needed for regional actions, such as strengthened cross-border information sharing, better availability of quality drugs, and strengthening the capacity of regulatory agencies.[11]

10. The TA will be implemented in close coordination with other development partners. It will be aligned with ADB's support for the APLMA, other activities under ADB's RMTF, and the work of other ADB departments to minimize duplication and ensure activities are complementary, well-coordinated, and strengthen ongoing malaria and other communicable diseases programs. The TA builds on ADB's successes and experience in supporting regional approaches to communicable disease control, HIV and AIDS, avian influenza, and SARS.

---

[9] ADB serves on the executive committee of the Regional Steering Committee for the RAI.
[10] WHO. 2011. Global Plan for Artemisinin Resistance Containment. Geneva.
[11] Regional action also brings greater economies of scale and coordination. Comprehensive consultations with developing member countries, development partners, nongovernment organizations (NGOs), centers of excellence, and research institutes have found that focused regional initiatives are needed to strengthen malaria elimination and communicable disease control efforts in Asia and the Pacific.

III. THE PROPOSED CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE

A. Impact and Outcome

11. The impact of the TA will be improved health status of the populations in Asia and the Pacific. The outcome will be reduced risk to the Asia and Pacific region and globally from drug-resistant malaria and other communicable disease threats.

B. Methodology and Key Activities

12. **Output 1: Strengthened regional leadership and financing for malaria and communicable disease threats.** The TA will build capacity and strengthen coordination to improve regional leadership from national governments and regional bodies. The TA will support the APLMA, the GMS, ASEAN, and other bodies in developing plans and undertaking activities that increase regional cooperation in tackling artemisinin-resistant malaria and other communicable disease threats.

13. This output will focus on building mutual support for sustained financing for malaria elimination by 2030. This work will underpin high-level discussion and regional policy dialogue to effect substantive change in approaches to the financing of malaria elimination. It will also support a malaria financing meeting in 2015 to build support for recommendations resulting from these analyses. Lastly, it will support the APLMA in revising its regional malaria scorecard to track both progress toward malaria elimination and reduction in financing gaps.

14. **Output 2: Increased availability and use of quality assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats.** The TA will translate recommendations from the APLMA Access to Quality Medicine Task Force into actions in three areas: (i) removal of oral artemisinin therapies from Asian and Pacific markets; (ii) improved quality and affordability to the end-user of anti-malarials and rapid diagnostic tests; and (iii) improved capacities and cooperation on regulation of regionally important anti-malarials and other communicable disease commodities. The TA will build on work of the WHO and other partners, and stakeholder consultations to analyze challenges to improving the quality and availability of malaria drugs and other commodities, develop approaches to address them, build consensus on priorities, and provide technical support for relevant country-level action in five GMS countries, and the People's Republic of China and India.

15. The TA will support, in coordination with regulatory authorities, selected pharmaceutical companies to meet stringent requirements for WHO pre-qualification for producing ACTs and other malaria commodities[12]. It will also support establishment of a regional center for regulatory excellence to build the capacity of national regulatory authorities. Currently, this concept, led by the Government of Singapore with widespread regional buy-in, focuses on high-end drugs mostly for noncommunicable diseases.

16. To measure the impacts of these activities in improving the end-user market for malaria drugs and commodities, the TA will finance a market survey in 2017 in GMS countries, Bangladesh, and India. The Bill and Melinda Gates Foundation will undertake the survey in

[12] Malaria commodities: pharmaceuticals, testing equipment, bed nets, insecticides

2015.

17. **Output 3: Increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats**. Near-real-time, geographically precise data is essential to malaria elimination, including artemisinin resistance, as seen in successful elimination and/or eradication efforts, such as those for smallpox and polio. While promising pilot tests have demonstrated the potential of information and communication technology (ICT), it is still underutilized in program management. The TA will develop and test at least four technologies or tools, and support operational research on applying ICT in malaria, with plans to scale up at least two tools or technologies by the end of the project. This will be in coordination with ADB Southeast Asia Department's activities.

18. Challenge grants, technical support, and development of plans integrated in national e- and m-health strategies and knowledge-sharing events contribute to this output.[13] This ICT component will be linked to existing health information systems in each participating country. The TA will help set up ICT data gathering and referral systems from primary health care centers to hospitals, or from local to national level in two GMS countries.

19. **Output 4: Communicable diseases addressed in large commercial and infrastructure projects.** Ongoing and future infrastructure projects can pilot approaches to malaria prevention and treatment among workers (including migrants) and surrounding communities. Development and promotion of an easily usable health impact assessment (HIA) tool could reduce the impacts of communicable diseases from projects across the region.

20. The TA will (i) explore possible intervention at development sites and possibly at different points on migration paths, including work with companies involved in development projects; (ii) work with relevant regional associations to develop norms and standards for health protection and access to care around development projects; (iii) develop and test mechanisms to ensure that migrant workers and other vulnerable populations at development sites have access to malaria prevention and treatment, including in areas where migrants may avoid or not be eligible for government services; and (iv) work to include considerations on communicable diseases in instruments for economic and social impact assessments of development projects.

21. A major assumption is that relevant national and local governments in the region will remain committed to malaria elimination as endorsed by WHO, and will adequately fund and support national malaria programs beyond the support received from this TA, which is designed to address regional issues contributing to the spread of artemisinin malaria and other communicable diseases.

C. Cost and Financing

22. The TA is estimated to cost $18,000,000, which will be financed on a grant basis by the Regional Malaria and Other Communicable Disease Threats Trust Fund[14] under the Health Financing Partnership Facility and administered by ADB. The participating governments will provide counterpart support in the form of in-kind contributions.

[13] E-health is the transfer of health resources and health care by electronic means. m-health (mobile health) is a general term for the use of mobile phones and other wireless technology in medical care.

[14] Financing partners: the governments of Australia and the United Kingdom.

D. Implementation Arrangements

23. ADB will be the executing agency through the Regional and Sustainable Development Department, which will lead overall implementation in collaboration with the Southeast Asia Department and other regional departments.[15] A project steering committee with cross-departmental membership will periodically review TA plans and progress to ensure coordination. The Poverty Reduction, Social Development, and Governance Division is recruiting a fixed-term international staff with malaria and communicable disease program expertise to support TA management. The TA will be implemented from November 2014 to December 2017.

24. The TA will procure services through several long-term individual consultant contracts (54 international and 120 national person-months), and larger contract packages with firms through quality- and cost-based selection with an 80:20 quality–cost ratio. Consultants Qualification Selection will be used for certain assignments under output 3 and 4, since these assignments are time-critical and short-term in nature. Three agencies will be recruited on a Single Source Selection (SSS) basis as they have exceptional experience in implementing their assignments: (i) WHO under output 1 will provide international consultant input (20 person-months, intermittent) and national consultant input (36 person-months, intermittent);[16] (ii) Population Service International (PSI) under output 2 for continuing additional malaria commodities surveys in the GMS and initiating similar surveys in Bangladesh as it has unique experience and strong presence in all countries to be surveyed and no other NGOs or firms have required capacity and experience to undertake the task; and (iii) DUKE-NUS under output 3 to deliver the activities related to the collaboration with the Center for Regulatory Excellence (CORE) as Duke-NUS is the host of CORE and the only agency which can ensure that the TA related activities on strengthening regulatory processes for malaria and other infectious diseases pharmaceutical are aligned with regional best practice and coordinated with CORE. 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). Output-based contracts will be utilized to the extent possible. Advance action will be conducted but no contract will be awarded before ADB Board approval.

IV. THE PRESIDENT'S RECOMMENDATION

25. The President recommends that the Board approve ADB administering technical assistance not exceeding the equivalent of $18,000,000 to be financed on a grant basis by the Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility for the Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific.

[15] Assessments of financial management systems, procurement, and financial reporting of implementing partners are not required for this high-value TA as ADB is the implementing agency and is not delegating implementation to a third party. However, output-based contracts and other tools will be utilized to the extent possible to reduce additional burdens on internal ADB departments, e.g., the Controller's Department and the Operations Services and Financial Management Department.

[16] WHO is leading preparation of the annual World Malaria Report, and the activities to prepare the detailed malaria scorecard are a natural continuation and strengthening of its previous work.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
Impact Improved health status of the populations in Asia and the Pacific	Disability adjusted life years from malaria and other communicable diseases averted by 2020 (baseline: 30% in 2011, WHO) All five GMS countries meet their annual malaria elimination targets by 2025. (baseline: 0) Total number of malaria deaths and malaria cases in countries reduced by 75% over 2013 baseline by 2025.	WHO Burden of Disease study WHO Annual World Malaria Report	**Assumptions** Political stability or absence of social conflict Stable economic environment (low inflation, growth) No natural disasters **Risk** Focus on malaria and other communicable diseases is not at the expense of other important health interventions.
Outcome Reduced risk to the Asia and the Pacific region and globally from drug-resistant malaria and other communicable disease threats	At least one administrative unit in each of five GMS countries where local *P. falciparum* transmission is interrupted by 2017 Increasing percentage of identified mobile and high-risk population groups receiving malaria services in five GMS countries (not including Yunnan, PRC) by 2017 (baselines TBD). Manufacturers in Asia and the Pacific of oral artemisinin monotherapy reduced from 19 to 10 by 2017	Emergency Response to Artemisinin Resistance Reporting, WHO WHO World Malaria Report and other data Global Malaria Action Plan revisions for targets and denominators, WHO	**Assumptions** Expansion of national and regional activities aimed at malaria (including artemisinin-resistant malaria) occurs as planned and is effective. Outputs achieve thresholds sufficient to contribute to outcome. Relevant lessons in addressing malaria are applied to other communicable disease threats. **Risk** Delayed implementation of TA activities due to multiple individual consultants and firms.
Outputs			
1. Strengthened regional leadership and financing for malaria and communicable disease threats	APLMA achievements: 21 malaria-endemic countries commit to regional malaria elimination by 2030 (2015) Annual review of performance (scorecard) expanded mandate beyond malaria (2017) At least two regional bodies (e.g., ASEAN, GMS) have costed plans for scaling up regional action on malaria by 2016 Identified annual financing gaps have been reduced by 20% from 2014 levels by 2017, with greater efficiency and contributions from	APLMA reports and regional statements Reports from GMS, ASEAN, SAARC, and their relevant working groups National program and budget data showing increase in spending At least two new regional sources contribute to the Regional Malaria and Other Communicable Diseases Trust Fund by 2017	**Assumption** Initial results will attract more funding for expansion of activities

Design Summary	Performance Targets and Indicators with Baselines	Data Sources and Reporting Mechanisms	Assumptions and Risks
	domestic, private, and regional resources GMS countries agree on financing modality for malaria services for mobile populations by 2016		
2. Increased availability and use of quality assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats	Five Asian countries where oral artemisinin monotherapy is produced, ban export for general use by 2017 Proportion of high-quality and appropriate ART formulations in sampled GMS markets rises from 65% in 2015 to 75% in 2017 Average time for approval of new formulations of malaria drugs reduced by 30% in the GMS countries by 2017	WHO records ACTWatch and other organizations' commodity surveys Special commissioned studies	**Assumptions** Manufacturers have a business interest in producing anti-malaria drugs. Manufacturers can attract equity investments as needed to meet WHO prequalification standards. **Risks** CORE focuses on high-end pharmaceuticals. Difficult to generate interest for essential drugs with lower revenue margins.
3. Increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats	At least four new ICT applications to help address artemisinin resistance pilot tested by 2016 At least two ICT tools in regional use (at least three countries) by 2017	WHO World Malaria Report National malaria programs	**Risk** GMS countries restrict application of ICT tools across borders.
4. Communicable diseases addressed in large commercial and infrastructure projects	Four infrastructure (>$25 million) projects in areas of high risk for transmission that apply new impact assessment tools by 2017 Best practice workshop on health impact assessment in 2016	ADB's online environment and social impact assessment tool revised by 2015 Reports from individual infrastructure projects Special survey, PSI ADB website	**Risk** No investments are undertaken from 2014 to 2018 in large infrastructure projects that are close to forest areas in malaria-endemic countries.

Activities with Milestones	
1. Strengthened regional leadership and financing for malaria and other communicable disease threats 1.1 Assist the ASEAN Secretariat and GMS countries in coordinating a regional malaria elimination agenda (Q1 2015), and facilitate discussions among GMS countries on financing of malaria and other communicable disease services of mobile population groups (Q4 2015–Q3 2016) 1.2 Conduct studies and support subsequent policy dialogue including on (i) macro 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–Q3 2015) 1.3 Engage WHO to implement and update malaria scorecards (Q4 2014) 1.4 Convene a regional meeting on malaria financing in 2015 to review	**Inputs** **Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility: $18,000,000** Note: The governments will provide counterpart support in the form of staff time; support to retrieve district, provincial, and national data; engagement with agencies from other

Activities with Milestones	
progress and develop a framework for action beyond 2015 (Q4 2015) 1.5 Design and raise funds for a regional fund for malaria and other health threats (Q4 2014–Q4 2017) **2. Increased availability and use of quality-assured commodities appropriate to internationally agreed guidelines for malaria and other communicable disease threats** 2.1 Conduct regional landscape analysis of major challenges to improve the quality, availability, and affordability of malaria drugs (Q1 2015) 2.2 Identify suitable Asian malaria pharmaceutical producers (Q1 2016) 2.3 Provide technical support to identified pharmaceutical producers to meet WHO and/or strict regulatory authority pre-qualification (Q3 2015) 2.4 Support CORE in establishing a regional unit and plan for building capacities on regulation of essential drugs (Q4 2016) 2.5 Recruit PSI to support the second round of market surveys of available antimalarial commodities and measure impacts (Q4 2016) **3. Increased availability and use of quality information, tools, and technologies on malaria and other communicable disease threats** 3.1 Identify and develop at least two suitable regional ICT-based surveillance activities for scaling up (Q2 2017) 3.2 Provide grants for innovative information technology solutions to support program efficiency and effectiveness (Q2 2017) 3.3 Hold regional knowledge sharing workshop in ICT applications in malaria and communicable disease control (Q2 2016) 3.4 Identify and develop two subprojects that help governments in improving malaria surveillance and response (Q2 2016) 3.5 Explore cross-border surveillance mechanisms for tracking malaria in mobile populations (Q3 2016) **4. Communicable diseases addressed in large commercial and infrastructure projects** 4.1 Expand existing ADB environment and social impact assessment tool to incorporate malaria and other communicable disease threats (Q1 2015) 4.2 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) 4.3 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). 4.4 Identify at least four 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)	sectors; and other in-kind contributions.

ACTWatch = Artemisinin-based Combination Therapy Watch, ADB = Asian Development Bank, APLMA = Asia Pacific Leaders Malaria Alliance, ASEAN = Association of Southeast Asian Nations, CORE = center of regulatory excellence, GMS = Greater Mekong Subregion, ICT = information and communication technology, Lao PDR = Lao People's Democratic Republic, PSI = Population Services International; PRC = People's Republic of China, Q = quarter, SAARC = South Asian Association for Regional Cooperation, TA = technical assistance, TBD = to be determined, WHO = World Health Organization.
Source: Asian Development Bank.

Bart W. Édes
Director
Poverty Reduction, Social Development, and Governance Division

Date: 9 Oct 2014

Ma. Carmela D. Locsin
Director General
Regional Sustainable Development Department

Date: 9 Oct 2014

COST ESTIMATES AND FINANCING PLAN

($'000)

Item	Amount
Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility[a]	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	4,810.00
ii. National consultants	1,550,00
b. International and local travel	300.00
c. Reports and communications	100.00
2. Seminars, workshops, and conferences[b]	1,018.00
3. Equipment[c]	110.00
4. Surveys, studies, pilot tests[d]	7,900.00
5. Miscellaneous administration and support costs[e]	312.00
6. Contingencies	1,900.00
Total	**18,000.00**

Note: The technical assistance (TA) is estimated to cost $18,200,000, of which contributions from the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF) under the Health Financing Partnership Facility are presented in the table above. The proposed TA activities comply with RMTF regulations, agreements, and guidelines, including eligibility of expenditures for cost items. The governments will provide counterpart support in the form of staff time; support to retrieve district, provincial, and national data; engagement with agencies from other sectors; and other in-kind contributions. The value of government contribution is estimated to account for 1% of the total TA cost.

[a] Financing partners: the governments of Australia and the United Kingdom. Administered by the Asian Development Bank (ADB). Costs will be utilized based on the procurement plan provided in Supplementary Annex B: Procurement Plan.

[b] Includes logistic arrangements, venue, travel of resource persons including ADB staff and experts, supplies, and materials that will be used in the seminars, meetings, and workshops. This may also include limited representation expenses where there are directly identifiable costs under the TA.

[c] Equipment includes office equipment, information and communication technology hardware and software, laboratory equipment, and other health-related goods. Equipment will be turned over to government counterparts or participating research institutes once the TA is completed. Office equipment to be used for project management, such as computers and printers, will be assessed further with the involvement of Office of Administrative Services and Office of Information Systems and Technology. If needed, purchased equipment will be turned over to ADB for disposal after project closing.

[d] Includes recruitment of nongovernment organizations, experts, and centers of excellence to conduct studies, surveys, and action-oriented pilot activities. Pilot activities are limited to the minimum level of testing that is required to verify the appropriateness of the recommended design or approach, and to identify necessary adjustments, and will not exceed 30% of TA costs. Large-scale pilot testing is not envisaged under the TA.

[e] Includes special TA administration missions and project administration costs such as translation, printing, website maintenance, other dissemination costs associated with the publication of TA-related documents, limited representation expenses and other directly identifiable TA costs, eligible for RMTF financing.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The Asian Development Bank (ADB), through the Regional Sustainable Development Department (RSDD), will be the executing agency for the proposed project. ADB will implement the technical assistance (TA) through the Poverty Reduction, Social Development, and Governance Division (RSPG) health team, in close coordination with the regional departments. RSPG is responsible for overseeing regional activities in health, including oversight, coordination, and administration of the activities under the Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF) under the Health Financing Partnership Facility and the Asia Pacific Leaders Malaria Alliance (APLMA) Secretariat, which are both closely linked with the proposed TA.

2. RSPG will coordinate TA activities with those of related ADB projects and activities of other organizations, including the World Health Organization (WHO), the Global Fund for AIDS, Tuberculosis and Malaria, and the Sociocultural Community Department of the Association of Southeast Asian Nations (ASEAN) Secretariat. National consultants will be recruited and financed under the TA to assist implementation. The TA will be implemented over 36 months.[1]

A. Output 1

3. **Health diplomacy expert** (individual, international, 6 person-months, intermittent). The consultant will support the expansion of leadership capacities within the region to support regional cooperation and collaboration in addressing transboundary communicable disease threats, and help build the RMTF into a regionally owned and mutually supported financing instrument that supports fair sharing of the fiscal burden of addressing these diseases between countries in Asia and the Pacific. This includes evidence-based advocacy on malaria and communicable diseases and on the need for a regional financing mechanism. The consultant will also support coordination of the other TA components and ensure that they all contribute to the TA outcome. The consultant will work closely with the APLMA, the ASEAN Secretariat, and other regional bodies. The consultant's tasks will include the following:

(i) support ASEAN and other subregional coordination mechanisms to ensure that project activities support and complement existing work plans on malaria and communicable diseases;
(ii) develop an engagement strategy with countries in Asia and the Pacific (initial focus on Southeast Asia, and the People's Republic of China [PRC] and India) with activities and milestones to strengthen regional leadership;
(iii) support advocacy on malaria and other communicable disease threats; including development of the business case for investing in malaria elimination;
(iv) support the preparation of a malaria and communicable diseases financing meeting in 2015 in close coordination with WHO and other partners; and
(v) coordinate activities with the APLMA and other regional malaria activities.

4. **Health financing expert** (quality- and cost-based selection of firm, estimated at 30 person-months of inputs). The consulting firm will support APLMA leaders to advocate for increased public and private domestic, regional, and international funding for malaria and other communicable disease threats in Asia and the Pacific. Activities will include studies and analyses to determine (i) the investment case for expanding domestic and external malaria

[1] The first phase, expected to absorb more than 80% of TA resources, will focus on regional efforts needed to underpin *P. falciparum* elimination efforts in Greater Mekong Subregion (GMS) countries.

financing; (ii) feasibility and design considerations for an innovative regional health security financing mechanism to achieve malaria elimination; (iii) the business case for private sector investment in malaria, including a series of case studies illustrating best practice; (iv) options to improve cost estimation for malaria control to improve the credibility of such forecasts; (v) the potential for improving efficiency in malaria financing, resulting in development of a self-assessment tool kit and its application in four countries to improve work in this area; and (vi) modalities for financing malaria care for mobile populations in the GMS. The consulting firm's tasks include developing and gaining regional consensus on the following:

(i) conduct feasibility study on expanding domestic funding and using innovative financing mechanisms, including from the private sector, to expand domestic and regional funding for malaria and other communicable diseases;
(ii) develop an investment case for expanding domestic and external malaria financing and a business case for private sector investment in malaria;
(iii) develop and pilot in four countries a toolkit for improving efficiency of malaria program expenditures;
(iv) develop a possible structure for a regional fund for malaria;
(v) develop a communications strategy to attract funding from within the region; and
(vi) develop a strategy to engage with identified private sector players.

5. **Scorecard expert** (single-source selection of WHO, estimated at 18 person-months of international consultants; two national consultants; and oversight from WHO staff). Given the weaknesses of malaria surveillance systems in many malaria-endemic countries, increased resources and political commitment will be required to improve data collection and reporting at the country level, not only to ensure the scorecard becomes a useful and reliable measurement tool, but to help countries achieve their public health goals.

6. The developed scorecard should cover all 20 malaria-endemic countries in WHO's Southeast Asia and Western Pacific regions. The scorecard will be implemented jointly with WHO, the APLMA, and other regional partners in the 22 malaria-endemic Asian and Pacific countries. The consultant will:

(i) finalize the design of the APLMA scorecard on malaria;
(ii) coordinate with WHO for completion of data requirements and consultations with countries;
(iii) update the scorecard once per year and share with APLMA member countries, together with technical recommendations and guidance on required next steps.

B. Output 2

7. **Pharmacological and commodities expert** (quality- and cost-based selection of firm, estimated at 40 person-months of international consultant inputs and studies). The consulting firm will support countries in implementing key recommendations from the APLMA Access to Quality Medicine Task Force to end use of oral artemisinin monotherapy, and increase the quality and affordability of antimalarial drugs and rapid diagnostic tests in the public sector and in private markets through work with producers and governments. Tasks of the consulting firm will include the following:

(i) conduct regional landscape analysis of major challenges, including those in the private sector, to improve the quality and availability of malaria drugs and other commodities in five GMS countries, as well as the People's Republic of China and India;
(ii) review existing efforts of market surveillance and identify gaps;

(iii) reconfirm public sector priorities for improving quality and access, including management, procurement, and logistics efforts;
(iv) develop consultation processes at the national and regional level that involve stakeholders from ministries of health and drug regulatory authorities, and the private sector to develop recommendations on how challenges can be addressed at the national level; and
(v) present the findings of the landscape analysis at a subregional meeting.

8. The consulting firm will also provide capacity development for national malaria commodity programs to include the following:

(i) rapid assessment of the quality and pricing of commodities procured by the public sector across the region (develop benchmarking dataset);
(ii) support revision of drug specifications and other actions to improve procurement;
(iii) rapid assessment and technical support to improve logistics and delivery of publicly procured commodities, including consideration of public–private partnership options in the bidding process;
(iv) review of technologies and systems used to detect and respond to commodity aging and stockouts;
(v) support improvements in systems for quality testing and assessment of procured commodities; and
(vi) support countries in determining further actions and sharing lessons.

9. The consulting firm will likewise provide capacity development of national regulatory agencies, including the following:

(i) conduct a capacity building needs assessment of national regulatory agencies;
(ii) develop capacity development plans in each country;
(iii) conduct capacity development programs relevant to improving regulation and supply chain management of malaria pharmaceuticals; and
(iv) design and hold a knowledge-sharing event involving GMS countries and other developing countries as observers.

10. The consulting firm will identify suitable pharmaceutical companies and/or manufacturers and will provide TA to selected manufactures to

(i) identify manufacturers that can most easily reach international quality accreditation (e.g., WHO prequalification);
(ii) discuss technical expertise and investment needs with manufacturers;
(iii) provide technical expertise to identified manufacturers and coordinate with regulatory authorities;
(iv) link manufacturers with markets to distribute their health commodities and pharmaceuticals relevant for malaria and other communicable diseases; and
(v) support registration processes and link firms to ADB's Private Sector Operations Department and other potential financiers as needed.

11. **Regulatory science, registration, and supply chain management expert** (single-source selection of the center for regulatory excellence [CORE], estimated at 6 person-months of international consultant and back office support from firm). CORE will analyze needs and develop a work plan to support national regulatory agencies on regulatory issues of malaria and other communicable disease pharmaceuticals. CORE will establish a unit that will build capacity of national regulatory agencies to regulate and monitor malaria and other communicable diseases (including conduct market monitoring) and conduct rapid registration of new products. CORE's tasks will include the following:

(i) develop evidence-based strategic plan for addressing developing country needs;
(ii) obtain feedback from stakeholders and revise the plan accordingly;
(iii) identify clear objectives for CORE on essential drugs;
(iv) develop CORE work plans based on needs of national regulatory agencies; and
(v) establish a sustainable mode of operating and financing CORE.

12. **Market surveillance for antimalarial drugs** (single-source selection of Population Services International [PSI], estimated at 12 person-months of international consultant and survey costs). The consulting firm will conduct an additional round of the malaria drugs market survey (ACTWatch) in five GMS countries and Bangladesh in early 2017. The study will be designed to provide comparable data to the previous surveys (three in Cambodia, two in the Lao People's Democratic Republic, and one each in Myanmar, Thailand, and Viet Nam), in particular the 2015 surveys undertaken through support from the Bill and Melinda Gates Foundation financing. The consultant will

(i) design and undertake the survey of antimalarial drugs available in private markets in key malaria endemic areas in the GMS countries and Bangladesh, with particular attention to areas with evidence of artemisinin resistance;
(ii) ensure comparability to previous survey (2015);
(iii) ensure validity of sampling and quality of survey process;
(iv) contract and train surveyors;
(v) collect and clean data to ensure quality;
(vi) analyze data and compare with previous results; and
(vii) prepare written report providing descriptive and analytical results, and highlighting changes over previous survey.

C. Output 3

13. **E- and m-health expert** (individual, international, 24 person-months, full-time). E-health is the transfer of health resources and health care by electronic means. M-health (mobile health) is a general term for the use of mobile phones and other wireless technology in medical care. The consultant will lead the overall implementation of this output and will identify, jointly with relevant partners, technologies and tools in GMS countries that can be applied to improve data collection on service delivery for and case reporting of mobile populations, including:

(i) conduct mapping of existing information and communication technology applications (ICT) in surveillance and health information system;
(ii) identify with government representatives suitable ICT projects for scaling up;
(iii) assist two to four governments to develop project proposals to improve surveillance and services delivery data malaria and other communicable diseases in the private health care sector, and identify implementers.
(iv) develop two grant proposals (including the terms of reference) for innovative ICT solution, which can be integrated in national e- and m-health strategies (Q2 2018). These should be innovative ICT solutions for active malaria case detection and response to other aspects of malaria elimination and other communicable diseases, especially in the GMS.
(v) hold regional knowledge sharing workshops in ICT applications in malaria and communicable diseases control (Q2 2016).
(vi) work in collaboration with all relevant partners (e.g., WHO, Asia Pacific Malaria Elimination Network, Asia e-Health Information Network, Mekong Basin Disease Surveillance Network).

14. **Information and communication technology developer for surveillance operations** (QCS). The firm will provide advice and technical support to roll out a real-time surveillance system in Cambodia and develop ICT tools to improve surveillance of mobile population groups at risk of malaria. The individual consultant e- and m-health expert will develop detailed terms of reference.

15. **Information and communication technology surveillance implementer in Cambodia** (sQCS). The firm/nongovernment organization (NGO) will be recruited to roll out real-time surveillance ICT solutions in Cambodia. The firm/NGO needs to work closely with the national malaria programs in participating countries .

D. Output 4

16. **Health impact assessment experts** (individual, international, 24 person-months; four national consultants, 12 person-months). The consultants will develop and implement a health impact assessment (HIA) tool for ADB's infrastructure projects and for developing member countries to apply for non-ADB-financed infrastructure projects. The consultants' tasks include the following:

(i) desk review and stakeholder consultations, including with private sector, on existing HIA tools;
(ii) determine feasibility and develop an HIA tool for use by local governments and private companies to reduce transmission risks for communicable diseases;
(iii) work with local governments to apply the HIA tool in at least four ADB infrastructure projects in areas with high risks of malaria; and
(iv) share lessons from implementing the HIA tool.

17. **Technical assistance administrator and finance experts** (two national, 48 person-months each).[2] The consultants will be responsible for TA administration following ADB internal rules and procedures. The consultants will be required to sign confidentiality agreements prior to accessing ADB project information. The consultants' tasks include the following:

(i) monitor physical progress in terms of outputs and deliverables;
(ii) follow up submission of project reports, financial statements, etc., from consultants, firms, and/or implementing partners;
(iii) maintain documents, records, and files for TA administration;
(iv) assist in consultant recruitment, contract variations, and submissions for payments;
(v) assist in preparing project briefs, presentations, and progress reports; and
(vi) assist the TA team leader in overall TA administration and implementation.

[2] Given the administrative support nature of tasks, RSDD prior to recruitment of such services, in consultation with Controller's Department, Operations Services and Financial Management Department, Budget, Personnel, and Management Systems Department, and Office of Administrative Services, will further assess the possibility of using contractual service providers to ADB for these administrative services with costs directly chargeable to the TA.

Risk Management and Risk Management Plan

This is a high-value TA and according to the staff instructions for due diligence and reporting requirements for technical assistance projects, a thorough assessment of the risks for implementing the TA needs to be conducted.

As ADB will serve as the executing and implementing agency, ADB organizational and administrative set-up; rules and procedures for transparency, accountability, and financial management; and document management and filing systems will be followed. Financing of additional experts and administrative staff needed to sustain these implementation efforts is included in the RETA and the Health Financing Partnership Facility. Procurement and financial risks are minimized by use of ADB systems. Consultations with the Office of the General Auditor (OAS), with Operations Services and Financial Management Department (OSFMD) and Office of General Counsel (OGC) confirmed that assessments of financial management systems, procurement, financial reporting are therefore not required. The risk management section below focuses on other implementation risks, which could jeopardize the outcome of the TA.

The risks can be structured around three issues: (i) Timeliness of implementation; (ii) Quality of implementation; and (iii) Salience of a malaria elimination agenda in Asia Pacific (see table attached on Risk Management).

Risk	Risk Description	Likelihood	Impact	Mitigation Actions	Early Warning Signs
Timeliness	• RETA has an implementation time of 3 years (2015–2017). UK funding to RMTF is only until end of 2017. • UK funds are committed in tranches to be released if agreed performance indicators are met. • RETA must receive concurrence from participating countries quickly after TA approval. • Project management must be in place. • Contracting processes must be timely and result in high quality outcomes.	Medium	Medium	• RETA has been designed with country participation to support timely concurrence in RETA activities by relevant national governments. • Advance action is being requested in order to begin procurement processes ahead of Board approval. • Additional national consultants will be recruited for the TA administration and financial management. • Procurement plan has been extensively discussed and reviewed with experts in OSFMD. ○ CQS is recommended for smaller contract amounts and where recruitment is time sensitive. ○ Other procurements are amalgamated under QCBS. ○ The project team will closely work with OSFMD to support timely evaluation of project proposals. • Multiple potential partners and technical resources have been identified to ensure that relevant parties can be informed of RFPs.	• Quarterly disbursement rates do not meet disbursement forecast. • Less than 40% of projects funds disbursed after 18 months of project implementation • Contracting processing timelines fall behind ADB norms.

Risk	Risk Description	Likelihood	Impact	Mitigation Actions	Early Warning Signs
Quality	• The TA needs sound technical leadership for each of the project outputs. • It requires profound technical knowledge of the malaria landscape in Asia and the Pacific.	Low	High	• A full time fixed-term ADB staff with expertise and background in managing malaria and other communicable diseases programs is being recruited outside of the RECAP under the RMTF to support management of the RETA. • A TA Advisory Committee will be formed including regional experts on key issues. • The project team closely coordinates RECAP technical work streams with the respective WHO experts. To establish a sustainable mechanism for collaboration an MOU between ADB and WHO is being put in place ahead of RETA approval. • The TOR of the APLMA Health Financing Team Leader includes technical support for Component 1 financing elements. • ADB is negotiating an MOU with the Clinton Health Access Initiative to provide further technical support on malaria commodities to APLMA and RMTF funded activities.	• WHO, countries and/or development partners express during RETA mid-term review that they do not support findings of the project analytical work or do not find RETA intermediary outputs relevant to the global malaria elimination action plan (GMAP) and the regional framework for emergency response to artemisinin resistance (ERAR)
Salience	• From a burden of diseases perspective malaria might not be a priority area for health policy makers and health experts. • Malaria elimination as a regional agenda could lose traction if leadership in this area is not sustained. • Rise of other pandemics may divert attention from malaria.	Low	Low	• The work of the Asia Pacific Leadership Alliance (APLMA) will lead to a malaria elimination statement in the 9th East Asia Summit. Such a statement will catalyze the regional leadership commitment for malaria elimination agenda. • The WHO is currently developing a Global Malaria Action Plan, which will be endorsed by WHO member countries and which will confirm the commitment to eliminating malaria in Asia Pacific. Such a commitment cannot be easily overlooked without losing the credibility of WHO member countries. • RMTF activities also support improved surveillance and identification of cases, skills that improve response to malaria as well as other epidemics. With expanded capacity, multiple diseases may be tackled.	• ASEAN, GMS, and other parties have not expressed commitment to elimination goals by end 2016. • India, Indonesia, Myanmar, or the remaining GMS countries fail to make progress in malaria elimination as identified in the APLMA malaria scorecard by end of 2016.

Risk	Risk Description	Likelihood	Impact	Mitigation Actions	Early Warning Signs
Financial Management and/or Fiduciary Risks	• Financing is improperly used. • Cost estimates are inaccurate or poorly reflect bid pricing. • Activities do not reflect RMTF intended uses and/or implementing guidelines.	Very Low	Unlikely	• ADB will be the implementing agency for the TA. ADB rules, procedures and TA project management systems will be used with ADB's high levels of internal oversight and diligence. • Additional national consultants with ADB TA implementation experience will be recruited for the TA administration and financial management. • Extensive development of TORs and costs has been undertaken, including gathering of information on similar activities from on-going projects of other development partners. • Given the large contract packages, substantial contingency has been included in the TA budget to ensure adequate budget is available. • The internal ADB RMTF governance structure is in place. Implementing Guidelines are public and transparent. • Work plans are in place with agreement of RMTF contributing partners; annual reviews with partners will consider progress made as well as proposed future programs.	• Signals from ADB Project Management systems will be responded to immediately by TA project management. • Results of annual contributing partner reviews.

Procurement Plan

Procurements	Amount	Procurement Method
1. Strengthened regional leadership on malaria and other CD threats in Asia and the Pacific		
1.1 Recruit public health expert to assist the ASEAN secretariat to coordinate on a regional malaria elimination agenda (Q4 2014)	$0.2M	Individual consultants
1.2 Conduct studies on feasibility of expanding domestic funding and of innovative financing mechanisms, including involvement of the private sector (Q1 2015)	$1.02M	Consultant Firm (QCBS)
1.3 Convene regional meeting on malaria in 2015 to review progress and develop a framework for action beyond 2015 (Q4 2015)		
1.4 Implement and update malaria scorecards, liaise with the African Leaders Malaria Alliance and identify sustainable way to continue the scorecard beyond this TA project duration. (Q4 2014 to Q3 2018)	$0.58M	WHO (SSS)
Subtotal	**$1.8M**	
2. Increased availability and use of quality assured commodities appropriate to internationally agreed guidelines for malaria and other CD threats.		
2.1 Recruit firm to conduct regional landscape analysis of major challenges in the public and private sectors to improving quality, availability and affordability of malaria drugs and other commodities, including through public procurement, conducted in five GMS countries, India and PRC (Q3 2015) and provide recommendations for action, which can be followed up in studies and capacity development activities (for example on supply chain management).	$2.6M	Consulting Firm (QCBS)
2.2 Identify suitable AP pharmaceutical and malaria commodity producers (Q1 2016).		
2.3 AP pharmaceutical and malaria commodity producers identified (Q1 2016).		
2.4 Support identified AP pharmaceutical producers to meet WHO pre-qualification for production of ACTs and other malaria commodities.		
2.5 Support the development and implementation of CORE capacity building plan to national regulatory agencies in particular for testing quality of ART and other communicable diseases pharmaceuticals (Q4 2016).	$2.06M	Center of Excellence, National University of Singapore (CORE) (SSS)
2.6 Recruit PSI to support second round of market surveys of available anti-malarial commodities in five GMS + one AP to measure market changes (Q2 2017).	$3.26M	NGO (PSI) (SSS)
Subtotal	**$7.92M**	
3. Increased Availability and Use of Quality Information, Tools and Technologies on Malaria and Other CD threats		
3.1 Recruit consultant to Identify suitable IT project for scale up and to identify and develop 2 sub-projects, which help two GMS governments in improving malaria surveillance or improving referral system at primary health care center to hospital or local level to national level to monitor patient access to testing and treatment services (Q2 2015).	$0.6M	Individual Consultants
3.2 Provide support to develop and test at least five technologies or tools in GMS countries to malaria testing and treatment (Q4 2015).	$0.04M	NGO/firm (CQS)
3.3 Provide three grants for innovative IT solution, which can be integrated in national e- and m-health strategies (Q4 2015).	$3.0M	NGO/firm (CQS)
3.4 Hold on regional knowledge sharing workshop in ICT applications in malaria and communicable diseases control (Q2 2016).	$0.04M	NGO
Subtotal	**$3.68M**	

4. Communicable diseases addressed in large commercial and infrastructure projects		
4.1 Recruit consultants to expand guidance for existing ADB environment and social Impact Assessment tool to take into account malaria and other CD threats (Q1 2015)	$0.84M	Individual consultants
4.2 Hold regional knowledge sharing and consultation workshop on best practices of malaria and other CD related health impact assessment issues in large infrastructure project (Q2 2016)	$0.03M	
4.3 Identify at least four large infrastructure project (not necessarily ADB financed) in malaria endemic area and include health component which provides malaria testing, and treatment implemented through NGOs (Q3 2017)	$1M	Firm/NGO (CQS)
Output subtotal	**$1.87M**	
Outputs Total	**$15.87**	
TA Management and Technical Support	**$0.23M**	Individual consultants
Contingencies	**$2.5M**	
Total	**$18.0M**	

Matrix of ADB activities

	Financed directly by DFAT	Regional Malaria and Other CD Threats Trust Fund			CDC 2 (2010–2015)
	RSPG			SERD	
	APLMA secretariat	RSPG			
Instrument/ Component	**RETA 8485**	**RECAP RETA 1**	**Other**	**RETA**	**OCR and ADF Loans, Co-financing**
Amount in $Mio	**1.725**	**18**	**1.35**	**5**	**9**
Areas of support:					
Leadership	EAS APLMA Leaders meetings Advocacy	Strengthening key regional partnerships, eg ASEAN, SAARC Institutional work with APMEN on longer term elimination agenda	RETA 8485: Additional financing for APLMA to (a) increase advocacy and leadership outreach ($350,000)	GMS malaria activities	GMS CDC activities
Financing	RMFTF: - Gaps analysis - Innovative financing mechanisms - Recc's for Budgets and Efficiency	Regional Trust Fund development Regional efficiency enhancements	RETA 8485: (b) support deliberations of the RFMTF ($100,000)	Budget analyses/ investment case as needed	National budgets
Commodities	AQMTF: - KM - Gaps analysis - Priorities for AR - Priorities for other technologies	Expanded Market analysis for AR Quality activities with industry and private sector Capacity building of pharma and other malaria products regulators KM re. trade, other constraints and regional mgt of drug efficacy	RETA 8485: (c) support deliberations of the AQMTF ($150,000)	Integration of malaria supply systems into CDC activities in GMS AR specific activities	IHR strengthening Health Systems Strengthening (e.g. capacity building, FETP, laboratory, data) Regulatory and policy issues Cooperation along borders Internal migrant issues
Data improvements		m-health surveillance ICT pilots Support for regional data analysis Scorecards development	RETA 8485: initiating support for scorecard development ($150,000) RETA 8656: Risk mapping and response of malaria an dengue in the GMS in GMS ($600,000)	Provincial/local improvements in timeliness and quality of data	
Country programs/ Rapid Response				Piloting of output-based responses for rapid test-treat in AR areas	
Health Impact Assessment	Consultants and consultations			Models of improved regulation and process for HIA	

Development Partners Matrix

Entity	Role	Countries covered	Structure	Relationship with RMTF
Groups Specific to Malaria				
1. Asia Pacific Leaders Malaria Alliance (APLMA)	High level political commitment and advocacy for malaria control and addressing artemisinin resistance (AR)	18 (potentially 22) Asia Pacific (AP) countries where malaria is endemic	Heads of government or their representatives. Co-chairs: PMs of Viet Nam and Australia	ADB serves as Secretariat to APLMA and can ensure leaders views are taken into account in management of RMTF
2. APLMA Access to Quality Medicines Task Force (AQMTF)	Advise APLMA and oversee workplan on quality medicines starting with antimalarials	Asia Pacific	Co-chaired by Secretaries of Health of India and Australia; more than 30 members from governments, health and regional organizations.	RMTF will provide financial support to implementation of work plans recommended by the TFs.
3. APLMA Regional Financing for Malaria Task Force (RFMTF)	Advise APLMA on options for increasing financing for malaria and other communicable diseases	Asia Pacific	Co-chaired by former ADB VP L. Greenwood with more than 20 members composed of senior policy officials, experts and private sector representatives with interest in improving regional financing for communicable diseases, representatives of international and regional organizations and non-governmental organizations with expertise in financing for regional health initiatives	
4. WHO Hub for the Emergency Response to Artemisinin Resistance (ERAR)	Technical support and coordination for addressing AR in the Greater Mekong Subregion (GMS).	Five GMS countries and Yunnan, PRC	Internal Advisory Group in WHO. External Technical Expert Group (TEG) on drug resistance.	Technical partner with RFMTF on elimination issues. May be recipient of RMTF funding for commissioned work.
5. Global Fund Regional Artemisinin Resistance Initiative (RAI) Steering Committee (RSC)	Oversight of GF funding to countries and regionally for addressing AR	Five GMS countries receiving direct funding through RAI.	Combined committee of GMS governments, development partners, other relevant stakeholders	ADB is represented on RSC. Close collaboration needed to ensure coordinated complementary funding of priority activities between GF and RMTF on AR. Potentially RMTF could receive regional funding component of RAI.

Entity	Role	Countries covered	Structure	Relationship with RMTF
6. Asia Pacific Malaria Elimination Network (APMEN)	Collaboratively address the unique challenges of malaria elimination in the region through leadership, advocacy, capacity building, knowledge exchange, building the evidence base. A particular focus on P. vivax.	14 AP countries with declared plans for national or sub-national malaria elimination. (Plus 28 interested institutions.)	APMEN Advisory Board with representatives of countries and institutions, WHO and APMEN Secretariat.	Possible technical partner with RFMTF on elimination issues. May be recipient of RMTF funding for commissioned work
7. Asian Collaborative Training Network for Malaria (ACTMalaria)	Promote cooperation and collaboration to strengthen capacity building and information exchange for the improvement of the quality and effectiveness of malaria control programs in member countries.	Cambodia Indonesia Lao PDR Malaysia Myanmar Philippines Thailand Timor-Leste Viet Nam PRC East Timor	ACTMalaria is an inter-country training and communication network which includes National Malaria Control Programs of Bangladesh, Cambodia, PRC, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, Timor-Leste, and Viet Nam.	Possible technical partner with RFMTF on elimination issues. May be recipient of RMTF funding for commissioned work
8. Malaria Consortium	A non-profit organization working to secure access to prevention, care and treatment of malaria and other CDs.	Asia: GMS (also in Africa)	Governed by a Board of Trustees, which takes the major strategic decisions for the organization. Day-to-day operational decision-making is delegated to the Chief Executive, who, with the Global Management Group, runs the organization. The Global Management Group oversees and manages the technical, management and finance functions, as well as programs at regional and country level.	Possible technical partner with RFMTF on elimination issues. May be recipient of RMTF funding for commissioned work

Entity	Role	Countries covered	Structure	Relationship with RMTF
9. Malaria No More (MNM)	A nonprofit organization that aims to end deaths caused by malaria in Africa by 2015; established in December 2006; a global network of affiliate organizations in other countries such as Canada, the United Kingdom, the Netherlands, and Japan that allows for the local advocacy to rally public support and work with other grassroots groups.	Africa – proposed plan to close by 2015; Opening office in GMS in 2014	Governed by a board and advisors including Martin Edlund, CEO; Sir Richard Feachem, Executive Director of Global Health Sciences and Director of the Global Health Group at University of California, San Francisco; and Ray Chambers, United Nations Special Envoy for Malaria; MNM has extensive global partners and supporters.	Possible source for coordinated complementary funding with other institutional donors for identified priority activities
10. Malaria Elimination Group (MEG)	A group of 48 international experts to elaborate the scientific, technical, operational, economic and programmatic issues that countries need to consider when pursuing or embarking on malaria elimination	Global	Chaired by Sir Richard Feachem with membership from UK, USA, Africa, Asia, Switzerland and Australia.	Possible technical resource partner
11. Medicines for Malaria Venture (MMV)	A not-for-profit public-private partnership, based in Switzerland; aims to reduce the burden of malaria in disease-endemic countries by discovering, developing and facilitating delivery of new, effective and affordable antimalarial drugs.	n/a	MMV is run by an experienced management team and governed by a Board of Directors. Expert advisory committees provide guidance in the fields of science, global safety and access.	May be recipient of RMTF funding for commissioned work; product development partnership (PDP) in the field of antimalarial drug research and development.
12. Mekong Malaria Programme (MMP)	A USAID – funded comprehensive malaria strategy to address common Mekong challenges to reduce malaria mortality and morbidity.	GMS countries	Multi-partners' program, in line with WHO/WPRO and SEARO strategies, supported mainly with US Agency for International Development (USAID) funds	

Entity	Role	Countries covered	Structure	Relationship with RMTF
13. Pacific Malaria Initiative Support Centre		Solomon Islands and Vanuatu		
14. Roll Back Malaria Partnership	A global framework to implement coordinated action against malaria; aiming to reach universal coverage and strengthen health systems.	Global	Comprised of more than 500 partners including endemic countries, development partners, the private sector, NGOs and community-based organizations, foundations and research and academic institutions	May be recipient of RMTF funding for commissioned work for advocacy, in close collaboration with the Champion's group.
15. President's Malaria Initiative (PMI)	Aims to reduce the intolerable burden of malaria and help relieve poverty on the African continent	19 African countries plus Mekong Subregion	PMI is an interagency initiative led by the USAID and implemented together with the US Centers for Disease Control and Prevention (CDC) of the US Department of Health and Human Services (HHS). It is overseen by a US Global Malaria Coordinator and an Interagency Advisory Group made up of representatives of USAID, CDC/HHS, the Department of State, the Department of Defense, the National Security Council, and the Office of Management and Budget.	Possible source for coordinated complementary funding with other institutional donors for identified priority activities

Entity	Role	Countries covered	Structure	Relationship with RMTF
Groups that are relevant but not specific to malaria				
1. WHO Western Pacific Regional Office (WPRO)	Technical guidance and support to countries on all health matters. Have coordinated regional strategies on malaria control/elimination and (with WHO HQ) AR.	All countries of WHO WP region	Regional Committee of government representatives endorses resolutions and elects regional director. Regional and country offices	Key technical partner in malaria and CD threats, and in areas such as access to quality medicines
2. WHO South East Asia Regional Office (SEARO)		All countries of WHO SEA region		
3. Association of South East Asian Nations (ASEAN) Health Ministers Meeting (AHMM) and Senior Officials' Meeting on Health Development (SOMHD)	Cooperation among countries on multiple topics. Regional integration.	Ten countries of SEA. "ASEAN plus 3" adds PRC, Japan and Republic of Korea	Annual ASEAN Summit of heads of government. Multiple senior officials meetings and expert groups. Annual meeting, informed by preparatory meetings	Close collaboration needed to ensure RFMTF takes maximum advantage of working with/through ASEAN leaders and expert groups. ASEAN expert groups could play a leading role in RFMTF activities and potentially receive funding from RMTF to carry out their role.
4. ASEAN Experts Group on Communicable Diseases (AEGCD)	Two of many expert and working groups. These are of particular relevance to malaria, other CD threats and artemisinin resistance	As above	Various meetings including of sub-groups. Generally rotating chairpersons.	
5. ASEAN Expert Group on Pharmaceutical Development (AWGPD)				
6. Bill and Melinda Gates Foundation	To develop groundbreaking approaches to reducing the burden of malaria and accelerating progress toward eradication of the disease	Global	Management Committee oversees all the foundation's efforts; ensures efficient performance and to facilitate cross-functional connections; Global Heath Program leadership team oversees the foundation's work to improve health conditions in developing countries	Possible source for coordinated complementary funding with other institutional donors for identified priority activities

Entity	Role	Countries covered	Structure	Relationship with RMTF
7. Clinton Health Access Initiative (CHAI)	Partnership with governments on a wide range of issues including HIV/AIDS, malaria, and maternal and child health, as well as strengthening in-country health systems, expanding human resources for health, and improving markets for medicines and the efficiency of health resource allocation.	Global	Chaired by President Bill Clinton; works at the invitation of governments to strengthen and sustain their own capacity to provide long-term healthcare to their citizens	Possible source for coordinated complementary funding with other institutional donors for identified priority activities
8. Population Services International (PSI)	A global health organization working in partnership with local governments, ministries of health and local organizations to create health solutions	Global	A key implementing agency of the Roll Back Malaria (RBM) Partnership. PSI is an active member of the NGO delegation to the RBM Board and is a member of eight RBM technical working groups.	Key technical partner