Technical Assistance Report

Project Number: 48446-001
Regional—Capacity Development Technical Assistance (R-CDTA)
August 2015

Malaria and Communicable Diseases Control in the Greater Mekong Subregion

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

Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
CDC	–	communicable diseases control
CDC2	–	Second Greater Mekong Subregion Regional Communicable Diseases Control
CLM	–	Cambodia, the Lao People's Democratic Republic, and Myanmar
FBS	–	fixed-budget selection
GMS	–	Greater Mekong Subregion
KNS	–	knowledge solutions
Lao PDR	–	Lao People's Democratic Republic
MMP	–	migrant and mobile population
MOH	–	Ministry of Health
NGO	–	nongovernment organization
RCU	–	regional coordination unit
TA	–	technical assistance
WHO	–	World Health Organization

NOTE

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

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CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data

Project Number: 48446-001

Project Name	Malaria and Communicable Diseases Control in the Greater Mekong Subregion	**Department /Division**	SERD/SEHS
Country	REG, CAM, LAO, MYA	**Executing Agency**	Asian Development Bank
Borrower	Greater Mekong Subregion: Cambodia, Lao PDR, and Myanmar		

2. Sector

	Subsector(s)	Financing ($ million)
✓ Health	Disease control of communicable disease	4.50
	Total	**4.50**

3. Strategic Agenda

	Subcomponents
Inclusive economic growth (IEG)	Pillar 2: Access to economic opportunities, including jobs, made more inclusive
Regional integration (RCI)	Pillar 4: Other regional public goods

Climate Change Information

Climate Change impact on the Project	Low

4. Drivers of Change

	Components
Governance and capacity development (GCD)	Institutional development
Knowledge solutions (KNS)	Knowledge sharing activities
Partnerships (PAR)	Commercial cofinancing Official cofinancing Regional organizations

Gender Equity and Mainstreaming

Some gender elements (SGE)	✓

5. Poverty Targeting

Project directly targets poverty	Yes
MDG-targeting (TI-M)	MDG6

Location Impact

Not Applicable

6. TA Category: B

7. Safeguard Categorization Not Applicable

8. Financing

Modality and Sources	Amount ($ million)
ADB	**0.00**
None	0.00
Cofinancing	**4.50**
Regional Malaria and Other Communicable Disease Threats Trust Fund	4.50
Counterpart	**0.00**
None	0.00
Total	**4.50**

9. Effective Development Cooperation

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

I. INTRODUCTION

1. The governments of Cambodia, the Lao People's Democratic Republic (Lao PDR), and Myanmar have requested capacity development technical assistance (TA) from the Asian Development Bank (ADB) to support malaria elimination efforts and communicable diseases control (CDC) in the Greater Mekong Subregion (GMS). The request, made through the ministries of health (MOHs), asked that the TA focus on developing a comprehensive approach to drug-resistant malaria in Myanmar, and on improving regional cooperation on malaria and CDC across the GMS. This proposed TA program has been developed through an initial consultation in Bangkok, Thailand, which took place in July 2014, and subsequent fact-finding missions conducted in 2014 and 2015. During the missions, the governments of Cambodia, the Lao PDR, and Myanmar (CLM) and ADB agreed on the TA impact, outcome, implementation arrangements, costs and financing arrangements, and terms of reference for consultants. The design and monitoring framework is in Appendix 1.[1]

II. ISSUES

2. **Multidrug-resistant malaria.** The spread of multidrug-resistant malaria is jeopardizing the remarkable progress made in malaria control since 2000 in the GMS countries and globally. Resistance to artemisinin was initially found in 2008 in western Cambodia and has since been detected in the Lao PDR and Myanmar. Resistance has spread to therapies combining several drugs. Over 120 million people in the GMS are at risk of contracting malaria annually.[2] The World Health Organization (WHO) has concluded that malaria elimination in the GMS is now the only way to address the threat of drug resistance and prevent the loss of the most potent frontline treatments for malaria. The WHO estimates that the cost of eliminating malaria in the subregion will range from $3.2 billion to $3.9 billion over 15 years. This represents an average of $1.8–$2.2 per capita for the population at risk and is expected to yield cost savings and social benefits of up to $9 for each $1 invested.[3] To effectively eliminate malaria, it is critical to improve patient diagnosis, adherence to and follow-up of treatment, and to move rapidly towards elimination while the tools for treatment remain effective.

3. **Malaria and communicable disease control in Myanmar.** Myanmar has the highest incidence of malaria in the GMS and one of the least-developed programs for malaria care. It represents the largest and most difficult environment for malaria elimination in the subregion. The government identified three major key constraints: (i) undeveloped disease surveillance systems; (ii) inadequate quality assurance systems for malaria diagnostic in laboratories; and (iii) large populations currently underserved by the public health system. Myanmar will need to improve in each of these areas before a malaria elimination strategy is implemented nationwide.

4. **Migrant and mobile populations.** Migrant and mobile populations (MMPs) are a key risk group for malaria because they are often (i) more exposed to disease vectors, and (ii) out of reach of the health system. In addition, MMPs contribute to malaria-spreading as they move between regions and mosquito populations. This is facilitated by economic corridors contributing to mobility increase within the six GMS countries. In 2009, the Mekong Migration Network estimated that the GMS was home to 3 million–5 million migrants.[4] This mobility is expected to

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[1] The TA first appeared in the business opportunities section of ADB's website on 9 July 2015.

[2] W. M. Kazadi. 2015. *Strategy to move from accelerated burden reduction to malaria elimination in the GMS by 2030*. Presentation at Medicines for Malaria Venture 13th Stakeholder Meeting. Cambodia. 24–26 February.

[3] Technical Expert Group on Drug Resistance and Containment. 2014. *Feasibility of Plasmodium falciparum elimination in the Greater Mekong Subregion: technical, operational and financial challenges.* Presentation at the Malaria Policy Advisory Committee Meeting. Geneva.

[4] Mekong Migration Network. http://www.mekongmigration.org.

increase even further with the Association of Southeast Asian Nations economic integration. Despite their at-risk status for communicable diseases, most MMPs remain at the margins of national malaria programs and few interventions have been designed to meet their specific needs. In order to achieve elimination, national malaria programs must engage specific strategies to reach these populations with prevention and treatment.

5. **Regional coordination**. The increase in migration and the spread of multidrug resistance must be addressed through improved regional coordination. Despite significant investments in malaria control and the recognition that malaria is not limited by national boundaries, there is still limited data-sharing across borders in key outbreak scenarios, and high-level political barriers to cross-border treatment remain. Eliminating malaria from the subregion will fail if countries do not have the data and agreements to address malaria transmission across borders. Improving coordination across countries to address these gaps is a prerequisite for achieving elimination.

6. **Governments' strategy.** In 2014, heads of governments at the Ninth East Asia Summit agreed to the historic goal of an Asia and Pacific region free of malaria by 2030. This requires a significant increase in investments so that national malaria control programs can implement effective elimination strategies. Every country in the GMS has developed a plan for malaria elimination. The proposed TA activities have been identified in collaboration with the national malaria programs and WHO technical advice, to complement the other development partners' engagement and, in particular, the assistance of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

7. **ADB assistance.** Since 2006, ADB has supported several CDC projects in the GMS, which have fostered regional cooperation on disease control, promoted information exchanges between countries and adjacent provinces, strengthened the diagnostic capacity and disease surveillance and response systems at provincial level, and developed staff capacity.[5] Lessons learned from those projects show that progress need to be made in (i) targeting vulnerable groups, in particular MMPs; (ii) strengthening diagnostic and treatment capacity in the remote districts; (iii) improving diseases surveillance and rapid response to epidemics; and (iv) involving private sector in the delivery of health services targeting vulnerable groups. The proposed TA will focus on those gaps and will complement the additional financing grant for ADB's Second Greater Mekong Subregion Regional Communicable Diseases Control (CDC2) Project (footnote 5), which focuses on supporting malaria elimination in Cambodia, the Lao PDR, and Viet Nam. The TA will coordinate with the existing regional HIV/AIDS project in the Lao PDR and with the capacity building for HIV/AIDS grant in Myanmar.[6] ADB's $125 million loan for the GMS Health Security Project, scheduled to start at the end of 2016, will complement and streamline the ADB CDC engagement in the GMS, summarized in the Supplementary Appendix. The TA is in line with (i) the midterm review of the ADB Strategy 2020 which recommends expanding operations

[5] ADB. 2005. *Report and Recommendation of the President to the Board of Directors: Proposed Grant to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for the Greater Mekong Subregion Regional Communicable Diseases Control Project*. Manila; and ADB. 2010. *Report and Recommendation of the President to the Board of Directors: Proposed Loan and Grants to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for the Second Greater Mekong Subregion Regional Communicable Diseases Control Project*. Manila.

[6] ADB. 2012. *Report and Recommendation of the President to the Board of Directors. Proposed Loan, Grant, and Administration of Technical Assistance Grant to the Lao People's Democratic Republic and the Socialist Republic of Viet Nam for the Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project*. Manila; and ADB. 2013. *Proposed Grant Assistance to Myanmar for the Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention*. Manila.

in the health sector to 3%–5% of its annual approvals;[7] (ii) the Operational Plan for Health;[8] and (iii) the Regional Cooperation and Integration Strategy,[9] which emphasizes the threat of rapid transmission of communicable diseases and highlights ADB's role in addressing health challenges at the regional level. The TA concept paper was approved by the ADB Management on 6 July 2015. The TA is included in ADB's country operation business plan for Myanmar, 2015–2017.[10] It builds on malaria elimination efforts that ADB has carried out in the region, and it will coordinate closely with these investments, including the Asia–Pacific Leaders Malaria Alliance, which was established at the East Asia Summit in 2012, and which ADB hosts. The proposed intervention modality will allow a swift inclusion of Myanmar in the regional coordination, a timely use of the available grant resources and a good linkage between current or past TA and grant interventions and the GMS Health Security loan in preparation.

III. THE PROPOSED CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE

A. Impacts and Outcome

8. The impacts will be (i) malaria eliminated across Cambodia by 2025 (aligned with the National Malaria Control Program, National Centre for Parasitology, Entomology and Malaria Control); (ii) malaria fully eliminated in the Lao PDR by 2030 (aligned with the National Strategy for Malaria Control and Elimination); and (iii) malaria fully eliminated in Myanmar by 2030 (aligned with National Comprehensive Development Plan, Health Sector 2011–2012 to 2030–2031). The outcome will be national malaria and CDC programs strengthened and better coordinated in CLM. To reach the impacts, the TA will be complemented by future ADB engagement in health security in the GMS and by the engagement of other donors, principally the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

B. Methodology and Key Activities

9. The TA will have three outputs designed to address gaps in combating multidrug resistance and improving national malaria programs: (i) Myanmar malaria surveillance and diagnostic systems improved, (ii) MMPs' specific needs for malaria prevention and treatment addressed, and (iii) regional coordination on malaria and CDC among GMS countries strengthened. Each has been identified by the MOHs in CLM as a key gap in need of support. Each workstream will contribute directly to the national malaria programs and play a critical role in malaria elimination in each country.

10. **Myanmar malaria surveillance and diagnostic systems improved.** The TA will strengthen the Myanmar MOH national surveillance system through (i) a review and update of national malaria surveillance guidelines (in coordination with the MOH, donors, nongovernment organizations [NGOs], and private health care providers); (ii) the provision of software and hardware equipment to the National Malaria Control Program; (iii) the development of monitoring tools and training manuals for strengthened surveillance systems; (iv) the design and implementation of a unified malaria surveillance system and national operating procedures; (v) the training of the National Malaria Control Program staff; and (vi) the implementation of the improved national system in at least two regions and five townships. The TA will improve the national quality assurance program for malaria diagnosis in Myanmar through (i) the update of the national guidelines on malaria diagnostic quality assurance; (ii) the design of enhanced

[7] ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific.* Manila.
[8] ADB. 2015. *Operational Plan for Health, 2015–2020*. Manila.
[9] ADB. 2006. *Regional Cooperation and Integration Strategy*. Manila.
[10] ADB. 2014. *Country Operations Business Plan: Myanmar, 2015–2017.* Manila.

malaria diagnostic quality operating procedures; (iii) the upgrade and refurbishment of at least 10 public health laboratories in two states or regions compliant with approved national guidelines on malaria diagnostic quality assurance (including the national reference laboratory); and (iv) the application and testing of the system in the selected regions and townships.

11. **MMPs' specific needs for malaria prevention and treatment addressed.** The TA will support pilot efforts to reach MMPs in private sector projects in Myanmar, and in neighboring provinces in Cambodia and the Lao PDR. For Myanmar, specific activities will cover (i) the mapping of private sector efforts in the chosen endemic areas, (ii) the establishment of malaria services at trial sites, and (iii) the evaluation of pilots to draw lessons for scale-up and broader access to medical care for MMPs in private sector projects. Innovative approaches will consider women's and ethnic minority issues. Cross-border malaria prevention and treatment program for MMPs in the Cambodia–Lao PDR border will be designed and implemented based on a mapping of MMPs' risks and vulnerabilities to malaria and other relevant health threats, and their access to services both public and private.

12. **Regional coordination on malaria and CDC among GMS countries strengthened**. The TA will build on regional cooperation mechanisms and the regional coordination unit (RCU) already established under the CDC2 Project (footnote 5) to (i) reinforce the mechanisms for cross-border information sharing on malaria and communicable disease outbreaks, and the mechanisms for cross-border treatment through high-level policy agreements; (ii) provide TA to malaria programs in implementing these cross-border treatment and data sharing plans; and (iii) develop cross-border action plans for MMPs to be endorsed and adopted by CLM MOHs.

C. Cost and Financing

13. The TA is estimated to cost $4,700,000, of which $4,500,000 will be financed on a grant basis by the Regional Malaria and Other Communicable Disease Threats Trust Fund[11] under the Health Financing Partnership Facility and administered by ADB. The governments of CLM will provide counterpart support in the form of office space, salaries of implementation agency staff, and other in-kind contributions. The cost estimates and financing plan are in Appendix 2.

D. Implementation Arrangements

14. ADB will be the executing agency, and the TA will be implemented from 1 October 2015 to 30 June 2017. The implementing agency in each of the project countries will be (i) MOH's CDC Department, National Center for Parasitology Entomology and Malaria Control (Cambodia); (ii) MOH's Department of Planning and International Cooperation and CDC Department, National Center for Laboratory and Epidemiology, National Center of Malariology, Parasitology, and Entomology (Lao PDR); and (iii) MOH's CDC Department, including the National Malaria Control Program (Myanmar).

15. The capacity of implementing agencies is adequate to implement the TA. There are no funds to be delegated to the governments of Cambodia and Myanmar as part of the TA implementation arrangements. In the Lao PDR, an advance payment facility will be provided to the implementing agency, which has a successful track record of administering ADB funded projects. The advance payment facility will finance the administrative costs of the RCU (footnote 5), including maintenance of the existing GMS CDC web portal.

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

16. ADB will recruit several international NGOs to execute the TA activities from November 2015 to June 2017: (i) development and rollout of the malaria program surveillance system, malaria data collection, reporting, and analysis in Myanmar ($850,000); (ii) development and rollout of laboratory quality assurance control for malaria-testing in Myanmar ($1,000,000); (iii) identification of needs and service delivery for MMPs in private sector projects in Myanmar ($750,000); and (iv) identification of needs and service delivery for MMPs in the Cambodia–Lao PDR border provinces ($650,000). NGOs will be recruited following fixed-budget selection using simplified technical proposal procedures because the terms of reference are precisely defined and the budget is fixed and cannot be exceeded. In addition, the TA will hire three individual consultants to provide TA to the implementing agencies and support overall TA coordination: (i) one regional coordinator (international, 21 person-months), (ii) public health specialist (international, 18 person-months), and (iii) a knowledge management specialist (national, 18 person-months). Flexibility to mobilize expertise as required will be provided by determining the terms of reference and selection method during TA implementation for 6 person-months of international, and 15 person-months of national consulting services, possibly in the areas of malaria elimination, quality assurance, disease surveillance, MMPs, and procurement and finance. The TA will also mobilize short-term resource persons to provide specific expertise on surveillance, quality assurance and MMPs. All international NGOs and individual consultants will be hired in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). Advance action for consultant selection and recruitment is proposed to avoid initial start-up delay. The outline terms of reference for consultants are in Appendix 3.

17. Equipment under the TA will be procured in accordance with ADB's Procurement Guidelines (2015, as amended from time to time). The international NGOs contracted by ADB will act as procurement agent and will conduct all procurement procedures on behalf of the government in consultation with the implementing agency. The implementing agency will contract the winning bidder and purchase the equipment. The suppliers will be paid through the direct payment procedure by ADB. All equipment procured under the TA will be retained by the implementing agencies on completion of the TA. The implementing agency in the Lao PDR will be provided with an advance payment facility to finance the recurrent costs of the RCU. Funds will be disbursed in accordance with ADB's Technical Assistance Disbursement Handbook (2010, as amended from time to time). The RCU will coordinate regional conferences and cross-border activities and maintain the existing CDC2 Project web portal. The international NGOs will support the organization of conferences in Myanmar and the participation of Myanmar delegates to regional conferences.

18. Knowledge products, such as mapping results of MMPs malaria needs in private sector settings and in border areas, reinforcing malaria surveillance systems, and standardizing quality assurance protocols for malaria diagnostics in the GMS, will be developed and shared with relevant stakeholders.

IV. THE PRESIDENT'S RECOMMENDATION

19. The President recommends that the Board approve ADB administering technical assistance not exceeding the equivalent of $4,500,000 to the governments of Cambodia, the Lao People's Democratic Republic, and Myanmar 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 Malaria and Communicable Diseases Control in the Greater Mekong Subregion.

DESIGN AND MONITORING FRAMEWORK

Impacts the Technical Assistance is Aligned With
Malaria eliminated across Cambodia by 2025 (National Malaria Control Program, National Centre for Parasitology, Entomology and Malaria Control); Malaria fully eliminated in the Lao PDR by 2030 (National Strategy for Malaria Control and Elimination—East Asia Summit Statement 2014); and Malaria fully eliminated in Myanmar by 2030 (National Comprehensive Development Plan, Health Sector 2011–2012 to 2030–2031, East Asia Summit Statement 2014).

Results Chain	**Performance Indicators with Targets and Baselines**	**Data Sources and Reporting Mechanisms**	**Risks**
Outcome National malaria and CDC programs strengthened and better coordinated in CLM	a. By June 2018, Myanmar National Malaria Control Program has endorsed the national malaria surveillance guidelines (2015 baseline: Draft not yet available) and the national malaria diagnostic quality assurance guidelines (2015 baseline: Draft not yet available) b. By June 2018, CLM national malaria control programs have endorsed the recommendations of the interventions for MMPs in private sector projects and in cross border areas (2016 baseline: Draft not yet available) c. By June 2018, CLM malaria control programs have established periodic malaria incidence information exchange (2016 baseline: Information exchange not yet started) d. By June 2018, CLM malaria control programs have developed annual plans for cross border activities focusing on malaria (2016 baseline: Draft not yet available)	a.–b. Reports of the national malaria programs c. Report in malaria incidence endorsed by the malaria control programs d. Plan endorsed by CLM malaria national programs	Economic and political instability in the project areas and project countries Shift of health focus of the newly elected Myanmar government
Output 1. Myanmar malaria surveillance and diagnostic systems improved	1a. By June 2017, improved malaria surveillance system tested in at least two regions and five townships, using enhanced national guidelines (2015 baseline: Draft surveillance system not yet started) 1b. By June 2017, at least 10 public health centers in 2 regions or states compliant with the National Guidelines on Malaria Diagnostic Quality Assurance (Baseline: 0)	1a. Consultant quarterly and completion reports, and MOH annual reports 1b. Consultant quarterly and completion reports, and MOH annual reports	Lack of qualified health workers in the laboratories
Output 2. MMPs' specific needs for malaria prevention and treatment	2a. By 30 June 2016, mapping report of large-scale private sector projects employing mobile populations in the	2 a–b. Consultant quarterly and completion reports	NGO and private sector not authorized to work

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
addressed	project's endemic areas completed (2015 baseline: Database map not yet available) 2b. By June 2017, at least three gender-responsive interventions for MMPs in private sector projects operating in malaria endemic areas designed and tested (2015 baseline: 0)		in high-risk areas Private sector operations do not provide access
Output 3. Regional coordination on malaria and CDC among GMS countries strengthened	By 30 June 2017: 3a. Mechanisms established to share information about communicable disease outbreaks (including malaria) in CLM enable transmission of information within 48 hours (2014 baseline: No existing mechanisms) 3b. At least two regional meetings with CLM participants issue recommendations for malaria regional surveillance system and activities focused on MMPs (Baseline: Not applicable)	3a. National malaria programs annual reports 3b. Regional meetings reports	Political and administrative constraints in data and information-sharing

Key Activities with Milestones

Output 1. Myanmar malaria surveillance and diagnostic systems improved

a. Malaria surveillance

1.1 Hire consultant for malaria surveillance (November 2015).
1.2 Consult with national malaria program and development partners on surveillance system (November 2015) (GCD).
1.3 Preliminary design of the strengthened malaria surveillance in dialogue with national malaria program (December 2015–January 2016) (KNS).
1.4 Procure and install information technology hardware (January 2016–March 2017).
1.5 Develop the system and capacity-building in the new interface with national staff (January 2016–August 2016).
1.6 Phased rollout of the system to the regions and townships (August 2016–May 2017).
1.7 Ongoing support and capacity-building of the regional and township staff (April 2016–May 2017).
1.8 Evaluate the surveillance system and review recommendations (May 2017) (GCD).
1.9 Provide support to the MOH for drafting national malaria surveillance guidelines (May 2017).
1.10 Dissemination workshop of the draft national malaria surveillance guidelines (June 2017) (KNS).
1.11 MOH endorses new national malaria surveillance guidelines (June 2018) (GCD).

b. Malaria diagnostic quality assurance

1.1 Hire consultant for diagnostic quality (November 2015).
1.2 Consult with national malaria program and development partners (November 2015) (GCD).
1.3 Preliminary design of the strengthened national diagnostic quality assurance program in dialogue with national malaria program (December 2015–February 2016) (KNS).
1.4 Purchase the minor laboratory equipment, rapid tests (January 2016–March 2017).
1.5 Develop the system and training, and workshop with national staff (January 2016–August 2016).
1.6 Phased rollout of system to regions and townships (August 2016–May 2017).
1.7 Ongoing support and capacity-building of the regional and township staff (April 2016–May 2017).
1.8 Evaluate the quality assurance system and review the recommendations (May 2017) (GCD).

Key Activities with Milestones

1.9 Provide support to the MOH for drafting national malaria diagnostic quality assurance guidelines (May 2017).
1.10 Dissemination workshop of the draft national malaria diagnostic quality assurance guidelines (March 2017) (KNS).
1.11 MOH endorses new national malaria surveillance guidelines (June 2018) (GCD).

Output 2. MMPs' specific needs for malaria prevention and treatment addressed

2.1 Hire consultant for workstream (November 2015).
2.2 Collect data on (i) private sector operations employing MMPs in Myanmar malaria endemic areas, and (ii) MMPs in Cambodia–Lao PDR border provinces (December 2015–February 2016).
2.3 Design the intervention in dialogue with national programs (March 2016).
2.4 Conduct interventions aiming to improve malaria service delivery for MMPs in private sector projects (April–June 2017).
2.5 Where possible, incorporate private sector cases into national data systems at selected sites (April–June 2017).
2.6 Evaluate the pilots and recommendations for scale-up (March 2017).
2.7 Support the MOH to draft the recommendations for new national health policies on MMPs (April 2017).
2.8 Dissemination workshops to discuss recommendations and integration of results and approaches in national health policies on MMPs (June 2017) (GCD).
2.9 MOHs endorse recommendations for new national health policies on MMPs (June 2018) (GCD).

Output 3. Regional coordination on malaria and CDC among GMS countries strengthened

3.1 Hire consultants for the regional coordination unit (October 2015).
3.2 Support governments in developing plans and policy agreements for outbreak data sharing (January–March 2016).
3.3 Implement outbreak data-sharing system (March 2016–June 2017) (GCD).
3.4 Organize bilateral or regional meetings to facilitate policy agreement on cross-border treatment and interventions (December 2015–June 2017).
3.5 Develop cross-border action plans based on these agreements and implementation with partners and MOHs (June 2017) (GCD).
3.6 Organize regional workshops and consultations to endorse results of the MMPs interventions and integrate in regional and/or bilateral memorandums of understanding on malaria and MMPs (March 2017).

Inputs

Regional Malaria and Other Communicable Disease Threats Trust Fund: $4,500,000
under the Health Financing Partnership Facility
The governments of CLM will provide counterpart support in the form of office space, utilities, salaries of implementation agency staff, and other in-kind contributions.

Assumptions for Partner Financing

Not applicable.

CDC = communicable diseases control; CLM = Cambodia, the Lao People's Democratic Republic, and Myanmar; GCD = governance and capacity development; GMS = Greater Mekong Subregion; Lao PDR = Lao People's Democratic Republic; KNS = knowledge sharing; MOH = Ministry of Health; MMP = migrant and mobile population.
Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Amount
Regional Malaria and Other Communicable Disease Threats Trust Fund[a] under the Health Financing Partnership Facility	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	1,896.4
ii. National consultants	648.6
b. International and local travel	441.4
c. Reports and communications	21.0
2. Equipment[b]	436.0
3. Workshops, training, seminars, and conferences[c]	200.6
4. Vehicles rental[d]	59.0
5. Surveys	122.0
6. Miscellaneous administration and support costs[e]	260.0
7. Contingencies	415.0
Total	**4,500.0**

Note: The technical assistance is estimated to cost $4,700,000, of which contributions from Regional Malaria and Other Communicable Disease Threats Trust Fund are presented in the table above. The governments of Cambodia, Lao People's Democratic Republic, and Viet Nam will provide counterpart support in the form of office space, utilities, salaries of implementation agency staff, and other in-kind contributions.

[a] Financing partners: the governments of Australia and the United Kingdom. Administered by ADB.

[b] Equipment.

Type	Quantity	Cost
Desktop computers	50	$ 75,000
Laptop computers	50	$ 75,000
Laser printers	50	$ 25,000
Microscopes	30	$ 75,000
Other laboratory equipment and reagents		$186,000

[c] ADB staff may be used as facilitators during workshops, training, and conferences.

Purpose	Venue	No. of targeted Participants
Regional cross border malaria treatment and prevention	Bangkok	60
Migrant and Mobile Populations Vulnerability and Risk Assessment	Bangkok	120
Malaria surveillance system	Vientiane	60
Standardizing Quality Assurance In Malaria diagnostics	Nay Pyi Taw	70

[d] Vehicle rental.

Justify the use of and the need to purchase or lease a vehicle	Number
Field trips in the targeted border areas	5

[e] Translation and publication costs, web portal maintenance, and administrative costs of the regional coordination unit.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. The regional capacity development technical assistance (TA) will include five interventions which will contribute:

(i) to design and implement the strengthened surveillance system in Myanmar,
(ii) to design and implement the strengthened malaria diagnostic quality system in Myanmar,
(iii) to pilot interventions addressing the needs of the migrant and mobile populations (MMPs) in private sector projects in Myanmar,
(iv) to pilot interventions addressing the needs of MMPs in borders of Cambodia and the Lao People's Democratic Republic (Lao PDR), and
(v) to facilitate regional coordination on data-sharing and cross-border activities.

2. The core elements of this work on surveillance, diagnostic quality, and MMPs will be contracted to international nongovernment organizations (NGOs) with a strong expertise in these areas. Use of international NGOs for these workstreams is essential given the high level of institutional knowledge required for implementation and the necessity for expertise in the national context. Further, the Government of Myanmar requires that NGOs conclude a memorandum of understanding with the Ministry of Health as a precondition to operate in Myanmar. The Asian Development Bank (ADB) will select and engage international NGOs in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time).

3. These consultant-led workstreams will be coordinated by a team of three consultants whose role is to (i) manage the workstream on regional coordination, (ii) ensure smooth and timely TA implementation across all workstreams in the project, and (iii) support efforts in each workstream where ADB's convening power is required. ADB will select and engage the consultants using individual consultant recruitment procedure in accordance with ADB's Guidelines on the Use of Consultants.

A. Interventions

1. Support to the Myanmar National Malaria Surveillance System

4. At the request of the Government of Myanmar, ADB will support the development and testing of a stronger system for reporting of malaria data nationally. This system will preferably be electronic (e.g., web-based) and enable the rapid and effective data management that is essential for malaria elimination.

5. One international NGO (the consulting team) will be recruited as the consultant through fixed-budget selection (FBS). An output-based, lump-sum contract will be considered. The consulting team will work under the guidance of the Myanmar National Malaria Program and consult regularly with the experts of the World Health Organization–Emergency Response to Artemisinin Resistance (WHO-ERAR) in the Greater Mekong Subregion (GMS) and other WHO branches to facilitate harmonization with other GMS countries in (i) the type of malaria-related data that will be collected and reported; (ii) the frequency of reporting; (iii) the analyses of the data; and (iv) the follow-up feedback to townships and provinces, sharing with other national malaria programs in the GMS, recommendations, and follow-up interventions.

6. The consulting team will support the national malaria program and the Ministry of Health (MOH) communicable diseases control department in further developing the national malaria surveillance system and in ensuring the compatibility of the malaria surveillance system with other communicable diseases surveillance systems. The tasks shall include but are not limited to (i) reviewing and updating the National Malaria Surveillance Framework and Guidelines (in coordination with the MOH, development partners, NGOs, and private health facility operators); (ii) providing software and hardware equipment when relevant; (iii) developing monitoring tools, a database system, and training manuals for strengthened surveillance systems; and (iv) designing and implementing of unified malaria surveillance system and national operating procedures. At least one staff member will be directly seconded to the national program's team in Nay Pyi Taw.

7. Once designed, the consultant will support the MOH in piloting the malaria surveillance system in at least two regions and five townships to expand it at the national level. Support will include training of staff, provision of hardware, support during implementation, and data analysis and preparation of reports.

8. The development, implementation, monitoring, and evaluation of the malaria data collection and analysis program is estimated to cost about $850,000, including (i) consultants (health information experts, consultants for software design specialists); (ii) procurement of information technology equipment; and (iii) training and support. The consultant will procure equipment in accordance with ADB's Procurement Guidelines (2015, as amended from time to time). The consultant will act as a procurement agent and will conduct all procurement procedures on behalf of the government, and select the winning bidder in consultation with the implementing agency. The implementing agency will sign the contract and purchase the equipment. The suppliers will be paid through the direct payment procedure by ADB. All equipment procured under the TA will be retained by the implementing agencies upon TA completion.

2. Support to Laboratory Quality Assurance Control for Malaria Diagnostic in Myanmar

9. At the request of the Government of Myanmar, ADB will support the development of an accurate and reliable quality assurance system for malaria diagnosis in line with the global guidance for elimination programs. Strengthening and rolling out the quality assurance system for malaria diagnostics will enable effective case finding, and support the case tracking and follow-up that is critical for ensuring effective elimination.

10. One international NGO (the consulting team) will be recruited as the consultant through FBS. An output-based, lump-sum contract will be considered. The consulting team will support the National Malaria Control Program in (i) a review and update of the National Guidelines and Protocols on Malaria Diagnostic Quality Assurance (in coordination with the MOH, development partners, NGOs, and private health facility operators); (ii) the upgrading and refurbishing of at least 10 public health laboratories in two states or regions to comply with approved National Guidelines and Protocols on Malaria Diagnostic Quality Assurance (potentially including the national reference laboratory); (iii) the design and implementation of unified malaria diagnostic quality operating procedures (national); and (iv) the application and testing of the system in the selected regions and townships. At least one staff member will be directly seconded to the national program's team in Nay Pyi Taw for the duration of the project.

11. The development, implementation, monitoring, and evaluation of the malaria data collection and analysis program are estimated to cost $1,000,000. The consulting team will procure equipment in accordance with ADB's Procurement Guidelines. The consulting team will act as a procurement agent and will conduct all procurement procedures on behalf of the government, and select the winning bidder in consultation with the implementing agency. The implementing agency will sign the contract and purchase the equipment. The suppliers will be paid through the direct payment procedure by ADB. All equipment procured under the TA will be retained by the implementing agencies on completion of the TA.

3. Migrant and Mobile Populations Needs and Service Delivery

12. At the request of the governments of Cambodia, the Lao PDR, and Myanmar (CLM), ADB will support (i) the mapping of private sector operators with large MMP workforces and will conduct interventions to reach those MMPs with malaria care in at least three pilot sites in Myanmar, and (ii) one pilot site for MMPs in the Cambodia–Lao PDR border. This will help reach a key risk group for artemisinin resistance and lay the foundation for a comprehensive elimination approach.

13. Two international NGOs (the consulting team) will be recruited as the consultant through FBS. The consulting company will procure equipment in accordance with ADB's Procurement Guidelines. An output-based, lump-sum contract will be considered.

14. Specific support at each site will include (i) the mapping of private sector efforts in the chosen endemic areas, (ii) the establishment of malaria services at trial sites, (iii) the integration (where possible) of private sector health data into the national system, and (iv) the evaluation of pilots to draw lessons for scale-up and broader access to medical care for MMPs in private sector projects. Innovative approaches will consider women's and ethnic minority issues.

15. **Pilot interventions in Myanmar areas**. A total of $750,000 has been allocated to finance interventions in Myanmar focusing on MMPs in private sector projects. A consulting team will be recruited to design and implement pilot interventions for the MMPs in selected projects. Trial interventions will be conducted in at least three pilot sites in a malaria-endemic region of Myanmar.

16. **Pilot interventions in Cambodia and Lao People's Democratic Republic border areas.** An amount of $650,000 has been allocated to finance interventions in Cambodia and the Lao PDR border areas focusing on MMPs. A consulting team will be recruited in each country to design and implement pilot interventions for the MMPs in selected border provinces. Trial interventions will be conducted in one pilot site in the Cambodia–Lao PDR border.

17. **Resource persons.** The TA will also recruit short-term resource persons to provide specific expertise on surveillance, quality assurance, and MMPs, as needed.

4. Regional Coordination and Technical Support to the Implementing Agencies

18. The final workstream on regional coordination and overall project coordination will be conducted by a team of three consultants who will also take charge of overall project coordination: a regional coordinator, a public health specialist, and a knowledge management specialist.

19. **Regional coordinator** (international, 21 person-months). ADB shall engage a regional coordinator who will manage and coordinate the regional workstream for the TA, and manage the regional coordination unit (RCU) currently established under the CDC2 Project. [1]

20. The consultant will be based in Vientiane, the Lao PDR, and will report to ADB's TA project officer in ADB headquarters, Manila. The consultant's contract will include international, regional, domestic, and local (in Vientiane) travels. Regional travels will take place in Cambodia, the Lao PDR, Myanmar, Thailand, and Viet Nam under the TA, as requested.

21. The consultant's contract will also include funding to cover RCU missions (regional travels). Participation of Myanmar MOH staff to regional meetings and workshops will be funded under the consultant for MMPs contract in Myanmar.

22. The consultant's deliverables include (i) execution of the project's regional coordination workstream as outlined in the design and monitoring framework (with the support of the public health specialist), (ii) coordination of each of the project workstreams (with the support of the public health specialist for the workstreams in Myanmar), and (iii) support to the governments of Cambodia and the Lao PDR in the preparation for ADB's GMS Health Security Project. The consultant will submit regular reports for the CLM MOHs and for ADB.

23. **Public health specialist for Myanmar** (international, 18 person-months). Taking into consideration the significant needs for capacity-building in Myanmar, the lack of experience of MOH in working with ADB, and the significant coordination with other partners and donors required, the TA in Myanmar will provide strong technical support to the MOH and partners in order to ensure the timely implementation of the TA activities. This support will be provided by one international consultant, based in Nay Pyi Taw.

24. One international consultant will be recruited for 18 months over a period of 2 years, to assist the Myanmar National Malaria Control Program in the areas supported by the TA (surveillance, diagnostic quality assurance, MMPs, and regional coordination).

25. The consultant's deliverables include supporting Myanmar's implementing agency in the (i) execution of the project's regional coordination workstream as outlined in the design and monitoring framework, and (ii) coordination of consultant activities in Myanmar. The consultant will support the regional coordinator with regular reports for the CLM MOHs and for ADB.

26. The selected consultant will have a minimum of 5 years of experience in health project implementation, and preferably a minimum of 2 years of experience in implementing ADB-financed projects. The consultant will travel to TA project sites in Myanmar as required. The consultant will also accompany and support the National Malaria Control Program in Myanmar in preparing and attending bilateral discussions facilitated by the RCU, and private sector discussions in support of the project's MMPs work. The consultant will assist in preparing the requested technical documents, analysis of technical and financial reports, reports to ADB, and coordination with other projects and other development partners.

27. **Knowledge management specialist** (national, 18 person-months, intermittent). One consultant will be engaged as national knowledge management specialist for 18 person-months

[1] ADB. 2010. *Report and Recommendation of the President to the Board of Directors: Proposed Loan and Grants to the Kingdom of Cambodia, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam for the Second Greater Mekong Subregion Regional Communicable Diseases Control Project*. Manila.

over a period of 2 years to assist in the coordination of the project workstreams in Myanmar and to develop of knowledge products and reporting for the project.

28. The objectives of the assignment will be to (i) support the public health specialist with the overall administration of the project workstreams in CLM and with the execution of the regional coordination workstream, and (ii) to regularly collect information on the activities conducted under the TA, the CDC2 Project, and other development partners assistance on malaria in the region for the development of knowledge products that support the project workstreams.

29. The consultant's deliverables include (i) a regular letter to inform the implementing agencies of the TA activities and the outcome of the regional meetings and cross-border activities, (ii) project documents converted into publication-ready formats that can be easily uploaded to the CDC2 Project website, and (iii) additional relevant contributions for knowledge management that support the progression of the project's workstreams and reporting requirements.

30. The selected consultant will have a degree in communication or similar fields, and preferably 10 years of experience in project knowledge management and communication, preferably a national of CLM. The candidate will have previous knowledge management track record with ADB projects and other international organizations. Experience with communicable diseases-related projects is an advantage.