



Technical Assistance Report

Project Number: 54079-001
Knowledge and Support Technical Assistance (KSTA)
February 2020

Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases

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Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
APSED	–	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
COVID-19	–	coronavirus disease 2019
DMC	–	developing member country
GMS	–	Greater Mekong Subregion
PPE	–	personal protective equipment
PRC	–	People’s Republic of China
TA	–	technical assistance
WHO	–	World Health Organization

NOTE

In this report, “\$” refers to United States dollars.

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KNOWLEDGE AND SUPPORT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data		Project Number: 54079-001
Project Name	Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases	Department/Division SDCC/SDSC-HEA
Nature of Activity	Capacity Development	Executing Agency Asian Development Bank
Modality	Regular	
Country	REG (All DMCs)	
2. Sector		ADB Financing (\$ million)
✓ Health	Disease control of communicable disease	2.00
		Total <u>2.00</u>
3. Operational Priorities		Climate Change Information
✓ Addressing remaining poverty and reducing inequalities		Climate Change impact on the Project Low
✓ Accelerating progress in gender equality		
✓ Tackling climate change, building climate and disaster resilience, and enhancing environmental sustainability		
✓ Strengthening governance and institutional capacity		
✓ Fostering regional cooperation and integration		
Sustainable Development Goals		Gender Equity and Mainstreaming
SDG 3.3		Some gender elements (SGE) ✓
		Poverty Targeting
		General Intervention on Poverty ✓
4. Risk Categorization Complex		
5. Safeguard Categorization Safeguard Policy Statement does not apply		
6. Financing		
Modality and Sources		Amount (\$ million)
ADB		2.00
Knowledge and Support technical assistance: Technical Assistance Special Fund		2.00
Cofinancing		0.00
None		0.00
Counterpart		0.00
None		0.00
Total		2.00
Currency of ADB Financing: US Dollar		

I. INTRODUCTION

1. The knowledge and support technical assistance (TA) will help the developing member countries (DMCs) of the Asian Development Bank (ADB) respond to the ongoing outbreak of coronavirus disease 2019 (COVID-19) and potential outbreaks of other communicable diseases, with the aim of mitigating long-term damage to economies and adverse effects on population health.
2. The TA will support the implementation of ADB's Strategy 2030,¹ particularly operational priority 1, to address remaining poverty and reduce inequalities and enhance human capital and social protection for all; and operational priority 7, to foster regional cooperation and integration and support investment in regional public goods.² The TA is included in the 2020 Management-approved results-based work plan of the Sustainable Development and Climate Change Department (SDCC).^{3,4}

II. ISSUES

3. The COVID-19 outbreak is escalating in severity. Since January 2020, the disease has spread from the People's Republic of China (PRC) across five continents, prompting the World Health Organization (WHO) to declare the outbreak a Public Health Emergency of International Concern. The COVID-19 outbreak is on the verge of becoming a major global crisis, and requires country, regional, and global intervention and collaboration to mitigate further damage to economies and population health. As a major development partner in Asia and the Pacific, ADB is well-positioned to support these response efforts.
4. ADB has been collaborating with development partners and is scaling up financing for the COVID-19 response.⁵ Key activities include investigating the outbreak, implementing an emergency response plan, and taking immediate actions to prevent or minimize the spread of the disease. Because the nature and massive scope of the outbreak is evolving rapidly, additional flexible resources are necessary.
5. Based on official numbers, the COVID-19 outbreak infected three times as many people in 1 month as were infected in the entire severe acute respiratory syndrome (SARS) outbreak of 2003. These figures are likely underestimated; as diagnostic tests improve and more potential cases are investigated, it is possible that the virus has already spread further than is currently believed. Scientists have yet to discover how the disease first spread from animals to humans, the exact transmission route between humans, and whether the disease is likely to mutate and become more deadly and/or harder to contain.
6. Disease outbreaks have demonstrated their potential to have catastrophic impacts on social and economic development, and the COVID-19 outbreak could have similar long-lasting effects. Countries where tourism is responsible for 15% of gross domestic product, such as

¹ ADB. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila.

² ADB. 2019. [Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities](#). Manila; ADB. 2019. [Strategy 2030 Operation Plan for Priority 7: Fostering Regional Cooperation and Integration, 2019–2024](#). Manila.

³ This TA is one of a suite of response activities that ADB is undertaking to address the COVID-19 outbreak which will be coordinated with departments and partners.

⁴ The TA first appeared in the business opportunities section of ADB's website on 21 February 2020.

⁵ ADB. 2018. [Strengthening Regional Health Cooperation in the Greater Mekong Subregion](#). Manila. ADB. 2014. [Greater Mekong Subregion Health Security Project](#). Manila.

Thailand and Cambodia, have expressed grave concern about the potential impact on their economies. During outbreaks, airlines and the tourism industry are the first to suffer from quarantine and border restrictions, and general fear in society. Households and labor markets are quick to follow, as public anxiety over an outbreak reduces participation in the economy. Trade also suffers as a result of quarantine and border control measures, which restrict the movement of goods. The PRC and other countries in Asia have taken rapid action to respond to the outbreak. Despite the quick action taken, there are several gaps in the overall response efforts, as identified by WHO and other development partners. These gaps are described in paras. 7–9.

7. **Inadequate resources to strengthen services for outbreak response.** WHO is taking the lead in supporting response efforts in the area of human health, and has requested ADB support in strengthening the varying health security needs of countries, including (i) ensuring sufficient supply of personal protective equipment (PPE) and medical goods; (ii) bolstering diagnostic capabilities; (iii) establishing or strengthening emergency operations centers; (iv) training health workers on case detection and management; (v) enhancing risk communication; (vi) expanding disease surveillance in communities and points of entry; (vii) sharing information across DMCs and development partners; (viii) improving clinical management and health care services; (ix) strengthening infection management and control; and (x) developing multisector, multihazard pandemic preparedness and response plans. DMCs require access to flexible financial and technical resources to expand their capacities in a timely manner to prevent the further spread of disease.

8. **Paucity of robust economic analysis and other evidence to support decision-making.** Epidemic impacts can extend to all aspects of a country's economy, triggering short-term fiscal shocks and with long-term negative consequences that threaten stability and economic growth. In past outbreaks, economic analyses have not been conducted until long after the disease has stopped spreading. DMCs need support to generate evidence required to enact effective policy decisions that can mitigate the impact of the COVID-19 outbreak and strengthen systems to be more resilient to such shocks. Comprehensive economic analysis is needed to inform and evaluate decisions that may disrupt economic activities and business continuity. Such analysis is needed in order to make immediate and long-term investments in both the health and non-health sectors.

9. **Weak regional multisector coordination mechanisms.** National health systems, regional coordination, and global arrangements remain deficient in two keyways. First, most disease prevention and response strategies adopt a country-by-country approach, under the assumption that strengthening national capacity is sufficient for protecting local health. The ease with which COVID-19 has spread across the globe demonstrates flaws in this logic and highlights the need for a multinational approach. Second, health security is a multisector issue. While WHO has strengthened the capacity to address diseases in terms of human health, such efforts must be supported by contributions from other sectors. The One Health approach,⁶ which recognizes the interface between human, animal, and environmental health in preventing, detecting, and responding to disease outbreaks, is essential for effective pandemic preparedness and response. As an example, the COVID-19 outbreak spread from animals to humans, and collaboration between animal and human disease experts is necessary to determine the mechanism by which

⁶ One Health is an approach to designing and implementing programs, policies, legislation, and research in which entities from multiple sectors communicate and work together to achieve better public health outcomes. The areas of work in which a One Health approach is particularly relevant include the control of zoonoses (diseases that can spread between animals and humans (such as COVID-19, rabies, and Rift Valley fever), food safety, and combatting antibiotic resistance (when bacteria change after being exposed to antibiotics and become more difficult to treat). WHO. 2017. [One Health](#). Geneva.

this spread occurs and so prevent future outbreaks. Despite the multisector nature of pandemics, not enough has been done to include sectors beyond human health in pandemic preparedness and response. Existing regional and international disease response coordination mechanisms and frameworks, such as the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED), the Global Health Security Agenda, and International Health Regulations require increased support, especially in multinational and multisector efforts to prevent, detect, and respond to future outbreaks. Such efforts will contribute to resilient, sustainable systems that can help prevent and rapidly respond to disease outbreaks.

10. The TA will incorporate lessons learned from (i) the Regional Malaria and Other Communicable Disease Threats Trust Fund and Health Trust Funds, (ii) the TA on Regional Support to Address the Outbreak of SARS, (iii) the Grant Assistance for Prevention and Control of Avian Influenza in Asia and the Pacific, and (iv) the Greater Mekong Subregion's (GMS's) Strengthening Regional Health Cooperation TA and Health Security Project.⁷ A major lesson is that flexible implementation arrangements and focus on the actual needs of DMCs for communicable disease control (i.e., hospital equipment, training, and communication programs), together with multisector and cross-departmental collaboration in ADB and between ADB and partner organizations such as WHO, all contributed to the success of the projects. These projects and TAs also highlighted the importance of providing not only country assistance but also of coordinating regional interventions and establishing regional coordination mechanisms similar to the working group spearheading the implementation of the GMS Regional Health Cooperation Strategy.⁸

III. THE TECHNICAL ASSISTANCE

A. Impacts and Outcome

11. The TA is aligned with the following impacts: (i) health outcomes in Asia and the Pacific improved (footnote 1); (ii) access to improved health services increased (Operational Plan 1);⁹ and (iii) regional public-goods initiatives successfully reducing cross-border health risks increased (Operational Plan 7).¹⁰ The TA will have the following outcome: DMCs' capacities to prevent and contain the outbreak of COVID-19 and other communicable diseases strengthened.¹¹

B. Outputs, Methods, and Activities

12. **Output 1: Support to developing member countries affected and potentially affected by coronavirus disease 2019 and other communicable diseases provided.** Using the One Health approach, this component will help DMCs bolster key health systems and multisector capacities to prevent, detect, and respond to the ongoing COVID-19 outbreak and future communicable disease outbreaks. The component will provide resources for adapting and enhancing existing country and regional outbreak and pandemic response plans, supporting the

⁷ ADB. 2013. [Health Financing Partnership Facility: Establishment of the Regional Malaria and Other Communicable Disease Threats Trust Fund and Health Trust Funds](#). Manila; ADB. 2003. [Regional Support to Address the Outbreak of SARS](#). Manila; ADB. 2014. [Prevention and Control of Avian Influenza in Asia and the Pacific](#). Manila; ADB. 2014. [Greater Mekong Subregion Health Security Project](#). Manila; and ADB. 2018. [Strengthening Regional Health Cooperation in the Greater Mekong Subregion](#). Manila.

⁸ ADB. 2019. [GMS Regional Health Cooperation Strategy](#). Manila.

⁹ ADB. 2019. [Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities](#). Manila.

¹⁰ ADB. 2019. [Strategy 2030 Operation Plan for Priority 7: Fostering Regional Cooperation and Integration, 2019–2024](#). Manila.

¹¹ The design and monitoring framework is in Appendix 1.

ministries of health to design and implement such plans, and engaging with and supporting various country and regional disease surveillance systems. All these activities and support will be done in collaboration with concerned regional offices and country offices of WHO¹² using coordination mechanisms such as APSED III, other development partners, universities, and other technical agencies.

13. Output 2: Economic and health system assessments on the potential effect of coronavirus disease 2019 conducted. These assessments will generate evidence on potential health system impacts and economic risks posed by the COVID-19 outbreak. This activity will support country and regional epidemiological modeling and projections of COVID-19 spread, which will determine health system impacts. In coordination with the ADB Economic Research and Regional Cooperation Department and the regional departments, the TA will support country estimation of economic impacts in selected DMCs, and the conduct of impact evaluation of the effectiveness of selected interventions used by DMCs to address the outbreak. It will also support assessments on the impact on health service delivery, health financing, and other health system functions in selected DMCs. This component will support DMCs in conducting other assessments that will help leverage existing ADB investments to address COVID-19 in the short term. It will also facilitate the development of investment projects to meet long-term needs for building resilient systems and addressing future health security threats posed by communicable disease outbreaks.

14. Output 3: Regional multisector coordination mechanisms strengthened. This component will support the establishment of an expert advisory group, which will guide the response of DMCs and ADB to the ongoing COVID-19 outbreak and recommend future measures to increase resilience to disease outbreaks. Collaboration with international organizations such as the Food and Agriculture Organization of the United Nations and World Organization for Animal Health to strengthen DMCs' capacity to prevent, detect, and respond to animal and human disease outbreaks under the One Health approach will be expanded. The component will also support a review of (i) the needs of existing regional mechanisms such as the Central Asia Regional Economic Cooperation, Association of Southeast Asian Nations, APSED III, GMS Regional Health Cooperation working group, and Pacific Public Health Surveillance Network; and (ii) the options for the design and implementation of improved multisector health security coordination mechanisms in Asia and the Pacific. All these activities will be carried out in close coordination with operations departments and across sectors at ADB. To ensure that the knowledge generated from the TA is shared widely, a seminar will be held to share key lessons learned from the TA.

C. Cost and Financing

15. The TA is estimated to cost \$2 million, which will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF)—\$1 million from TASF-6 and \$1 million from TASF-other sources. ADB will also actively seek additional grant cofinancing. The key expenditure items are listed in Appendix 2.

16. The estimate covers the costs of (i) consultant services; (ii) procurement of necessary medical supplies and reagents, medicines and vaccines, PPE for health care staffs, and digital

¹² WHO European Regional Office and Eastern Mediterranean Regional Office for ADB Central and West Asia Department DMCs, WHO Southeast Asia Regional Office for DMCs of ADB South Asia Department and parts of Southeast Asia Department, and WHO Western Pacific Regional Office for DMCs of ADB East Asia Department, Pacific Department, and parts of Southeast Asia Department.

health software and hardware needed for rapidly building DMCs' capacities; (iii) direct costs of TA implementation, including international and local travel, monitoring and evaluation, reporting, and support for knowledge product development; (iv) assessments and topic-related studies, as may be required by operations departments; (v) workshops, seminars, training sessions, technical meetings, and conferences; (vi) staff missions for secretarial and administrative support services; and (vii) miscellaneous.

D. Implementation Arrangements

17. ADB will administer the TA and will be the executing agency. In close coordination with the operations departments, the Health Sector Group Secretariat in SDCC will implement the TA and be accountable for the outputs. The Health Sector Group Secretariat will carry out TA administration, supervision, implementation oversight, coordination with concerned government agencies, and communication with consultants and stakeholders, in close collaboration with the operations departments and other sector and thematic groups. ADB staff involved with the TA may participate as resource persons in knowledge-sharing events, which will also include eliciting feedback and suggestions on improving the activities being implemented under the TA.

18. The priority DMCs are those countries that (i) are currently not included in other ADB TA support for COVID-19 outbreak response, (ii) share a border with the PRC, (iii) have local transmission of COVID-19, or (iv) have vulnerable health systems. Prioritization will be done in consultation with the ADB operations departments. ADB will determine the specific assistance to the prioritized DMCs based on guidance from the ADB operations departments and consultations with WHO and other development partners, and assistance will be conditional on DMCs' request for ADB support.

19. The indicative implementation arrangements are summarized in the table.

Implementation Arrangements			
Aspects	Arrangements		
Indicative implementation period	March 2020–February 2022		
Executing agency	ADB		
Implementing agency	(1) Health Sector Group Secretariat, Sustainable Development and Climate Change Department, ADB (2) Government agencies in recipient DMCs (will be identified during the TA implementation)		
Consultants	To be selected and engaged by ADB		
	Individual: Individual consultant selection	International (32 person-months, intermittent)	\$160,000
		National (24 person-months, intermittent)	\$48,000
Procurement ^a	To be procured by ADB, identified government agencies in recipient DMCs and UN agencies		
	Limited competitive bidding or request for quotations or direct contracting, as appropriate.	15–18 contracts	\$1,500,000
Disbursement	The TA resources will be disbursed following ADB's Technical Assistance Disbursement Handbook (2010, as amended from time to time).		
Asset turnover upon TA completion	The equipment will be handed over to the recipient DMCs upon the completion of TA activities.		

ADB = Asian Development Bank, DMC = developing member country, TA = technical assistance, UN = United Nations.

^a Procurement Plan (accessible from the list of linked documents in Appendix 3 of the report and recommendation of the President).

Source: Asian Development Bank.

20. **Consulting services.** The TA will involve 56 person-months of services by international and national consultants on input-based contracts, including (i) an international senior economist, (ii) two international senior health security and health system experts, (iii) an international epidemiologist, (iv) an international financial analysis expert, (v) a national partnership coordinator, and (vi) a national procurement expert. ADB will engage the consultants following the ADB Procurement Policy (2017, as amended from time to time) and its associated project administration instructions and/or staff instructions.¹³

21. **ADB's procurement.** ADB will procure necessary medical supplies and reagents, medicines and vaccines, PPE for health care staffs, and digital health software and hardware needed for rapidly building up DMC capacities. The procurement and disbursement decision authorities and signatories in ADB is the Director General of SDCC, in consultation with Procurement, Portfolio and Financial Management Department (PPFD). Procurement will follow the ADB Procurement Policy (2017, as amended from time to time) and Procurement Regulations for ADB Borrowers (2017, as amended from time to time). The procurement of goods will be coordinated with other technical agencies (such as United Nations agencies) to avoid duplication of supply. Given the need for flexibility, ADB can also outsource the procurement to identified implementing government agencies in recipient DMCs and United Nations agencies which have stronger links to the supply market or provide funding to these agencies to procure and supply the goods in accordance with arrangements acceptable to ADB.¹⁴

E. Governance

22. An ADB staff team from the SDCC will monitor and administer individual contracts and manage outputs to achieve the TA objectives.

IV. THE PRESIDENT'S DECISION

23. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$2,000,000 on a grant basis for Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases, and hereby reports this action to the Board.

¹³ Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

¹⁴ Procurement Plan (accessible from the list of linked documents in Appendix 3).

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
3.Regional multisector coordination mechanisms strengthened	<p>2b. By 2020, rapid health system assessments are completed in all interested recipient DMCs (2019 baseline: NA)</p> <p>3a. By 2020, regionwide communication materials developed (2019 baseline: NA)</p> <p>3b. By 2020, a subregional multinational coordinating mechanism of sector experts established (2019 baseline: NA)</p> <p>3c. By 2021, landscape analysis for regional multisector mechanism for pandemic preparedness and response conducted (2019 baseline: NA)</p> <p>3d. By 2022, at least 100 participants confirm increased knowledge on regional multisectoral coordination mechanisms (2019 baseline: 0)</p>	<p>2b. ADB health sector assessments</p> <p>3a. Published communication materials</p> <p>3b. ADB TA monitoring report and concept note for regional coordinating mechanism of sector experts</p> <p>3c. ADB landscape analysis of a multisector regional mechanism</p> <p>3d. ADB TA monitoring reports</p>	
<p>Key Activities with Milestones</p> <p>1. Support to DMCs affected and potentially affected by the COVID-19 and other communicable diseases provided</p> <p>1.1 Design and initiate training and capacity building programs for public health and medical staff in all interested DMCs (by May 2020)</p> <p>1.2 Build diagnostic and treatment capacities in all interested DMCs (by December 2020)</p> <p>1.3 Strengthen disease surveillance systems and infection control measures in all interested DMCs (by March 2021)</p> <p>1.4 Submit technical guidance materials for future investment projects to meet long-term needs for addressing health security threats in all interested DMCs (by February 2022)</p> <p>2. Economic and health system assessments on the potential effect of the COVID-19 conducted</p> <p>2.1 Conduct rapid health system assessments of all interested DMCs (start by March 2020)</p> <p>2.2 Prepare the assumptions underlying the epidemiological and economic scenarios to be examined (by March 2020)</p> <p>2.3 Submit rapid health system assessments of all interested DMCs (by April 2020)</p> <p>2.4 Develop nowcasting and forecasting economic and epidemiological models (by April 2020)</p> <p>2.5 Present the preliminary results of the epidemiological simulations (by May 2020)</p> <p>2.6 Present the preliminary results of the economic impact simulations (by June 2020)</p> <p>2.7 Submit final economic impact assessments of all interested DMCs (by December 2020)</p> <p>3. Regional multisector coordination mechanisms strengthened</p> <p>3.1 Develop partnership strategy plan for ADB to work with experts, partner organizations and DMCs (by March 2020)</p> <p>3.2 Develop region-wide-communication materials with DMCs and partner organizations (by March 2020)</p>			

3.3 Establish a coordinating mechanism across regional sectoral experts (by March 2020)
3.4 Conduct landscape analysis for regional multisectoral mechanism for pandemic preparedness and response (by April 2021)
3.5 Submit the recommendation for strengthening regional multisectoral coordination mechanism (by May 2021)
Inputs ADB: \$2,000,000
Assumptions for Partner Financing Not applicable

ADB = Asian Development Bank, COVID-19 = coronavirus disease 2019, DMC = developing member country, JEE = joint external evaluation, IHR = international health regulation, NA = not applicable, TA = technical assistance, WHO = World Health Organization.

- ^a Asian Development Bank. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila.
- ^b ADB. 2019. [Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities](#). Manila. Tracking indicators 1a–1d for output 1 will validate the improvement of health services.
- ^c ADB. 2019. [Strategy 2030 Operation Plan for Priority 7: Fostering Regional Cooperation and Integration, 2019–2024](#). Manila. Tracking indicators 3b–3c for output 3 will validate the presence of an increased number of regional public-goods initiatives.

Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Amount
Asian Development Bank^a	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	160.0
ii. National consultants	48.0
b. Out-of-pocket expenditures	
i. International and local travel	70.0
ii. Others ^b	5.0
2. Training, seminars, workshops, forum, meetings, and conferences	
a. Resource persons	50.0
b. Travel cost of ADB staff acting as resource person, secretarial, and administrative support ^c	20.0
c. Venue rental and related facilities	20.0
d. Participants	55.0
3. Surveys	60.0
4. Goods purchase ^d	1,500.0
5. Contingencies	12.0
Total	2,000.0

ADB = Asian Development Bank.

Note: The technical assistance (TA) is estimated to cost \$2,000,000, of which contributions from ADB are presented in the table.

^a Financed by the Asian Development Bank's Technical Assistance Special Fund (\$1 million from TASF-6 and \$1 million from TASF-other sources).

^b Provision for any other expenses that may be incurred by the consultants such as communication expenses.

^c In accordance with the joint memo of ADB's Budget, Personnel, and Management Systems Department and Strategy, Policy, and Partnerships Department dated 26 June 2013, staff travel costs are eligible to be charged to the TA budget if (i) the ADB staff acted as resource persons; or (ii) the TA paper clearly specifies and includes provision in its cost estimates to provide support services (travel and related costs for secretarial and administrative services) to assist with implementation and administration.

^d Procurement Plan (accessible from the list of linked documents in Appendix 3 of the report and recommendation of the President).

Source: Asian Development Bank estimates.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/LinkedDocs/?id=54079-001-TARreport>

1. Terms of Reference for Consultants
2. Procurement Plan