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Cambodia: Second Greater Mekong Subregion Regional Communicable Diseases Control Project

Project Name
Second Greater Mekong Subregion Regional Communicable Diseases Control Project
Project Number
41505-012
Country / Economy

- Cambodia

Project Status
Closed
Project Type / Modality of Assistance

- Grant

Source of Funding / Amount

Grant 0231-CAM: Second Greater Mekong Subregion Regional Communicable Diseases Control Project

Source	Amount
Asian Development Fund	US$ 10.00 million

Grant 0448-CAM: Second Greater Mekong Subregion Regional Communicable Diseases Control Project (Additional Cofinancing to Grant 231-CAM)

Source	Amount
Regional Malaria and Other Communicable Disease Threats Trust Fund under the Health Financing Partnership Facility	US$ 4.00 million

Strategic Agendas

- Inclusive economic growth

Drivers of Change

- Gender Equity and Mainstreaming
- Governance and capacity development

Sector / Subsector

- **Health** / Health sector development and reform

Gender
Effective gender mainstreaming
Description
The project follows Strategy 2020, which realigns ADB's role in the health sector with emphasis on regional, intersector, and interagency cooperation, as also detailed in the operational plan for health. It is in line with ADB s Regional Cooperation and Integration Strategy, the GMS regional cooperation strategy and the country

partnership strategies and country operations business plans of Cambodia, Lao PDR, and Viet Nam. The project supports regional public goods and capacity towards regional health and economic security and the Millennium Development Goals (MDGs) for reducing child mortality and malnutrition, halting the spread of communicable diseases, and others. In partnership with WHO, the Mekong Basin Disease Surveillance Cooperation, the Kenan Institute Asia and other partners, it addresses critical funding gaps for the roll-out of the International Health Regulations (2005) and APSED, as well as regional strategies for the control of dengue and NTDs. Under the leadership of WHO, regional and national aid coordination mechanisms are in place including regular meetings, surveys and publications for aid coordination, technical forums, community of practice groups, and websites.

Project Rationale and Linkage to Country/Regional Strategy

Emerging infectious diseases such as severe acute respiratory syndrome (SARS), avian influenza, and swine flu have had major economic impacts on productivity, trade, and tourism in the GMS, and continue to pose a major public health concern. New diseases, mostly of animal origin, also pose a constant threat. Dengue, chikungunya, cholera, typhoid, and HIV/AIDS fueled by better connectivity, urban development, and social and environment changes continue to spread in the GMS. Controlling these diseases requires strong surveillance systems, community prevention and preparedness, and quick system response capacities.

Impact

Improved regional health security of the population in the Greater Mekong Subregion (GMS).

Project Outcome

Description of Outcome

Timely and adequate control of communicable diseases likely to have a major impact on the region's public health and economy.

Progress Toward Outcome

The achievement on reporting of outbreaks within 24 hours and improving populations in targeted villages that conduct proper CDC prevention and care is highly satisfactory.

- 100% of disease outbreaks reported within 24 hours

- 70% of populations in targetd villages that conduct proper CDC prevention and care

- API of plasmodium falciparum (Pf) in Preah Vihear has decreased from 12.21 in 2015 and 2.97 in 2016. Parasite index of Pf up to the end of September 2017 is 1.78.

From 2011 to Q3-2017, 266 cumulated outbreaks occurred in 11 targeted provinces. The number of outbreak report is 65, 56, 26, 31, 35 and 21 in 2012, 2013, 2014, 2015, 2016 and in 3 quarter 2017 respectively. The reporting of outbreaks is within 24 hours every year.

Border provinces existing cooperation framework mechanism includes health

component. They conduct regular meeting and exchange visits. However, health was a small component which needs to broaden the scope of exchange information through formal health mechanism for which the SOP for information sharing has been under the development and finalization.

From 2015 till today, no outbreak of international concern is detected in Cambodia except only Bird flu on chicken notified is identified in early 2017. Cambodia exchanged the information of this case to Viet Nam province of Tay Ninh and Long An and notified to WHO.

Knowledge, behavior and practice (KAP) on proper Communicable Disease Control (CDC) are measured by as composite indicators combining a) knowledge of HHs on communicable disease control measures; b) household practices on prevention of spread of communicable diseases; c) appropriate care seeking behavior of HHs, and; d) utilization of health services by HHs. In average 70% of HHs were fully aware and practicing proper CDC control measures in the 12 project provinces. This has been significantly improved in all provinces compared to CDC1 (40%).

This has been improved in all provinces compared to CDC1 and CDC2 baseline survey. These achievements have significantly contributed in prevention of communicable diseases in children and saving lives of young women and pregnant mothers. This community-based know-how, practice, and participation is a strong evident of sustainable communicable diseases prevention and control.

The incidence rate of malaria is measured as annual parasite index (API) of plasmodium species. Over three years consecutive, API of plasmodium falciparum (Pf) in Preah Vihear has decreased from 12.21 in 2015 and 2.97 in 2016. Parasite index of Pf up to the end of September 2017 is 1.78.

Comparing data of first 9 months each year report that API has declined from 8.9/1000 population in 2015 to 2.7 in 2016 and 1.8 in 2017. Case fatality due to malaria infection maintains zero over project life.

The lesson is that improvement of surveillance and response package, expansion of the scope of services for diagnostic and treatment and building knowledge of health staff and communities are appropriate mechanism to achieve the result.

Implementation Progress

Description of Project Outputs

1. Enhanced regional CDC systems

2. Improved CDC along borders and economic corridors

3. Integrated project management

Status of Implementation Progress (Outputs, Activities, and Issues)

Output 1: Enhanced Regional Communicable Disease Control Systems

Improved capacity for regional cooperation in communicable disease control. Building on the RCDCP, the project has further enhanced regional cooperation in CDC to achieve (i) improved MOH capacity for regional cooperation in CDC (ii) coordinated implementation of regional strategies, and (iii) sustained knowledge management. The project strengthened focal points in the MOH for regional CDC coordination and knowledge management; and assist the WHO and the ministries to roll out and strengthen regional CDC strategies, included APSED. The project also supports the MOH to participate in regional activities, including the regional steering committee and project workshops; and continue knowledge management activities initiated under the RCDCP, including technical forum and community of practice for dengue, Japanese encephalitis, laboratory services, cross-border activities, NTDs, and human resource development. The project seeks regional partnerships for the CDC clearing house and other CDC activities such as standard setting and policy-related studies. ADB managed small part of the grants for the financing of joint activities.

Expanded surveillance and response systems. ADB continued to support provincial capacity for outbreak investigation and response. Output 1 supports (i) regional coordination of surveillance and response system, (ii) provincial surveillance and response capacity and financing outbreak control, (iii) improving quality of laboratory services, (iv) scaling up cross-border cooperation, and (v) improving outbreak reporting systems for major hospitals. The project seeks partnership with, and if possible support, the Mekong Basin Disease Surveillance Cooperation and other partners for cross-border activities.

Targeted support for emerging and neglected diseases.

In the region, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), previously named the Asia Pacific Strategy for Emerging Diseases (APSED), is the common framework to address shared threats as required by the International Health Regulations 2005, (IHR 2005). The framework provides an important collaborative platform for Member States, WHO and partners to work together to strengthen preparedness and response to outbreaks and public health emergencies.

In 2012, Cambodia developed 'The Cambodia National Work plan for implementing IHR minimum core capacities and APSED priorities 2012-2014 . Cambodia and other 8 member states in Western Pacific Region was granted the second two-year extension to fulfill core capacity requirement till 2016 and the extended workplan was developed. It consists of the detail work plan of technical focus areas which are all inter-linked to support the effective and coordinated preparedness for response to future emerging diseases outbreaks and public health emergencies of national and international concern. The CDC2 contributed significant inputs for implementing the activities in its national work plan.

Joint external evaluation reports was led by National IHR Focal Point (NFP). NFP is currently active in facilitating multi-sectoral collaboration to manage emerging diseases, and participating in the regional outbreak preparedness, alert and response system.

The project also continued to provide targeted support for dengue and NTDs, including Japanese encephalitis, soil transmitted helminthiasis, opisthorchiasis, schistosomiasis, and filariasis. This included (i) joint assessment of the spread and determinants of

dengue and NTDs along economic corridors; and (ii) effective control measures including behavior change communication, equipment, vaccines, and medical supplies.

Output 2: Improved Communicable Disease Control along Borders and Economic Corridors

Improved community-based communicable disease control. Border area are at higher risk of disease outbreaks due to their proximity to borders and economic corridors, while at the same time having access problems combined with weak health systems and less-informed and endowed communities. Many of these communities are ethnic group, new settlements, or peri-urban migrants. Under this sub-output, the project targeted about 1,160 poor, remote communities (on average two per year per district) with a total estimated population of 1.76 million in 116 border districts in 38 provinces of which 10 in Cambodia. This included (i) training of village health workers, (ii) participatory assessment and planning, (iii) community preparedness and school education campaign, (iv) cross-border cooperation, and (v) accelerated healthy village development.

Improved staff capacity in communicable disease control. To improve provincial capacity on a more sustainable basis, the project built a provincial training system in each of the 12 provinces based on policies, standards, and local potential. This included (i) setting up a provincial training group, (ii) improving human resources management, (iii) developing a provincial in-service training system for sector, (iv) improving staff performance (v) reducing staff gaps by providing scholarships for field epidemiology and ethnic person for training as health staff.

Output 3: Integrated Project management.

The third output supported effective and sustainable project management through PMU, project implementation unit, and national implementation units under administrative umbrella of MHO subsector program. This included for (i) provincial stewardship, management capacity, and result-based management; (ii) improving procurement, financial management, and technical support; and (iii) mainstreaming and sustaining project activities in annual operation plans including provincial training systems special support for isolated communities, compliance with social safeguard, adequate recurrent budget, and monitoring and evaluation.

The appointment of the Secretary of State to be Project Director rendered speedy pace and practical decision in relation to project implementation. It demonstrates effective communication within and outside MOH structure, better alignment with MOH strategic priorities and resource allocation. Involvement director of DPHI as Project Coordinator facilitates the alignment of planning process, strengthening of reporting system and promoting evidence based decisions through reliable data sources. Outcomes of CDC are generally reflected in the MOH annual performance review and health strategic plan. CDC director role as project manager has ensured day-to-day management and implementation of APSED/IHR. The Project Coordination Unit (PCU) provides administrative support, financial management, procurement, monitoring, reporting and coordinating the implementing of the project with all implementation agencies, regional coordination unit and ADB.

Geographical Location

Kampong Cham, Kampot, Kandal, Kratie, Mondolkiri, Prey Veng, Ratanakiri, Ratanakiri, Stung Treng, Stung Treng, Svay Rieng, Svay Rieng, Takeo, Takeo

Safeguard Categories

Environment
C
Involuntary Resettlement
C
Indigenous Peoples
B

Summary of Environmental and Social Aspects

Environmental Aspects
The project is assessed category C for environment.
Involuntary Resettlement
The project is assessed category C for involuntary resettlement.
Indigenous Peoples
Ethnic groups constitute 31% of the population in the targeted border districts, most of them in the Lao PDR. They suffer disproportionately from common communicable diseases, and have less access to health care because of physical, financial, language, and cultural barriers. The project is assessed category B for indigenous people and is expected to have positive impacts on ethnic groups. The accrual of benefits to ethnic groups is discussed in the ethnic groups plan, and included in the project design. Under the sub-output for community based CDC, the aim is that 50% of 1,160 targeted villages belong to ethnic groups. This includes training of village health workers and support for healthy village development. The project will also provide scholarships for ethnic group members to become health workers.

Stakeholder Communication, Participation, and Consultation

During Project Design
Included: (i) group discussions with potential beneficiaries, village health workers, and community-based organizations; (ii) consultation of health staff, provincial and district health managers, provincial governments, central ministries and partners; and (iii) workshop with ministries, partners, and NGOs.
During Project Implementation

Level of consultation and participation envisaged are information sharing, Consultation,Collaborative decision making and empowerment. Existing organizational structures down to the village level will be used, no need for a separate system. However, participation will be monitored.

Business Opportunities

Consulting Services
All consultants will be recruited according to ADB's Guidelines on the Use of

Consultants. Four consulting firms and 17 individual consultants will be provided for the duration of the project.

Procurement

All procurement of goods and works will be undertaken in accordance with ADB's Procurement Guidelines (2010, as amended from time to time). Government international competitive bidding starts at $300,000 for goods, national competitive bidding starts at $100,000, and shopping is below $100,000.

Contact

Responsible ADB Officer

Xu, Ye

Responsible ADB Department

Southeast Asia Department

Responsible ADB Division

Human and Social Development Division, SERD

Executing Agencies

Ministry of Health

Timetable

Concept Clearance

30 Mar 2010

Fact Finding

06 Apr 2010 to 23 Apr 2010

MRM

30 Apr 2010

Approval

22 Nov 2010

Last Review Mission

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PDS Creation Date

15 Apr 2010

Last PDS Update

20 Sep 2018

Funding

Grant 0231-CAM

Milestones

Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
22 Nov 2010	27 Jan 2011	22 Mar 2011	30 Jun 2016	31 Dec 2017	28 Feb 2018

Financing Plan

	Total (Amount in US$ million)
Project Cost	11.00

ADB	10.00
Counterpart	1.00
Cofinancing	0.00

Grant Utilization

	Date	ADB	Others	Net Percentage
Cumulative Contract Awards	17 Jun 2022	9.97	0.00	100%
Cumulative Disbursements	17 Jun 2022	9.97	0.00	100%

Status of Covenants

Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	-	-	Satisfactory

Grant 0448-CAM

Milestones

Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
26 Oct 2015	10 Nov 2015	04 Jan 2016	31 Dec 2017	-	28 Feb 2018

Financing Plan

	Total (Amount in US$ million)
Project Cost	4.20
ADB	0.00
Counterpart	0.20
Cofinancing	4.00

Grant Utilization

	Date	ADB	Others	Net Percentage
Cumulative Contract Awards	17 Jun 2022	0.00	3.73	93%
Cumulative Disbursements	17 Jun 2022	0.00	3.73	93%

Status of Covenants

Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	Satisfactory	-	-	Satisfactory

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to the accuracy or completeness of any such information.
