MALARIA ELIMINATION
AN ENTRY POINT FOR STRENGTHENING HEALTH SYSTEMS AND REGIONAL HEALTH SECURITY, AND A PUBLIC HEALTH BEST-BUY
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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>AeHIN</td>
<td>Asia eHealth Information Network</td>
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<td>APLMA</td>
<td>Asia Pacific Leaders Malaria Alliance</td>
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<td>CDC2</td>
<td>Second Greater Mekong Subregion Regional Communicable Diseases Control Project</td>
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<td>CoRE</td>
<td>Center of Regulatory Excellence, Duke-NUS Graduate Medical School, Singapore</td>
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<td>DFAT</td>
<td>Department of Foreign Affairs and Trade, Australia</td>
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<td>DMC</td>
<td>developing member country</td>
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<td>GFTAM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GIS</td>
<td>geographic information system</td>
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<td>GMS</td>
<td>Greater Mekong Subregion</td>
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<td>HIS</td>
<td>health information system</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<td>Lao PDR</td>
<td>Lao People’s Democratic Republic</td>
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<td>R-CDTA</td>
<td>regional capacity development technical assistance</td>
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<td>RMTF</td>
<td>Regional Malaria and Other Communicable Disease Threats Trust Fund</td>
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<td>SSFFCs</td>
<td>substandard, spurious, falsely labeled, falsified, and counterfeit commodities</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Financing partners:
The Government of Australia (Department of Foreign Affairs and Trade), the Government of Canada (Department of Foreign Affairs, Trade and Development), and the Government of the United Kingdom (Department for International Development).
The Regional Malaria and Other Communicable Disease Threats Trust Fund (RMTF) was set up in December 2013 with the specific remit to support developing member countries to develop multi-country, cross-border, and multisector responses to urgent malaria and other communicable disease issues.

Malaria is a heavy burden for many countries in Asia and the Pacific with an estimated 2.2 billion people at risk region-wide. Typically, annual growth of per capita GDP in malaria-endemic countries is 0.25%–1.3% lower than growth in countries without the disease. Growing resistance to artemisinin-based combination therapy—the last line of simple-to-use and effective malaria drugs—is a particular worry. Artemisinin resistance in the Greater Mekong Subregion (GMS) has been detected in five countries: Cambodia, the Lao People’s Democratic Republic (the Lao PDR), Myanmar, Thailand, and Viet Nam.

Elimination of malaria is not only technically feasible in Asia and the Pacific, it is also the best way to ensure that drug resistance does not undo all the gains made globally against the disease. Beyond the impact on Asia and the Pacific, there are far-reaching consequences should the region fail to respond to the growing threat of drug resistance. If artemisinin–resistant malaria reaches the African continent, the consequences could be devastating.

In addition to drug resistance, there are a number of other pressing issues that the RMTF is ideally placed to respond to. Suboptimal delivery of malaria treatment, in particular for mobile and migrant populations, is widespread, and to date affected countries have been unable to develop cross-border initiatives to address this. Lack of timely and comprehensive disease surveillance and inadequate cross-border and multisector cooperation also seriously impede malaria elimination. At the same time, substandard and counterfeit medicines and other health commodities in the market point to weaknesses in national regulatory agencies, hampering countries’ efforts to contain and eliminate malaria.

For the Asian Development Bank (ADB), malaria elimination is an obvious public health best-buy that will reduce human suffering and foster economic gains through increased worker productivity, improved educational outcomes, and a more vibrant tourism sector.
The role of the RMTF

The RMTF works on the premise that the “business-as-usual” approach to malaria and other communicable disease threats is bound to fail. Malaria elimination and control of other communicable diseases demand:

- A higher level of sustainable financing;
- Cooperation to ensure supplies of quality, affordable, and effective malaria drugs and commodities;
- Improved data for evidence-based decision-making;
- Stronger national malaria and other communicable disease threats programs; and
- An expansion of leadership that looks beyond the health sector.

Expectations of solid results by the end of 2017—when the first round of financing for RMTF expires—are high, with ambitious targets set for each of its six components.

Under the RMTF, ADB is leveraging financing by mobilizing cofinancing from other development partners, and linking with ADB’s ongoing and planned loan and grant portfolio on communicable disease control in the Greater Mekong Subregion (GMS). The ADB Board approved additional financing from the RMTF for malaria and communicable diseases control projects in Cambodia, the Lao PDR, and Viet Nam on 26 October 2015, and for technical assistance in Myanmar on 23 September 2015.

Through the RMTF, ADB is acting as both a catalyst and financing body for innovation, bringing together centers of excellence such as Harvard School of Public Health, Oxford University, Mahidol Oxford Tropical Medicine Research Unit, Duke-NUS Graduate Medical School Singapore, and the University of Tokyo to operationalize research on communicable disease surveillance and regulatory practices.
The structure of the RMTF

The RMTF is for regional capacity development technical assistance (R-CDTA), stand-alone projects, and grant components of investment to improve health outcomes and increase health security by reducing the risk of malaria and other communicable disease threats in Asia and the Pacific.

The RMTF’s financing partners are the Government of Australia (Department of Foreign Affairs and Trade), the Government of Canada (Department of Foreign Affairs, Trade and Development), and the Government of the United Kingdom (Department for International Development).

To date, the RMTF management has approved a total of $13.6 million for four technical assistance projects, and $9.5 million in additional financing for ADB’s Second Greater Mekong Subregion Regional Communicable Diseases Project (CDC2), and $4.5 million for the Myanmar technical assistance.

1. R-CDTA 8485: Strengthening Regional Response to Malaria and Other Communicable Diseases in Asia and Pacific (support for APLMA) $750,000
   Approved in 2014

2. R-CDTA 8681: Awareness Raising to Adopt Action for Malaria Elimination in Asia Pacific (support for APLMA) $225,000 GMS
   Approved in 2015

3. R-CDTA 8959: Malaria and Communicable Diseases Control in the GMS $4,500,000 GMS with a focus on Myanmar

4. R-CDTA 8763: Results for Malaria Elimination and Control of Communicable Disease Threats in Asia and the Pacific, with a focus on the GMS $12,000,000

5. R-CDTA 8656: Malaria and Dengue Risk Mapping and Response Planning in GMS (implementing partners Mahidol Oxford Tropical Medicine Research Unit, Harvard School of Public Health, and University of Tokyo) $600,000 Cambodia, Myanmar, Thailand

6. Additional Financing - Second GMS Regional Communicable Diseases Control Project $9,500,000 Cambodia, the Lao PDR, Viet Nam
Malaria and other communicable diseases thrive in the face of weak health systems, and have no respect for national boundaries. The RMTF is able to leverage its activities in support of malaria elimination to strengthen national health systems, for example, through strengthened regulation of pharmaceuticals and increased use of eHealth tools for more effective health information systems and health sector management.

Investments in malaria and communicable disease control now will yield savings in the longer term, through reduced health care costs and the creation of more robust and sustainable health systems.

The RMTF fosters cross-border collaboration, for example on pharmaceutical regulatory convergence and disease surveillance. Innovative projects, such as applying call data records and geographic information systems (GIS), will be invaluable to improve surveillance of mobile populations and identify high transmission areas for better targeted interventions. Such initiatives have clear benefits for the promotion of regional health security and strengthening coverage of health services.
STRENGTHENED REGIONAL LEADERSHIP ON MALARIA AND OTHER COMMUNICABLE DISEASE THREATS

Lead partner: Asia Pacific Leaders Malaria Alliance

The goal of an Asia and Pacific region free of malaria by 2030 was adopted at the 9th East Asia Summit in Myanmar in November 2014. Implemented by the Asia Pacific Leaders Malaria Alliance (APLMA) secretariat, World Health Organization (WHO), and other partners, this component has three main aims:

- To increase regional leadership for the elimination of malaria in Asia and the Pacific by 2030;
- To support regional cooperation on malaria elimination and communicable disease threats; and
- To support knowledge development and sharing across sectors and countries through technology transfer, dissemination of best practices, and participation at regional learning events and institutional capacity building.
APLMA’s work to advocate for malaria elimination and other communicable disease threats promotes regional cooperation at the highest level. Because APLMA brings together heads of government to tackle a region-wide issue, it can go beyond the scope of national ministries of health to identify and communicate deficiencies and opportunities in regional public goods. APLMA’s Malaria Elimination Roadmap spells out the steps member states will need to take, and was endorsed by the heads of government at the 2015 East Asia Summit in November.

All GMS countries acknowledge the high priority of malaria elimination and have signed up to the target of elimination by 2030. In this subregion, and across the whole of Asia and the Pacific, ADB has a clear advantage in convening ministries of finance to get behind the substantial financing that will be required to reach the 2030 elimination target.

APLMA is also collaborating with ADB and other expert agencies, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, to develop innovative finance mechanisms for malaria elimination, and the Clinton Health Access Initiative. Experts seconded by ADB from the Clinton Health Access Initiative (one each in health care financing and access to quality medicines) have been working closely with APLMA to support the development of the Roadmap, and other aspects of APLMA’s work.

The RMTF has allocated $750,000 in direct funding to the APLMA secretariat, and the funds have been fully utilized, in addition to its funding from Australia’s Department of Foreign Affairs and Trade (DFAT), and the Bill & Melinda Gates Foundation. ADB also contributes by hosting the APLMA secretariat and will assist in the transitioning of the APLMA Secretariat out of ADB, where the secretariat was incubated.

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<tr>
<th>Year</th>
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<tr>
<td>2014</td>
<td>APLMA 2014 Annual Report Completed in April 2015</td>
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<td>2015</td>
<td>Leaders’ Envoy Speeches for World Health Assembly Completed in May 2015</td>
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<td>2014</td>
<td>Experts meeting on Malaria Financing Conducted in July 2015</td>
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<td>2015</td>
<td>APLMA senior officials meeting Held in July 2015</td>
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<td>2015</td>
<td>Asia Pacific Leaders Malaria Alliance Elimination Roadmap Endorsed at the 10th East Asia Summit, Kuala Lumpur, November 2015</td>
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<td>2015</td>
<td>Malaria Scorecard development (rationale, methodology, and process) Ongoing</td>
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1 R-CDTA 8485-REG: Strengthening Regional Response to Malaria and Other Communicable Diseases
INCREASED FINANCING FOR MALARIA

ADB, in collaboration with APLMA, is exploring how to increase domestic public and private sector financing for malaria elimination. Initiatives for malaria must be scalable so that they can be used in other parts of the health system to promote health systems strengthening and support countries to attain universal health coverage.

The aim of this component of the RMTF are to:

- Undertake technical work and consultations needed to build a regional financing platform for malaria elimination and other communicable disease threats;
- Undertake economic and sector work linking malaria and other communicable disease investments with Universal Health Coverage (UHC) programs for sustained financing of vertical disease programs;
- Develop projects, transactions, and programs for malaria and communicable disease investments;
- Commercialize and replicate new malaria and health finance instruments; and
- Support non-lending measures, e.g., policies, regulations, standards.

Lead partners:
University of California San Francisco;
Mahidol Oxford Tropical Medicine Research Unit;
Global Fund to Fight AIDS, Tuberculosis and Malaria.
Numerous projects targeting both the public and private sectors are already under way. On the public sector side, the RMTF financing has been allocated to the ADB’s Southeast Asia Department to support the design and implementation of a technical assistance grant and loan for malaria elimination and communicable disease control. The focus is on assistance to support countries to redirect their efforts from malaria control to malaria elimination, with Myanmar a priority country. Additional cofinancing for the Second GMS Communicable Disease Control Project adds malaria to its existing remit of HIV and tuberculosis. It enables Myanmar to join the project’s current target countries (the Lao PDR, Viet Nam, and Cambodia) and also ensures that ADB’s existing efforts to strengthen health security in the GMS will continue.

To expand the RMTF’s reach to the private sector, ADB is working with the private sector department to facilitate investment in Asia and the Pacific’s underfinanced health sector and increase UHC. This includes providing expertise on health investment strategy, deal origination, health sector market research, and due diligence on debt and equity investments. The sector covers health infrastructure, pharmaceuticals, life sciences, and diagnostics. ADB’s support aims to facilitate investment in a company’s expansion and growth phase to achieve health impact while maintaining profitability margins. The support also extends to building investment frameworks for the health sector across all stages of a company’s lifecycle, including an “innovation hub” to target early stage and growth activity.

In conjunction with key stakeholders such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM), ADB is developing innovative finance mechanisms to supplement financing gaps for targeted developing member countries (DMCs). Preliminary innovative finance mechanisms include blended lending, which combines donor financing, counterpart financing, and sovereign loans to incentivize governments to consider lending for health. ADB is also working with DMCs to raise demand for lending for health by improving the design and development of health loans. This work is being done through the APLMA initiative, by engaging governments to step up funding for malaria.

In targeted countries ADB is working to explore the use of existing domestic revenues from taxes and levies, to earmark funding for short-term health threats such as drug-resistant malaria. It is also collaborating with key partners to identify models for public–private partnerships to increase health financing through corporate social responsibility initiatives, health infrastructure development, and social health insurance.

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2 R-CDTA 8959: Malaria and Communicable Diseases Control in the GMS
3 For more details see component 5, p17
4 Cambodia, the Lao PDR, Myanmar, and Viet Nam
Senior Experts Consultation on Resource Mobilization for Malaria and Health Security

Malaria elimination, regional health security, and universal health coverage are commonly shared goals among ADB’s developing member countries. How to expedite and increase the necessary financing (from donor, domestic government, private sector, and philanthropic sources) to achieve these goals was the subject of a two-day experts consultation held at ADB in Manila in July 2015. The event brought together finance experts from public and private sectors, academia, and development banks, and included participants from ADB, Asia Pacific Leaders Malaria Alliance (APLMA), World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM), the National University of Singapore, World Health Organization, and Australia’s Department of Foreign Affairs and Trade, as well as several former government ministers of the Philippines.

The experts discussed the current challenges of mobilizing health and development financing within ADB and other potential funders under three main themes:

- Feasible innovative development financing mechanisms;
- The ability of governments to tap into sources of financing sustainably to fund health; and
- Leveraging the private sector, philanthropic bodies, and venture capital as a source of health financing.

Key recommendations for ADB were to pursue loans and improve the borrowing capacity of governments for health, and to earmark funding for health through the Asian Development Fund.

The experts also proposed that key partners such as GFTAM, the private sector, and philanthropic organizations set up innovative debt financing structures. At country level the recommendations were to increase domestic financing by engaging governments to reallocate funding for malaria elimination and health care in general in their short-term domestic budget, and to earmark funds for health through existing taxes and levies on, for example, alcohol and tobacco.

A forthcoming final report on the conference outcomes will include (i) feasible innovative financing options; (ii) frameworks to assist governments to build and sustain health financing, and to mobilize and expedite health financing within ADB; and (iii) a strategy to facilitate non-traditional financiers to engage more in health financing. The outputs of the event are also directly informing the development of a financing strategy for the APLMA Elimination Roadmap, focused on innovative financing to supplement funding gaps.

In particular, Cambodia, the Lao PDR, Myanmar, and Viet Nam
For countries to reach the goal of malaria elimination, it is vital to address the weaknesses in the capacity of regulatory agencies, their lack of access to cost-effective tools for post-marketing surveillance of malaria and other communicable disease commodities, and their low level of participation in global surveillance mechanisms. This component builds on the recommendations of the APLMA Quality Malaria Medicine and Technology Task Force and through three main collaborative projects aims to strengthen:

- The capacity of national regulatory agencies in the GMS countries to register quality-assured malaria and communicable disease commodities and support regional convergence of regulatory processes;

- The capacity of national regulatory agencies to participate in the WHO Global Surveillance System of substandard, spurious, falsely labeled, falsified and counterfeit commodities in order to improve detection and reporting of such medicines; and

- The capacity of national regulatory agencies to conduct post-market surveillance of malaria and other communicable disease pharmaceuticals.
1 Building capacity of national medicines regulatory authorities through CoRE

(Lead partners: Duke-NUS Graduate Medical School Singapore, World Health Organization, World Bank)

The weak capacity of national medicines regulatory authorities is one of the factors behind the prevalence of substandard, spurious, falsely labeled, falsified and counterfeit commodities (SSFFCs) on the market. These products are a major contributor to artemisinin resistance in the GMS.

The Center of Regulatory Excellence, Duke-NUS Graduate Medical School in Singapore has been commissioned to conduct landscape analysis of national medicines regulatory authorities in GMS countries. The project will (i) assess their capacity; (ii) develop strategic and capacity development plans; (iii) develop key training tools and conduct train-the-trainers workshops; and (iv) seek sustainable financing for a regional support team for ongoing capacity development. CoRE will also explore opportunities for greater convergence of regulatory requirements including through policy dialogue. Other collaborative partners are the World Bank, WHO, and the US Food and Drug Administration. The work will be closely coordinated with Association of Southeast Asian Nations and Asia-Pacific Economic Cooperation working groups on regulatory convergence.

2 Post-marketing surveillance through quality testing tools

(Lead partners: Lao-Oxford Mahosot Hospital Wellcome Trust Research Unit under the Mahidol Oxford Tropical Medicine Research Unit, United States Pharmacopeia, Georgia Institute of Technology, World Health Organization, London School of Hygiene & Tropical Medicine)

Post-marketing surveillance is resource-intensive and the sophisticated, expensive testing tools available are often beyond the reach of ADB’s DMCs. Moreover, it is difficult for countries to determine which tools are the best investment and the most cost-effective in their country-specific context. This collaboration will help countries to overcome these hurdles. Potential technologies will be selected for pilot testing to assess sensitivity, specificity, and cost-effectiveness. The team will select, build product databases and libraries, test technologies in a controlled environment of known substandard, spurious, falsely labeled, falsified and counterfeit commodities. They will then discuss with national medicines regulatory authorities and partners how best to implement the most suitable testing technologies. The study will first be conducted in the Lao PDR.
3 Substandard, spurious, falsely labeled, falsified and counterfeit commodities reporting

(Lead partners: World Health Organization, Interpol)

Information sharing is important for building the evidence base on SSFFCs and coordinating action to protect public health. Few countries in Asia and the Pacific have received training in the WHO Rapid Alert System for such commodities and there is a pressing need to raise awareness of the importance of reporting to help contain artemisinin resistance and other antimicrobial drugs, as well as a need to address pharmaceutical crimes involving SSFFCs.

National medicines regulatory authorities will achieve high-level awareness of the public health threat posed by SSFFCs through training workshops. They will also be trained in the use of WHO’s Rapid Alert System. In separate workshops, ADB will collaborate with Interpol to bring together regulators, police, and border agents to update knowledge and build partnerships for cross-border collaboration to address the rapidly increasing incidence of pharmaceutical crime.

The weak capacity of national medicines regulatory authorities is one of the factors behind the prevalence of substandard, spurious, falsely labeled, falsified, and counterfeit commodities on the market.
4

Increased Availability and Use of Quality Information Tools and Technology on Malaria and Other Communicable Disease Threats

Lead partners:
Asia eHealth Information Network,
Mahidol Oxford Tropical Medicine Research Unit,
United Nations Children’s Fund (UNICEF),
World Health Organization

Accurate surveillance and elimination of malaria relies on a robust eHealth infrastructure, and on being able to identify, track, and treat every individual affected. This component sets out to help countries improve their malaria surveillance and information systems, in order to produce the data that is essential for planning, monitoring, and evaluating control and elimination interventions. This component has clear benefits beyond malaria and other communicable diseases, by increasing the use of digital health tools for overall health systems strengthening. It aims to:

- Improve the regional evidence base for eliminating malaria and controlling other communicable disease threats;
- Improve the evidence base for costing malaria elimination and communicable disease control in selected countries and in the GMS;
- Introduce and scale up cost-effective technologies for data collection for all stages of malaria control and elimination programs, including case investigations, and program assessment, monitoring and evaluating elimination interventions, and link them to national eHealth plans and health sector reforms;
- Develop government capacity on surveillance for malaria elimination; and
- Link vertical malaria surveillance systems with comprehensive digital health infrastructure including unique patient identifiers.
1 Monitoring and evaluation tools for malaria surveillance

(Lead partners: Mahidol Oxford Tropical Medicine Research Unit, World Health Organization)

Before countries can increase the availability and use of quality information, tools, and technologies on malaria and other communicable disease threats and link them with existing health information systems, first it is necessary to know what surveillance tools are already in place and how data collection at the individual level can be improved. Expert consultants have been commissioned to assess cost-effective technologies for data collection for all stages of malaria control and elimination programs in GMS countries, work with countries to link them to national eHealth plans, and develop government capacity on surveillance for malaria elimination.

Mapping exercises in Cambodia, the Lao PDR, Myanmar, Thailand, and Viet Nam have started. They will identify surveillance and response gaps and recommend tools for technology scale-up, as well as transferring technology between countries. Innovative testing approaches using call data records and GIS to map malaria transmission hot spots and ensure targeted response programs are being developed. Specific options for implementation will be presented to a technical advisory group, and there will be country-level workshops for countries selected for implementation. The operational guidelines, knowledge products on malaria and communicable disease surveillance, and response tools that result from this project will also inform ADB’s proposed health security program.

2 eHealth infrastructure

(Lead partners: Asia eHealth Information Network, World Health Organization)

Investing in eHealth infrastructure is essential to improve the regional evidence base for elimination of malaria and control of other communicable disease threats through better data collection and analysis, including accurate data on the costs involved. ADB is working on several eHealth initiatives with expert consultants, WHO, and Asia eHealth Information Network (AeHIN), a collaborative community of eHealth and health information systems professionals across Asia and the Pacific.

By piloting cost-effective technologies for data collection at all stages of malaria control and elimination, including case investigations, program assessment, monitoring and evaluation of elimination interventions, the RMTF can contribute to broader communicable disease control. Furthermore, digital health investments for better health information systems and health sector management have far-reaching benefits for health systems strengthening.

Through the RMTF, ADB has facilitated a series of meetings for ministries of health and non-health stakeholders to discuss how national-scale eHealth infrastructure is important for data collection and analysis for malaria elimination, and to promote health systems strengthening in general. Currently, malaria and communicable disease surveillance and information systems are operated in silos and data does not flow directly from the community level to the ministry of health, where it can be used for planning and decision making.
Results from initial activities in Myanmar (see box, p.16), and from the AeHIN-hosted workshop in Manila, are already informing the ADB’s eHealth investment strategies to support DMCs. Common requirements have been identified across multiple disease surveillance and care-delivery programs. Interoperable information and communication technology (ICT) architecture designs that address these requirements are being developed and aligned with context-specific, national eHealth strategies.

As a companion initiative, ADB is also supporting the establishment of a regional center of excellence that will build capacity for eHealth system interoperability. This new “interoperability lab” will foster economic development within the health ICT sector by providing training, tools, and testing, and will help mitigate risk of the large-scale eHealth projects in the region. The lab will support capacity building in health ICT and act as a catalyst for innovation by the public and private sector actors in national care delivery networks. Funding for this lab was mobilized from outside the RMTF.

Mapping of health service user identifiers in the Greater Mekong Subregion

(Lead partners: Asia eHealth Information Network, United Nations Children’s Fund (UNICEF), World Health Organization)

To eliminate malaria, it is crucial that every malaria case gets diagnosed, treated, and tracked. This can only be achieved if there is an identity management system in place to ensure that patients can be uniquely identified. One trend in the region is to identify a roadmap towards harmonizing registries of all unique identifiers that links existing and newly developed identity systems with an established unique identifier throughout social protection, civil registration, and health databases. These databases can then be linked throughout all sectors to ensure that each individual can be identified and matched with important records. This is particularly important for populations in border areas, where registration is often fragmented.

Investing in unique ID mechanisms is a substantial and challenging undertaking, but advances in technology, interoperability, and standards present unprecedented opportunities to take a quantum leap forward in delivering health care, linking to civil registration and vital statistics, and attaining UHC. Increasing the country capacity to address longitudinal patient monitoring using the malaria and communicable disease surveillance case is strategic for addressing a fundamental challenge in managing individual-level records and information. Beyond malaria and other communicable diseases, the patient identifier is an integral building block for a fully functioning health information system.

To better understand the current landscape for unique identification systems, ADB is conducting a multi-country assessment in Cambodia, the Lao PDR, and Myanmar. This work is being done in collaboration with UNICEF, WHO, and AeHIN. This assessment will also provide key recommendations on what capacity development, coordination, and leadership is needed to develop step-wise roadmaps for the implementation of unique identifiers and then link them to a national civil registration and vital statistics and population registries. The assessment is drawing on emerging best practices, such as digital identity management, biometrics, and interoperability to help countries avoid early missteps, and develop effective and efficient unique identification management strategies.
Health Information System Strengthening in Myanmar workshop

At a workshop in Nay Pyi Taw, Myanmar, in August 2015, national government officials and health professionals reviewed the country’s health information system (HIS). The aim was to identify ways to strengthen it and to ensure that vertical disease programs such as malaria are integrated into it. The event brought together government officials, eHealth experts from AeHIN, ADB, UNICEF, and WHO, as well as other development partners. This was the first time for all of these partners to be brought together to discuss health information management with the Government of Myanmar.

The meeting was an invaluable opportunity to share information about government and development partner investments in HIS, to increase understanding of IT governance, standards and interoperability in health information, and to discuss the most appropriate mechanisms to achieve standardization in healthcare. Participants were able to share, learn, and prepare to implement capacity-building strategies, standardized processes, tools and techniques, and ready-to-use IT solutions towards achieving UHC.

The workshop engaged more than 60 participants including Myanmar government officials from the Ministry of Health, the University of Public Health, the Central Statistical Organization, and the Ministry of Communication and Information Technology, and representatives from development partners including the United Nations Office for Project Services, the Japan International Cooperation Agency, the International Center for AIDS Care and Treatment Programs, the Joint United Nations Programme on HIV/AIDS, and Marie Stopes International Myanmar. There were both plenary and brainstorming sessions, which ensured that the expertise of all participants was utilized. The brainstorming process resulted in gap analyses and recommendations for further action.

This was the first time for all of these partners to be brought together to discuss health information management with the Government of Myanmar.
ADB plays a significant role in convening country leadership both within and beyond ministries of health. This role is particularly valuable when engaging countries to address the specific needs of migrant and mobile populations. Malaria also presents ADB with an entry point to engage with the private sector for health gains. This component aims to:

- Improve access to quality malaria medicines and other technologies for population groups at risk (in border and remote areas);
- Increase countries’ capacities to test, treat, and track malaria and other communicable disease cases, particularly in border areas;
- Build the capacity of key government stakeholders to design, implement, and manage malaria elimination programs and programs for responding to other communicable diseases; and
- Facilitate regional collaboration on malaria and communicable disease issues.
Under additional financing for ADB’s CDC2 and R-CDTA 8959, this component works with countries to strengthen their ability to eliminate malaria and more effectively tackle other communicable disease threats. The funding will help Cambodia, the Lao PDR, Myanmar, and Viet Nam improve surveillance, diagnosis, and quality control for diagnostic. The R-CDTA will enable Myanmar to collaborate with neighboring countries both on CDC2 and its successor program on regional health security, with malaria as the entry point on a range of areas, including policy formulation, rapid response to outbreaks, treatment protocols, diagnostic tools and technologies, and regional coordination.

The governments of Cambodia, the Lao PDR, Myanmar, and Viet Nam were consulted in the initial stages to ensure that the project best meets their needs, and all four have selected districts for piloting of malaria elimination programs. The project design is complete. These health initiatives for malaria, together with existing initiatives for HIV under a previous ADB trust fund for HIV prevention, can effectively inform project development for health systems strengthening loan projects.

Examples of potential collaboration with the private sector for health gains include engagement with the pharmaceuticals industry to provide safe and effective commodities, with local level private health service providers and health insurance providers to promote continuity of quality health care, and with private sector employers to track, treat, and prevent communicable diseases within their workforce.

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6 Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific
ADB’s recently approved Operational Plan for Health 2015–2020 (Health in Asia and the Pacific: A Focused Approach to Address the Health Needs of ADB Developing Member Countries), specifically highlights the need for collaboration with infrastructure sectors—such as urban development, water and sanitation, transportation, and energy—and promotes cross-sector cooperation to enhance the contribution of non-health sectors to health outcomes. This component aims to:

- Strengthen the practice of health impact assessment in Asia and the Pacific DMCs;
- Reduce malaria and other communicable disease impacts of large-scale development projects;
- Increase malaria elimination and communicable disease control impacts of ADB investments in health, infrastructure, governance, or other sectors; and
- Strengthen health outcomes of infrastructure projects.
Recruitment is under way for a team of consultants with expertise in research and development, capacity development, and partnership and advocacy to work on three main elements to strengthen the health impact assessment of large infrastructure projects:

- Strengthening ADB’s health impact assessment tools, applications, and project screening;
- Strengthening and supporting the policy dialogue on health impact assessment in the GMS; and
- Working with infrastructure project owners (both ADB and private sector) to develop, in collaboration with civil society organizations, malaria screening and treatment activities linked with workers and communities involved in infrastructure projects.

Under this component infrastructure projects will pilot approaches to malaria prevention and treatment among workers and surrounding communities, providing examples for other private sector health interventions. Technical assistance for health impact assessments will explore potential interventions at workplace sites, e.g., companies engaged in forestry, rubber production, and extractive industries, with operations where there are malaria hot spots, as well as along migration paths. Future interventions will also entail work with relevant regional associations to advance the development of norms and standards for health protection and access to care around development projects. Lessons learned from HIV and AIDS prevention and service delivery programs in private sector companies in the GMS will be applied.7

Test mechanisms will ensure that vulnerable populations at development sites have access to malaria prevention and treatment. It will also promote the inclusion of communicable diseases in instruments for economic and social impact assessments of development projects.

Ensuring that large-scale infrastructure projects address aspects of broader health security, including malaria and other communicable diseases, is one of the key ways in which the region can benefit from ADB’s convening power, interdisciplinary approaches to regional health governance, and the ability to combine technical knowledge with development finance.

Malaria elimination
An entry point for health systems strengthening, regional health security, and a public health best-buy

The Regional Malaria and Other Communicable Disease Threats Trust Fund was set up in December 2013 with the specific remit to support developing member countries to develop multi-country, cross-border, and multisector responses to urgent malaria and other communicable disease issues. The Trust Fund works on the premise that the “business-as-usual” response to malaria and other communicable disease threats is bound to fail, and progress demands innovative approaches. It also takes malaria elimination as an entry point to health systems strengthening and regional health security. This report lays out ADB’s plan of action for the Trust Fund, and describes the many projects already under way.

About the Asian Development Bank

ADB’s vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries reduce poverty and improve the quality of life of their people. Despite the region’s many successes, it remains home to the majority of the world’s poor. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.