



Major Change in Technical Assistance

Project Number: 54079-001
TA Number: 9950
November 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 |
| COVID-19 | – | coronavirus disease |
| DMC | – | developing member country |
| HLT Fund | – | High-Level Technology Fund |
| PPE | | personal protective equipment |
| PPFD | – | Procurement, Portfolio and Financial Management Department |
| SDCC | – | Sustainable Development and Climate Change Department |
| TA | – | technical assistance |
| TASF | – | Technical Assistance Special Fund |
| UNICEF | – | United Nations Children’s Fund |
| WHO | – | World Health Organization |

NOTE

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

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|-----------------------------|---|
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I. PROPOSED MAJOR CHANGES

1. Major changes and an increase in the amount of technical assistance (TA) for Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases are proposed for Board consideration.

2. The Vice-President of Knowledge Management and Sustainable Development approved the original TA amount of \$2 million on 25 February 2020 and the additional financing amount of \$2 million on 25 March 2020. Subsequent increases amounting to \$44 million and \$0.3 million were approved, respectively, by the Board on 8 April 2020, and by the Director General of Sustainable Development and Climate Change Department (SDCC) on 16 June 2020, bringing the current TA amount to \$48.3 million. The proposed increase of \$20.3 million will be financed on a grant basis by the Technical Assistance Special Fund (TASF 6: \$4 million and TASF-other sources: \$16 million), and \$300,000 from the High-Level Technology Fund (HLT Fund) administered by the Asian Development Bank (ADB).¹ The increase in TA amount will finance major changes, which include (i) health system assessments and country readiness plans to ensure the capacity of developing member countries (DMCs) to access, introduce, manage, and monitor safe and effective coronavirus disease (COVID-19) vaccines; (ii) TA to ensure that DMCs have the capacity in place to deliver safe and effective COVID-19 vaccines efficiently; (iii) support for developing projects that will finance the procurement of COVID-19 vaccines and related strengthening of vaccine delivery systems, and (iv) increasing the number of DMCs that will set up mechanisms to prevent and contain COVID-19 and other communicable diseases. Moreover, additional co-financing is being sought to finance subsequent scale up of the enumerated major changes. The revised design and monitoring framework is in Appendix 1. If the Board approves the recommendation in para. 20, in accordance with para. 54 of the Staff Instructions on Business Processes for Knowledge and Support Technical Assistance, the Director General, SDCC will be deemed to have approved the administration by ADB of TA not exceeding the equivalent of \$300,000, which will be financed on a grant basis by the HLT Fund.

II. BACKGROUND

3. The TA was originally planned to be implemented until 28 February 2022. Since the TA's approval, three increases in the TA amount with changes in scope and implementation arrangements have been approved, bringing the cumulative TA amount to \$48.3 million as of 16 June 2020, as shown in the table.

4. The TA's impacts remained unchanged: (i) health outcomes in Asia and the Pacific improved, (ii) access to improved health services increased, and (iii) regional initiatives to reduce cross-border health risks increased. The TA's outcome—DMCs' capacities to prevent and contain outbreaks of COVID-19 and other communicable diseases strengthened—remains unchanged. The TA has been delivering the following outputs: (i) support to DMCs affected and potentially affected by COVID-19 and other communicable diseases provided, (ii) economic and health system assessments on the potential effect of COVID-19 conducted, (iii) regional and country-specific health security capabilities strengthened, and (iv) development of sovereign and nonsovereign health security projects to address communicable diseases supported.

¹ Financing partner: the Government of Japan.

Summary of Technical Assistance Funding Sources
(\$ million)

| Source | Original (approved 25 Feb 2020) | Supplementary (approved 25 Mar 2020) | Amount Supplementary (approved 8 Apr 2020) | Supplementary (approved 16 Jun 2020) | Total per Funding Source |
|----------------------------|--|---|---|---|---|
| TASF | | | | | |
| TASF 6 | 1.0 | 2.0 | 30.0 | | 33.0 |
| TASF-other sources | 1.0 | | 10.0 | | 11.0 |
| EAKPF ^a (grant) | | | 2.0 | | 2.0 |
| PRCF ^a (grant) | | | 2.0 | | 2.0 |
| BCCDR ^a (grant) | | | | 0.3 | 0.3 |
| Total | 2.0 | 2.0 | 44.0 | 0.3 | 48.3 |
| Cumulative | 2.0 | 4.0 | 48.0 | 48.3 | |

BCCDR = Ireland Trust Fund for Building Climate Change and Disaster Resilience in Small Island Developing States, EAKPF = Republic of Korea e-Asia and Knowledge Partnership Fund, PRCF = People's Republic of China Poverty Reduction and Regional Cooperation Fund, TASF = Technical Assistance Special Fund.

Note: Numbers may not sum precisely because of rounding.

^a Administered by the Asian Development Bank.

Source: Asian Development Bank

5. The TA is administered by ADB. The Health Sector Group Secretariat in SDCC is implementing the TA and is accountable for the outputs. Key decisions will be made in consultation with the Health Sector Group Committee during TA implementation. The Health Sector Group Secretariat is carrying out TA administration, supervision, implementation oversight, coordination with concerned government agencies, and communication with consultants and stakeholders, in collaboration with the operations departments, knowledge departments, and other sector and thematic groups.

III. IMPLEMENTATION PROGRESS

6. As of 15 October 2020, the total commitment is \$35,105,857 (73%) while the total disbursement is \$29,237,428 (61%). The total commitment is expected to increase to about \$45 million (93%) by the end of December 2020 with (i) additional support for Bangladesh, India, Indonesia, Papua New Guinea, the Philippines, and Thailand under output 1; and (ii) additional consultants and resource person contracts under outputs 2, 3, and 4.

7. The TA has completed the following activities:

- (i) **Output 1: Support to developing member countries affected and potentially affected by COVID-19 and other communicable diseases provided.** Procurement, Portfolio and Financial Management Department (PPFD) has arranged the contracting of Medtecs Cambodia and the IDA Foundation to supply \$11.05 million worth of personal protective equipment (PPEs) to 13 DMCs. PPFD has also arranged a logistic contract not-to-exceed with Kuehne and Nagel for the delivery of the personal protective equipment. Medtecs has completed 91% of deliveries, while IDA Foundation has completed 59% of deliveries. A total of \$18 million of support for 26 DMCs for the procurement and delivery of PPEs, testing kits, thermal scanners, ventilators and other goods is being implemented through the Administrative Arrangement and its three Supplemental Arrangements between ADB

and the United Nations Children’s Fund (UNICEF), with deliveries to DMCs ongoing.³ Regional departments have supported Armenia, Georgia, and Turkmenistan to procure about \$1.37 million worth of diagnostic equipment and supplies.

- (ii) **Output 2: Economic and health system assessments on the potential effect of COVID-19 conducted.** The TA supported the undertaking of a cost–benefit analysis of the COVID-19 control options in the Philippines, and the preparation of guidance notes on interventions for COVID-19 response and strengthening of health security, and on reviving the economy and resuming travel and tourism. It also supported an updated brief on the economic impact of COVID-19.
- (iii) **Output 3: Regional and country-specific health security capabilities strengthened.** The TA engaged a risk communication firm to help India, Myanmar and the Philippines develop communication strategies; a capacity building firm to conduct online training for all DMCs; and a consulting firm to help the Government of India improve its COVID-19 response through support for the development of a pandemic road map, the use of digital technologies, and health system strengthening to detect and respond to future outbreaks. It also engaged individual consultants and resource persons to increase countries’ capacity in key COVID-19 response areas, including laboratory management, border health, water and sanitation, pandemic preparedness and response planning, and digital health advisory services.
- (iv) **Output 4: Development of sovereign and nonsovereign health security projects to address communicable diseases supported.** ADB has mobilized various consultants and resource persons to support the development of health security projects in Armenia, Cambodia, India, Indonesia, Kazakhstan, the Lao People’s Democratic Republic, Mongolia, Pakistan, the Philippines, Tajikistan, and Uzbekistan.

IV. RATIONALE FOR THE PROPOSED CHANGES

8. The successful development, production, procurement, and delivery of safe and effective vaccines against COVID-19 is a key intervention that can help reverse the health and economic impacts of COVID-19. Unprecedented efforts are under way to develop these vaccines. In its 15 October 2020 landscape report of vaccine candidates, the World Health Organization (WHO) identified 42 vaccine candidates undergoing clinical trials and more than 150 vaccine candidates in pre-clinical evaluation.⁴

9. With high-income countries reserving a significant share of the expected global supply of potential COVID-19 vaccines, it is critical to ensure equitable and affordable access for low- and middle-income countries. One such mechanism is the COVAX⁵ advanced purchasing mechanism, established by, among others, Gavi, WHO, and the Coalition for Epidemic

³ ADB and UNICEF. 2020. Administrative Arrangement (and three Supplemental Arrangements) between ADB and UNICEF for Transfer of Funds by ADB to UNICEF in Support of an ADB Technical Assistance on Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases. 20 March. First Supplemental 27 March. Second Supplemental 11 June. Third Supplemental 13 July (all internal).

⁴ World Health Organization. [Draft Landscape of COVID-19 Candidate Vaccines](#) (accessed 18 October 2020).

⁵ COVAX is the vaccines pillar of the Access to COVID-19 Tools Accelerator—a global collaboration to accelerate the development and production of, and equitable access to, COVID-19 tests, treatments, and vaccines. It is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations, and WHO. It aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world

Preparedness Innovations. COVAX is expected to support timely access to COVID-19 vaccines for 92 low- and middle-income countries, including 29 DMCs.

10. It is, therefore, important to support DMCs in the distribution, delivery, and administration of COVID-19 vaccines. To ensure high vaccine coverage, effective vaccine delivery requires adapting existing or establishing new distribution channels, campaign venues, and communication tools. Further, almost all vaccines require strict temperature compliance throughout the supply chain, typically at -2°C to -8°C , with some vaccine candidates requiring a more stringent cold chain than what is available (e.g., vaccine storage from -20°C to -70°C). Most countries will most likely require significant upgrades to cold chain systems.

11. As most vaccines may follow a two-dose regimen at unique time periods, organizing campaigns and developing communication tools to ensure high uptake is critical. In addition, all COVID-19 vaccines will require rigorous pharmacovigilance, or safety monitoring. These procedures will require DMCs to bolster their information systems, reporting documents, and training of health workers and logisticians. Countries will also need to undertake a COVID-19 vaccine introduction readiness assessment; and prepare a strategic vaccine introduction plan, which involves estimating required supplies, logistics, operational costs, and personnel.

12. In response to these anticipated needs, the proposed increase will expand assistance to DMCs to ensure that they have access to vaccines and that systems are in place to distribute them. The scope of output 2 will be expanded to include the development of health system assessments and country readiness plans to ensure the capacity of DMCs to access, introduce, manage, and monitor safe and effective COVID-19 vaccines. The scope of output 3 will be expanded to include TA that will help ensure that DMCs have the necessary capacities in place to deploy and deliver safe and effective COVID-19 vaccines efficiently. The scope of output 4 will be expanded to include support in developing projects that will finance the procurement of COVID-19 vaccines and related vaccine delivery systems. The scope of output 1 will be retained and continue to have an allocation of \$44.55 million. The expanded scope of these outputs will increase the outcome target from 10 to 30 DMCs (by 2022, 30 DMCs would have established mechanisms to prevent and contain outbreaks of COVID-19 and other communicable diseases). The impact and outcome statements remain unchanged.

13. **Output 2: Economic and health system assessments on the potential effect of COVID-19 and for ensuring access to safe and effective COVID-19 vaccines conducted.** The health system assessments of DMCs in output 2 will be expanded to include vaccine-related assessments to determine the vaccine needs and current vaccine delivery systems of DMCs, and country readiness plans to ensure the capacity of DMCs to access, introduce, manage, and monitor safe and effective COVID-19 vaccines. The output will support assessments of the cold chain and logistics, delivery platforms, infection control, supply and skills of health workers, information systems, and others. The expanded scope of output 2 will require at least 280 person-months of additional international consultant support and at least 330 person-months of additional national consultant support to be provided through consulting firms or individual consultants. In addition, international and national resource persons may be engaged. The revised allocation for output 2 is \$9.40 million.

14. At least two international vaccine advisory firms will be engaged to assist DMCs to conduct the assessments and develop the evidence-based strategies. ADB may engage with UNICEF and WHO to conduct assessments, vaccine forecasting, prioritization, and targeting approaches through international and national consultants who may be contracted through them. The assessments conducted by these firms, UNICEF, and WHO will be coordinated with the

World Bank, Gavi, and other development partners to ensure they complement and supplement the COVAX Vaccine Introduction Readiness Assessment Tool.⁶ Another firm will be engaged to support assessments of knowledge, attitudes, and practices around COVID-19. The firms will be selected and managed in consultation with the operations departments. The final list of DMCs which each firm will assess will also be prepared in consultation with the operations departments.

15. **Output 3: Regional and country-specific health security capabilities and COVID-19 vaccine delivery strengthened.** The scope of output 3 will be expanded to finance and strengthen national and regional activities relating to vaccine delivery, with a focus on strategic and operational planning, logistics and cold chains, risk communication, real-time data capture and monitoring, training of health care workers, and pharmacovigilance. This will include supporting the development of regulatory frameworks that will expedite national authorization for vaccines. The expanded scope of output 3 will require at least 366 person-months of additional international consultant support and at least 360 person-months of additional national consultant support, to be provided through consulting firms or individual consultants. International and national resource persons may also be engaged. The expanded scope and additional activities will require additional performance indicators, and the streamlining and integration of the capacity building indicators 3d, 3e, 3f, 3i and 3j into two capacity building indicators (the updated 3e and 3i) that captures all five indicators. The revised allocation for output 3 is \$11.74 million.

16. This change will require that (i) one firm is engaged to help DMCs develop plans for improving logistics and cold chain and distribution systems, including the identification and promotion of zero or low-power cold chain equipment (including iceboxes); (ii) one firm is engaged to support vaccine-specific communications, community mobilization, and demand generation in DMCs; (iii) one firm is engaged to support DMCs to deploy and utilize the immunization information systems, including the identification and promotion of the use of a vaccine tracking system; (iv) one capacity-building firm is engaged to train health care and vaccine workers; and (v) one firm is engaged to support regulatory efforts in DMCs. The firms will be selected and managed in consultation with the operations departments. The final list of DMCs each firm will support will also be consulted with the operations departments. ADB may also engage with UNICEF and WHO to provide technical support in strengthening regulatory oversight, enhancing safety and effectiveness monitoring and tracking of adverse events, and improving vaccine logistics and supply regionally and in DMCs through international and national consultants who may be contracted through UNICEF and WHO. All these activities will be conducted in close coordination with the World Bank and other development partners supporting the vaccine preparedness and delivery plans of DMCs. The HLT Fund will finance support on high level cold chain and vaccine tracking technologies.

17. **Output 4: Development of sovereign and nonsovereign health security projects to address communicable diseases and expand access to COVID-19 vaccines supported.** The scope of output 4 will be expanded to provide technical information and analysis related to health security, communicable diseases, and COVID-19 vaccines that will support the operations departments, resident missions, and field offices in developing sovereign and nonsovereign projects which will finance the procurement and delivery of safe and effective COVID-19 vaccines through the COVAX facility, bilateral and/or pooled arrangements, and other mechanisms. The expanded scope of output 4 will require at least 50 person-months of additional international consultant support and 120 person-months of additional national consultant support to be

⁶ World Health Organization. COVID-19 Vaccine Country Readiness and Delivery. <https://www.who.int/initiatives/accelerator/covax/covid-19-vaccine-country-readiness-and-delivery>

provided through individual consultants. International and national resource persons may also be engaged. The revised allocation for output 4 is \$2.91 million.

18. To support TA administration and implementation, two international TA implementation consultants and five national consultants will be engaged; and the One ADB team, composed of staff from different departments supporting vaccine-related work, will be mobilized. Ongoing coordination with the operations departments and resident missions in providing support to DMCs, including the selection and supervision of consultants for DMCs, will be continued. With the expanded scale of activities, ADB may outsource or provide funding for the procurement of services (consulting and non-consulting) to United Nations agencies such as UNICEF and WHO, development partners, and private sector entities that have expertise in vaccine delivery. Separate administrative arrangements between ADB and UNICEF, and ADB and WHO will govern the transfer of funds by ADB, and the obligations and deliverables of UNICEF and WHO. Since many DMCs plan to purchase vaccines in early to mid-2021, there is an urgent need to start the preparatory work before delivery. Consequently, consulting firms are envisaged to be recruited through single source selection to accelerate country preparedness. All procurement undertaken by ADB will follow the Procurement Policy (2017, as amended from time to time) and its associated TA staff instructions, and the PPFDF updated guidance on emergency procurement on responding to COVID-19.⁷ However, procurement of services from both ADB member and nonmember countries will be applied in accordance with the waiver of procurement eligibility restrictions approved by the Board in April 2020.^{8,9}

V. DUE DILIGENCE

19. The activities supported with additional TA funds will follow the implementation arrangements established under the TA. The proposed changes comply with the project administration instructions on administering grant-financed TA and address comments from ADB's operations departments; PPFDF; the Office of the General Counsel; the Controller's Department; the Strategy, Policy, and Partnerships Department; and SDCC.

VI. THE PRESIDENT'S RECOMMENDATION

20. The President recommends that the Board approve the major changes in the technical assistance for Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases and the increase in technical assistance amount by \$20,000,000, which will finance the changes as described in paras. 1–2.

⁷ ADB (PPFD). 2020. Updated Emergency Procurement Guidance on Responding on the Coronavirus Disease 2019. Memorandum. 6 April (internal).

⁸ ADB. 2020. *Major Change in Technical Assistance: Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases*. Manila.

⁹ ADB. 2020. *ADB's Comprehensive Response to the COVID-19 Pandemic*. Manila.

REVISED DESIGN AND MONITORING FRAMEWORK

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| <p>Impacts the TA is Aligned with</p> <p>Current TA Health outcomes in Asia and the Pacific improved (ADB Strategy 2030)^a Access to improved health services increased (Operational Plan 1)^b Regional initiatives to reduce cross-border health risks increased (Operational Plan 7)^c</p> <p>Overall TA Unchanged</p> |
|---|

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks |
|---|---|---|---|
| <p>Outcome</p> <p>Current TA DMCs' capacities to prevent and contain outbreaks of COVID-19 and other communicable diseases strengthened</p> <p>Overall TA Unchanged</p> | <p>Current TA a. By 2022, 10 DMCs have set up mechanisms to prevent and contain outbreaks of COVID-19 and other communicable diseases (2019 baseline: not applicable)</p> <p>Overall TA a. By 2022, 30 DMCs have set up mechanisms to prevent and contain outbreaks of COVID-19 and other communicable diseases (October 2020 baseline: 23 DMCs)</p> | <p>a. WHO country profiles, JEE mission reports on compliance with the IHR, and ADB health sector assessments</p> | <p>Governments change their priorities or commitments to activities related to COVID-19 because of political factors.</p> |
| <p>Outputs</p> <p>Output 1</p> <p>Current TA Support to DMCs affected and potentially affected by COVID-19 and other communicable diseases provided</p> <p>Overall TA Unchanged</p> | <p>Current TA 1a. By 2021, procurement of medical equipment and supplies, frontline health worker training tools, and risk communication tools on an emergency basis completed in at least 25 DMCs (March 2020 baseline: 6 DMCs)</p> <p>Overall TA Unchanged</p> <p>Current TA 1b. By 2021, disease surveillance system and infection control measures upgraded in at least 10 DMCs (March 2020 baseline: 0 DMCs)</p> <p>Overall TA Unchanged</p> | <p>1a. ADB TA monitoring reports</p> <p>1b. ADB TA monitoring reports and ADB health sector assessments</p> | <p>DMC changes personnel assigned to the TA, thereby disrupting the implementation schedule.</p> |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks |
|--|---|---|-------|
| <p>Output 2</p> <p>Current TA Economic and health system assessments on the potential effect of COVID-19 conducted</p> <p>Overall TA Economic and health system assessments on the potential effect of COVID-19 and for ensuring access to safe and effective COVID-19 vaccines conducted</p> | <p>Current TA 2a. By 2020, rapid economic assessments are completed in all interested recipient DMCs (2019 baseline: not applicable)</p> <p>Overall TA Unchanged</p> <p>Current TA 2b. By 2020, rapid health system assessments are completed in all interested recipient DMCs (October 2020 baseline: 23 DMCs)</p> <p>Overall TA Unchanged</p> <p>Current TA 2c. By 2020, a background note on policy recommendations on improving travelers' health in Asia and the Pacific published and disseminated (2019 baseline: not applicable)</p> <p>Overall TA Unchanged</p> <p>Current TA 2d. Not applicable</p> <p>Overall TA 2d. By 2021, vaccine-related country-readiness assessments of at least 16 DMCs completed (2020 baseline: not applicable)</p> <p>Current TA 2e. Not applicable</p> <p>Overall TA 2e. By 2021, COVID-19 vaccination fiduciary systems assessments of at least 16 DMCs completed (2020 baseline: not applicable)</p> | <p>2a. ADB economic assessment reports</p> <p>2b. ADB health sector assessments</p> <p>2c. Published background note on policy recommendations</p> <p>2d. Vaccine-related country-readiness assessments of DMCs</p> <p>2e. ADB fiduciary assessment reports</p> | |
| <p>Output 3</p> <p>Current TA Regional and country-specific health security</p> | <p>Current TA 3a. By 2020, regionwide and country-specific risk communication developed and</p> | <p>3a. Published risk communication materials</p> | |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks |
|---|---|---|-------|
| <p>capabilities strengthened</p> <p>Overall TA Regional and country-specific health security capabilities and COVID-19 vaccine delivery strengthened</p> | <p>disseminated (2019 baseline: not applicable)</p> <p>Overall TA 3a. By 2020, nationwide and country-specific risk communication, including COVID-19 messages, developed and disseminated (2020 baseline: not applicable)</p> <p>Current TA 3b. By 2020, a regional multisector coordinating committee of sector experts established with at least 6 online regional multisector experts meetings convened (March 2020 baseline: 1 meeting convened)</p> <p>Overall TA Unchanged</p> <p>Current TA 3c. By 2021, landscape analysis for regional multisector mechanism for pandemic preparedness and response conducted and disseminated (2019 baseline: not applicable)</p> <p>Overall TA Unchanged</p> <p>Current TA 3d. By 2022, at least 100 participants confirm increased knowledge on how to collaborate and coordinate on health security across sectors and through regional mechanisms (2019: 0)</p> <p>Overall TA 3d. By 2021, utilization of the IIS will be supported for COVID-19 vaccination and immunization for at least 3 DMCs (2020 baseline: not applicable)</p> <p>Current TA 3e. By 2021, 60% of public health and medical staff trained in 10 recipient DMCs demonstrated improved diagnostic and treatment skills (2019 baseline: not applicable)</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. An IIS for COVID-19 vaccination and immunization developed</p> <p>3e. WHO country profiles, JEE mission reports on IHR, and ADB health sector assessments</p> | |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks |
|---------------|---|--|-------|
| | <p>Overall TA 3e. By 2021, 60% of public health and medical staff trained in 10 recipient DMCs demonstrated improved diagnostic and treatment skills and knowledge on health security capabilities (2019 baseline: not applicable)</p> <p>Current TA 3f. By 2021, 60% of public health officials trained in 10 recipient DMCs demonstrated improved knowledge on health security capabilities (2019 baseline: not applicable)</p> <p>Overall TA 3f. By 2021, COVID-19 vaccine logistics, cold chain, and transport strengthening plans prepared for at least 12 DMCs (2020 baseline: not applicable)</p> <p>Current TA 3g. By 2021, 5 guidelines and policy recommendations on COVID-19 related policies and interventions in the post-lockdown transitional and recovery stage completed (2019 baseline: 0)</p> <p>Overall TA Unchanged</p> <p>Current TA 3h. By 2021, health system road maps and strategies for containing COVID-19 and potential outbreaks of other communicable diseases for at least 1 DMC developed (2019 baseline: not applicable)</p> <p>Overall TA 3h. By 2021, health system road maps and strategies for containing COVID-19 and potential outbreaks of other communicable diseases for at least 5 DMCs developed (October 2020 baseline: 1)</p> <p>Current TA 3i. By 2021, an online frontline worker capacity building platform developed</p> | <p>3f. WHO and ADB country reports, and DMC plans</p> <p>3g. Published guidelines and policy recommendations</p> <p>3h. Published road map, strategy, and policy recommendations</p> <p>3i. Published online frontline worker capacity building platform</p> | |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks |
|---|---|--|---|
| | <p>Overall TA 3i. By 2021, an online frontline worker capacity building platform developed, with at least 100 participants completing at least 1 course confirming increased knowledge (October 2020 baseline: 0)</p> <p>Current TA 3j. By 2021, at least 3 webinars with at least 150 participants on COVID-19 related policy actions, and clinical and public health recommendations conducted (2019 baseline: 0)</p> <p>Overall TA 3j. By 2021, a regional regulatory framework that will expedite the local authorization of COVID-19 vaccines designed (2020 baseline: not applicable)</p> | 3j. WHO and ADB country reports, and DMC plans | |
| <p>Output 4</p> <p>Current TA Development of sovereign and nonsovereign health security projects to address communicable diseases supported</p> <p>Overall TA Development of sovereign and nonsovereign health security projects to address communicable diseases and expand access to COVID-19 vaccines supported</p> | <p>Current TA 4a. By 2022, at least 5 project concept papers incorporating innovative solutions and best practices in health security and the control and prevention of zoonotic diseases approved (2019 baseline: 0)</p> <p>Overall TA 4a. By 2021, at least 6 project concept papers incorporating innovative solutions and best practices in health security and the control and prevention of zoonotic diseases approved (2019 baseline: 0)</p> <p>Current TA 4b. Not applicable</p> <p>Overall TA 4b. By 2021, at least 7 project concept papers supporting the procurement of COVID-19 vaccines approved (2020 baseline: 1)</p> | 4a.–b. ADB project concept papers | DMCs change personnel assigned to the TA, thereby disrupting the implementation schedule. |

Key Activities with Milestones

- 1. Support to DMCs affected and potentially affected by COVID-19 and other communicable diseases provided**
 - 1.1 Reach an administrative arrangement with a procurement agency (March 2020) (unchanged)
 - 1.2 Procure medical equipment and supplies on an emergency basis for 25 recipient DMCs (start March 2020) (unchanged)
 - 1.3 Procure medical equipment and supplies to strengthen disease surveillance and infection control in 10 recipient DMCs (start March 2020) (changed)
- 2. Economic and health system assessments on the potential effect of COVID-19 and for ensuring access to safe and effective COVID-19 vaccines conducted (changed)**
 - 2.1 Conduct rapid health system assessments of all interested DMCs (start May 2020) (unchanged)
 - 2.2 Prepare the assumptions underlying the epidemiological and economic scenarios to be examined (by June 2020) (unchanged)
 - 2.3 Submit rapid health system assessments of all interested DMCs (by December 2020) (unchanged)
 - 2.4 Present the preliminary results of the epidemiological simulations (by June 2020) (unchanged)
 - 2.5 Present the preliminary results of the economic impact simulations (by August 2020) (unchanged)
 - 2.6 Develop forecasting economic and epidemiological models (by December 2020) (changed)
 - 2.7 Submit final economic impact assessments of all interested DMCs (by June 2021) (unchanged)
 - 2.8 Develop a background note on policy recommendations for improving travelers' health in Asia and the Pacific (by December 2020) (unchanged)
 - 2.9 Contract vaccine advisory firms (by February 2021) (added)
 - 2.10 Complete administrative arrangements with UNICEF and WHO on supporting vaccine assessments of DMCs (by January 2021) (added)
 - 2.11 Prepare vaccine-related country-readiness assessments of at least 16 DMCs (by December 2021) (added)
 - 2.12 Prepare vaccination fiduciary systems assessments of at least 16 DMCs (by December 2021) (added)
- 3. Regional and country-specific health security capabilities and COVID-19 vaccine delivery strengthened (changed)**
 - 3.1 Develop partnership strategy plan for ADB to work with experts, partner organizations, and DMCs (by May 2020) (unchanged)
 - 3.2 Engage consulting firms for risk communication and frontline health worker training activities (by May 2020) (unchanged)
 - 3.3 Identify 10 DMCs for prioritized health security capacity strengthening (by June 2020) (unchanged)
 - 3.4 Present the preliminary results of the epidemiological simulations (by June 2020) (unchanged)
 - 3.5 Establish a coordinating mechanism across regional sector experts (by June 2020) (unchanged)
 - 3.6 Develop and disseminate regionwide risk communication with DMCs and partner organizations (by July 2020) (unchanged)
 - 3.7 Develop and disseminate online training programs to improve diagnostic and treatment skills of health workers (by July 2020) (unchanged)
 - 3.8 Convene 3 webinars on COVID-19 related policy actions and clinical and public health recommendations (by December 2020) (unchanged)
 - 3.9 Conduct landscape analysis for a regional multisector mechanism for pandemic preparedness and response (by April 2021) (unchanged)
 - 3.10 Submit the recommendation for strengthening a regional multisector coordination mechanism (by May 2021) (unchanged)
 - 3.11 Prepare COVID-19 vaccine strategies and plans of at least 16 DMCs (by December 2021) (added)
 - 3.12 Complete administrative arrangements with UNICEF and WHO on strengthening COVID-19 vaccine delivery regionally and in DMCs (by January 2021) (added)
 - 3.13 Contract consulting firms for supporting vaccine logistics, cold chain, and transport (by February 2021) (added)
 - 3.14 Develop and deploy the IIS for COVID-19 vaccination and immunization in at least 3 DMCs (by December 2021) (added)
 - 3.15 Contract capability building firms for building vaccine surveillance, risk communications, and monitoring (by February 2021) (added)
 - 3.16 Prepare COVID-19 vaccine logistics, cold chain, and transport strengthening plans for at least 12 DMCs, including 4 in the GMS (by December 2021) (added)
 - 3.17 Prepare COVID-19 vaccine surveillance and data monitoring plans for at least 12 DMCs (by December 2021) (added)
 - 3.18 Design regulatory framework that will expedite the local authorization of COVID-19 vaccines (June 2021) (added)

| Key Activities with Milestones |
|--|
| <p>4. Development of sovereign and nonsovereign health security projects to address communicable diseases and expand access to COVID-19 vaccines supported (changed)</p> <p>4.1 Consult with operations departments about engaging with DMCs (starting September 2020) (unchanged)</p> <p>4.2 Engage national consultants for DMC-level stocktaking to support the adoption of the technical guidance by DMC-level stocktaking consultants as part of their support and advice to DMCs (starting June 2021) (unchanged)</p> <p>4.3 Approve at least 5 DMCs with approved concept notes for health projects which incorporate health security best practices and innovative technologies (completed by January 2022) (changed)</p> <p>4.4 Approve at least 7 project concept papers supporting the procurement of COVID-19 vaccines (by June 2022) (added)</p> |
| <p>Inputs</p> <p>Total \$48,296,000 (current) \$20,300,000 (additional) \$68,596,000 (overall)</p> <p>ADB \$44,000,000 (current) \$20,000,000 (additional) \$64,000,000 (overall)</p> <p>People's Republic of China Poverty Reduction and Regional Cooperation Fund \$2,000,000 (current) \$0 (additional) \$2,000,000 (overall)</p> <p>Republic of Korea e-Asia and Knowledge Partnership Fund \$2,000,000 (current) \$0 (additional) \$2,000,000 (overall)</p> <p>Ireland Trust Fund for Building Climate Change and Disaster Resilience in Small Island Developing States \$296,000 (current) \$0 (additional) \$296,000 (overall)</p> <p>High-Level Technology Fund \$0 (current) \$300,000 (additional) \$300,000 (overall)</p> |
| <p>Assumptions for Partner Financing</p> <p>Not applicable</p> |

ADB = Asian Development Bank, COVID-19 = coronavirus disease, DMC = developing member country, IHR = International Health Regulations, IIS = immunization information system, JEE = joint external evaluation, TA = technical assistance, UNICEF = United Nations Children's Fund, 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, 2019–2024](#). Tracking indicators 1a–1d for output 1 will validate the improvement of health services.

^c ADB. 2019. [Strategy 2030: Operational Plan for Priority 7—Fostering Regional Cooperation and Integration, 2019–2024](#). Tracking indicators 3b–3c for output 3 will validate the presence of an increased number of regional public-goods initiatives.

Source: Asian Development Bank.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/MC/?id=54079-001-3>

1. Revised Cost Estimates and Financing Plan

Supplementary Documents

2. Terms of Reference for Consultants
3. Revised Procurement Plan