



Major Change in Technical Assistance

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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 2019
DMC	–	developing member country
HSGS	–	Health Sector Group Secretariat
PRC	–	People’s Republic of China
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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I. PROPOSED MAJOR CHANGES

1. The major changes and an increase in technical assistance (TA) amount 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. The proposed increase of \$44 million will be financed on a grant basis by the Technical Assistance Special Fund (TASF) of the Asian Development Bank (ADB), the People's Republic of China (PRC) Poverty Reduction and Regional Cooperation Fund administered by ADB,¹ and the Republic of Korea e-Asia Knowledge and Partnership Fund administered by ADB.² The increase in amount will finance major changes, which include (i) increasing the scale of procurement activities under output 1 to better align ADB's response with the rapidly growing demands of developing member countries (DMCs) for immediate assistance; (ii) expanding the scope and number of activities under output 3 to support short-term health security capacity building in individual DMCs, as well as scaling up regional approaches; (iii) reprogramming capacity building activities previously under output 1 to the newly expanded output 3; and (iv) creating a new output to support the development of sovereign and nonsovereign health security projects to build long-lasting systems to address communicable diseases. The revised design and monitoring framework is included in Appendix 1. If the Board approves the recommendation in para. 29(i), pursuant to para. 54 of the Staff Instructions on Business Processes for Knowledge and Support Technical Assistance, the Vice-President will be deemed to have approved the administration by ADB of technical assistance not exceeding the equivalent of (i) \$2 million, which will be financed on a grant basis by the PRC Poverty Reduction and Regional Cooperation Fund; and (ii) \$2 million, which will be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund.

II. BACKGROUND

3. The original TA is classified as knowledge and support TA. It supports and complements other regional and country-specific programs to systematically address the coronavirus disease 2019 (COVID-19) pandemic by rapidly bolstering key health systems and multisector capacities to prevent, detect, and respond to the ongoing COVID-19 outbreak. The original TA has three 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, and (iii) regional multisector coordination mechanisms strengthened. Changes in the scope of the outbreak, coordination with development partners response and evolving DMCs' needs have necessitated major revisions to these outputs, which are described in paras. 9–18.

4. The TA is aligned with the following impacts: (i) health outcomes in Asia and the Pacific improved; (ii) access to improved health services increased (Operational Plan 1 of Strategy 2030); and (iii) regional initiatives to reduce cross-border health risks increased (Operational plan 7 of

¹ Funding Support from the PRC Poverty Reduction and Regional Cooperation Fund pending approval from PRC government.

² Funding Support from Republic of Korea e-Asia and Knowledge Partnership Fund was approved by the government of Republic of Korea on 30 March 2020.

Strategy 2030).³ The TA will have the following outcome: DMCs' capacities to prevent and contain the COVID-19 outbreak and other communicable diseases strengthened. The impacts and outcome remain unchanged in the major change of the TA.

5. The original TA of \$2 million is financed under TASF (\$1 million under TASF-6 and \$1 million under TASF-other sources). An increase in the TA amount of \$2 million (financed on a grant basis by ADB's TASF-6) brought the total value of the TA to \$4 million. The scope was also revised to include activities related to strengthening risk communication capacity targeting policy makers and the general public. The proposed increase of an additional \$44 million equivalent will be financed on a grant basis by ADB's TASF-6 (\$30 million) and TASF-other sources (\$10 million), the PRC Poverty Reduction and Regional Cooperation Fund (\$2 million), and the Republic of Korea e-Asia and Knowledge Partnership Fund (\$2 million).⁴

6. The TA is administrated by ADB. The Health Sector Group Secretariat (HSGS) in the Sustainable Development and Climate Change Department (SDCC) is implementing the TA and is accountable for the outputs. Key decisions shall be made in consultation with the Health Sector Group Committee during the TA implementation. HSGS 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

7. Since approval of the TA, ADB has received requests from DMCs primarily to help bolster key health systems and multisector capacities to prevent, detect, and respond to the ongoing COVID-19 pandemic by procuring medical supplies, including those to expand public health measures (e.g., thermal scanners), increase testing capacity (e.g., COVID-19 diagnostic testing kits and laboratory equipment and/or supplies), strengthen infection control (e.g., personal protective equipment), and enhance treatment capabilities (e.g., ventilators). ADB and the United Nations Children's Fund (UNICEF) signed an administrative arrangement on 20 March 2020 (the Administrative Arrangement)⁵ and a supplemental administrative arrangement on 27 March 2020⁶ to allow ADB to transfer funds to UNICEF directly with the agreement that UNICEF will procure, deliver, and distribute the needed supplies to DMCs. This arrangement ensures that quality-assured goods and supplies reach DMCs in an efficient and timely manner, primarily supporting activities under output 1. Concurrently, the HSGS is working closely with ADB's Economic Research and Regional Cooperation Department to assess the economic and health system impacts of COVID-19 under output 2. ADB is conducting regular consultations with multilateral organizations and the private sector under output 3. As of 2 April 2020, \$3.5 million

³ ADB. 2018. [*Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*](#). Manila; ADB. 2019. [*Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities*](#). Manila; and ADB. 2019. [*Strategy 2030 Operation Plan for Priority 7: Fostering Regional Cooperation and Integration, 2019–2024*](#). Manila.

⁴ TASF-6 resources from donor contributions are used for concessional assistance countries, while TASF-other sources from net income allocation support regular OCR-only countries and complement the TASF-6 in supporting concessional assistance countries.

⁵ ADB and UNICEF. 2020. Administrative Arrangement 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 (internal).

⁶ ADB and UNICEF. 2020. Supplemental Arrangement to the Administrative Arrangement 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. 27 March (internal).

has been committed and \$1.5 million has been disbursed through UNICEF. The TA completion date is 28 February 2022.

8. The TA has completed the following activities:

- (i) **Output 1: Support to developing member countries affected and potentially affected by the coronavirus disease 2019 and other communicable diseases provided.** Recognizing that DMCs in the Southeast Asia region had access to financing provided under the Greater Mekong Subregion Health Security Loan Project,⁷ the initial allocation of resources prioritized DMCs within other regions. In the first phase of financing (\$2 million), HSGS endorsed requests for assistance of (i) \$0.1 million from Armenia, (ii) \$0.1 million from Bhutan, (iii) \$0.5 million from India, (iv) \$0.2 million from Kyrgyz Republic, (v) \$0.5 million from Pakistan, and (vi) \$0.1 million from Sri Lanka. Implementation of these requests are delegated to UNICEF in accordance with the administrative arrangement (footnote 4). UNICEF is procuring medical equipment and supplies for these DMCs. As of 31 March 2020, UNICEF had already transferred requested funding to its country offices in the above-mentioned DMCs to initiate the procurement of supplies. All supplies are expected to be delivered by April 2020. Following the increase in TA amount (additional \$2 million), ADB approved requests of (i) \$0.35 million from Bangladesh, (ii) \$0.1 million from Cook Islands, (iii) \$0.2 million from Kiribati, (iv) \$0.25 million from Mongolia, (v) \$0.2 million from Myanmar, (vi) \$0.3 million from Nepal, (vii) \$0.1 million from Timor-Leste, (viii) \$0.05 million from Tuvalu, (ix) \$0.25 million from Vanuatu, and (x) \$0.2 million from Uzbekistan. Funds for these endorsed requests have not yet been transferred to UNICEF. ADB has received additional requests for assistance from all regions with the demand far outpacing the available resources under both the initial and additional approved funding of the TA.
- (ii) **Output 2: Economic and health system assessments on the potential effect of coronavirus disease 2019 conducted.** A preliminary brief on the economic impact of COVID-19 was released on 6 March 2020,⁸ and revised estimates will be made available. The recruitment of international consultants who will continue work on assessments of economic impacts and health system capacities is currently underway.
- (iii) **Output 3: Regional multisector coordination mechanisms strengthened.** ADB has convened discussions with the Western Pacific Regional Office and the South-East Asia Regional Office of the World Health Organization (WHO), the International Monetary Fund, the World Bank, travel and airline associations, research institutions, and private sector communications firms. Mechanisms for routine discussions and consultations with several of these organizations have been established and formalized.

IV. RATIONALE FOR THE PROPOSED CHANGES

9. The COVID-19 outbreak continues to rapidly escalate in spread and severity. After declaring COVID-19 a public health emergency of international concern on 30 January 2020, WHO characterized it as a pandemic on 11 March 2020. The pandemic is a major global crisis

⁷ ADB. Greater Mekong Subregion Health Security Project. <https://www.adb.org/projects/48118-002/main>.

⁸ ADB. 2020. Brief 128: *The Economic Impact of the COVID-19 Outbreak on Developing Asia*. Manila. <https://www.adb.org/publications/economic-impact-covid19-developing-asia>.

that requires country, regional, and global intervention and collaboration to mitigate further damage to population health and economies. As a major development partner in Asia and the Pacific, ADB is well-placed to support response efforts.

10. ADB has been collaborating with DMCs and development partners to monitor the situation and is quickly scaling up financing for a robust response. ADB's response to COVID-19 has been shaped by regular consultations with DMC officials, WHO's Western Pacific Regional Office and South East Asia Regional Office, UNICEF, Australian Department of Foreign Affairs and Trade, United States Center for Disease Control and Prevention, Ministry of Foreign Affairs and Trade of New Zealand, the International Monetary Fund, and the World Bank. These discussions are necessary to confirm whether ADB support is filling key gaps, ensure coordination, and prevent the duplication of response efforts. Because of the rapidly evolving and unpredictable nature of the situation and the massive scope of the pandemic, flexible support and intervention are required.

11. When the original TA was approved, 96.9% of the COVID-19 cases and 98.7% of the deaths had occurred within the PRC. Outside the PRC, 2,459 COVID-19 cases and 34 deaths had been confirmed.⁹ Recognizing early on the high probability of the virus spreading beyond the PRC, ADB deemed it necessary to have a flexible mechanism to provide support to multiple DMCs with demonstrated need. Upon TA approval, ADB provided initial financing proportional to the number of COVID-19 cases to mitigate the impacts of the outbreak.

12. As of 2 April 2020, the situation is dire. The outbreak has already catastrophically impacted social and economic development. ADB estimates that the COVID-19 outbreak may result in a global loss of between 2.0 to 4.1 trillion dollars, or between 2.3 and 4.8 percent of global gross domestic product (GDP). Developing Asia is expected to bear about 22%–36% of these losses with aggregate impacts of between 1.0% and 2.2% of combined GDP.¹⁰ Countries where tourism accounts for 15% of GDP—such as Cambodia, Maldives, Palau and Thailand—have expressed grave concern about the impact of reduced travel and travel bans and on their economies. Although the PRC and other DMCs in Asia and the Pacific quickly imposed social, public health, and economic measures to combat COVID-19, WHO and other development partners have identified several gaps in the overall national, regional and global response efforts. The initial TA was designed to support DMCs in addressing these gaps by rapidly bolstering key health system and multisector capacities to prevent, detect, and respond to the COVID-19 pandemic.

13. Since WHO announced COVID-19 as a pandemic event, the disease has rapidly spread worldwide and the number of cases in Asia and the Pacific continues to rise dramatically. Globally, tens of thousands of new cases are reported every day, signaling that the pandemic is continuing to increase in severity. Although Europe and the United States of America are the epicenters of the pandemic as of the beginning of April, Asia and the Pacific are also seriously affected.

14. Most DMCs have limited capacity to detect, test, and treat COVID-19 cases. In many cases, health systems are already severely overwhelmed by the number of patients and health worker shortages, along with increased demand. The lack of quality diagnostic test kits, personal protective equipment, laboratory equipment, and other medical equipment and supplies reduces the timeliness of detection, prohibits necessary levels of testing to understand the epidemiological

⁹ World Health Organization. 2020. *Coronavirus Disease 2019 (COVID-19) Situation Report: 36*. Geneva. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200225-sitrep-36-covid-19.pdf?sfvrsn=2791b4e0_2.

¹⁰ ADB. 2020. *Asian Development Outlook 2020*. Manila. <https://www.adb.org/publications/asian-development-outlook-2020-innovation-asia>.

situation, and inhibits the appropriate treatment for COVID-19 positive patients. DMCs are also lacking in the capacity to quickly plan and build new treatment rooms for severe symptom patients and safe quarantine space for mild symptom patients and person under investigation. Furthermore, the most vulnerable populations without access to health services under normal circumstances are often left without diagnosis or treatment options during times in which health care systems are strained. Several DMCs, including Armenia,¹¹ Indonesia,¹² Kazakhstan,¹³ the Philippines,¹⁴ and Thailand,¹⁵ have declared a state of public health emergency to make resources available to support expanded testing and health care services. Local transmission can also be observed in many metropolitans in heavily populated countries in the region such as India, Indonesia, Pakistan and Bangladesh, which makes the containment and mitigation of COVID-19 very difficult and requires huge amount of additional resources to support the effort in this regard. Although the number of confirmed cases in the Pacific island DMCs is low today, limited budget resources and weak health systems make Pacific island DMCs less resilient and comparatively more vulnerable than some of the other DMCs, even those with more than 1,000 confirmed cases. The ubiquitous nature of the COVID-19 outbreak across the whole Asia and Pacific region requires a comprehensive approach to scaling up available financing to all DMCs for immediate response, short-term and medium-term capacity building, and long-term systems strengthening.

15. To provide immediate assistance to DMCs, ADB can procure needed medical supplies. Using the Administrative Arrangement, ADB can, through UNICEF, rapidly procure and deliver high-quality supplies to prevent shortages from hampering response efforts. This has emerged as the biggest priority for DMCs, and ADB's ability to pool requests across DMCs facilitates the achievement of economies of scale during the procurement process. Consultations with the World Bank, United Nations agencies, and other development partners procuring supplies will ensure that the provision of supplies is not duplicated in the target DMCs.

16. The immediate provision of supplies will be supported by short-term capacity building efforts in DMCs. Discussions with development partners, particularly WHO, will determine the short-term needs of countries to enhance capacities to detect, prevent, and respond to disease outbreaks depending on the stage of the COVID-19 outbreak in a particular DMC. These consultations will be supplemented by rapid economic and health systems assessments that will be conducted by ADB in collaboration with DMC partners. Some known gaps include the insufficient health care worker capacity to diagnose and treat COVID-19 among health care workers and a lack of effective risk communication for policy makers and the general public. Other gaps that may emerge in countries include the need for emergency operations centers to coordinate outbreak response or strengthening surveillance systems. Building these capacities in the short-term is essential to mitigate the impact of COVID-19 in DMCs currently experiencing increasing outbreaks and to prevent a second wave of infection from being reintroduced to DMCs after dealing with the first outbreak.

17. The underlying strategy of the proposed TA is to support the strengthening of medium- to long-term health systems to ensure that DMCs are more prepared for and resilient against future outbreaks. The Independent Evaluation Department recommends incorporating systems strengthening—particularly related to disease surveillance capacity and strengthening

¹¹ N. Hovhannisyan et al. 2020. [Armenia declares one-month state of emergency for coronavirus](#). *The Star*. 16 March.

¹² *Free Malaysia Today News*. 2020. [Jakarta extends state of emergency after Covid-19 cases surge](#). 20 March.

¹³ *Baker McKenzie*. 2020. [Kazakhstan Declares State of Emergency for COVID-19](#). 16 March.

¹⁴ *ABS CBN News*. 2020. [Philippines declares state of public health emergency due to coronavirus](#). 8 March.

¹⁵ *Anadolu Agency*. 2020. [Thailand declares emergency to combat COVID-19 spread](#). 25 March.

multinational, multisectoral response mechanisms.¹⁶ Supporting DMCs to develop sustainable mechanisms for strengthening health security will help to break the cycle of crisis and complacency that follows pandemic outbreaks and will contribute to a more resilient Asia and the Pacific.

18. ADB will administer additional grants not exceeding \$44 million financed by the TASF (TASF-6 and TASF-other sources), the PRC Poverty Reduction and Regional Cooperation Fund, and the Republic of Korea e-Asia and Knowledge Partnership Fund to expand support to meet DMCs' increasing demands under output 1 (described in paras. 19–20) and output 3 (described in paras. 22–23). The scope of output 2 will also be expanded (described in para. 21). The increase in the TA amount will also be used to support activities under the new output 4 (described in paras. 24–25). The increase in the TA amount will not change the project's impact, outcome and classification.

19. **Output 1: Support to developing member countries affected and potentially affected by the coronavirus disease 2019 and other communicable diseases provided.** The proposed TA funds will be used to expand the scale of support to meet immediate DMC needs. This output will prioritize the procurement of needed medical goods and supplies, which is the most frequently requested area of support. These activities will expand surveillance and testing capacities for COVID-19, strengthen infection control mechanisms, and improve treatment capabilities of DMCs affected or potentially affected by COVID-19, especially vulnerable group DMCs (Group A and Group B DMCs).¹⁷ Support to most vulnerable populations including populations in informal settlements, refugee camps and migrant workers will also be prioritized. DMCs that have received support from the first two phases of the TA will be eligible for additional support under the expanded TA. To incentivize proactive responses, DMCs not currently experiencing capacity and supply shortages will be encouraged to make requests for anticipated shortages under this output. Additional criteria for structuring requests will be developed by the HSGS and SDCC teams.

20. The revised allocation for output 1 is \$44.25 million. The expanded scale of activities under output 1 will require additional procurement of goods. The procurement of goods on an emergency basis is expected to be provided to at least 25 DMCs, with an absolute maximum amount of \$3 million per DMC. The expanded scale of activities under the existing output 1 will also require additional consulting services, including a total of 15 person-months for national consultants to provide advisory consultancy services in procurement and supervision for countries in need of urgent health facility improvement and expansion. Procurement and the recruitment of consultants will be undertaken in accordance with the ADB Procurement Policy (2017, as amended from time to time) (Procurement Policy) and the associated TA staff instructions.

21. **Output 2: Economic and health system assessments on the potential effect of the coronavirus disease 2019 conducted.** The health system assessments of DMCs in output 2 will be expanded from only a few selected to nearly all DMCs with the findings from the health system and other assessments expected to inform both the country-level capacity building efforts under output 3 and the health security projects designed under output 4. The revised allocation for output 2 is \$1.75 million. The expanded scope will require an additional 32 person-months of international consultants. The recruitment of consultants will be undertaken in accordance with the Procurement Policy and the associated TA staff instructions.

¹⁶ Independent Evaluation Department. 2020. *Responding to the Novel Coronavirus Crisis: 13 Lessons from Evaluation*. Manila: ADB.
<https://www.adb.org/sites/default/files/evaluation-document/565391/files/II-corona-virus.pdf>.

¹⁷ ADB. 2019. Classification and Graduation of Developing Member Countries. *Operations Manual*. OM A1. Manila.

22. **Output 3: Regional and country-specific health security capabilities strengthened.**

The proposed increase in the TA amount will be used to finance DMCs and regional activities to strengthen health security capabilities. Activities in specific DMCs will be prioritized on a case-by-case basis through consultation with project officers and development partners and will be further informed by the findings of assessments conducted under output 2. Criteria for prioritization will be determined by the Health Sector Group Committee comprises Social Sector Directors and Chief of Health Sector Group during the TA implementation. Certain regional activities will be conducted under this output, including (i) capacity building for medical staff in DMCs such as trainings (hosted by digital learning platforms) for frontline health workers on the use of testing kits by using digital learning platforms, (ii) development and dissemination of regional risk communication materials to develop clear and accurate messaging and address public fears and uncertainty about the COVID-19 pandemic, and (iii) establishment of a multisectoral regional coordinating mechanism for strengthening health security, including strengthening coordination mechanisms for procurement and distribution of needed medical supplies, disease surveillance and reporting mechanisms.

23. The expanded scope of activities under the existing output 3 will require additional consulting services, including the appointment of two consulting firms to conduct risk communication and frontline worker capacity building activities. These two firms will be engaged for a total of 56 person-months, including 20 person-months for international consultants and 36 person-months for national consultants. ADB will engage the consultants in accordance with the Procurement Policy and the associated TA staff instructions. Quality-and-cost-based selection method will be applied. In case no suitable firms specializing in such services are available, ADB will recruit individual consultants to carry out the same activities. The revised allocation for output 3 is \$450,000.

24. **Output 4: Development of sovereign and nonsovereign health security projects to address communicable diseases supported.**

The proposed new output will support ADB's operations departments, resident missions, and field offices to assist with the development of projects that aim to strengthen DMCs' health systems and health security capacities—specifically addressing the gap of detecting, preventing, and controlling zoonotic diseases in at least five DMCs. This output will also provide consulting services support to planned projects under preparation, in close collaboration with health sector staff in regional departments. The allocation for output 4 is \$1.55 million.

25. The activities under the new output 4 will also require additional consulting services, including the additional inputs of 110 person-months for national consultants. Consultants will be recruited as individuals. ADB will engage the consultants in accordance with the Procurement Policy and the associated TA staff instructions.

26. The expanded scale of activities under the TA will require additional procurement of goods and services (consulting and non-consulting). ADB may outsource or provide funding for the procurement of goods and services (consulting and non-consulting) to identified implementing government agencies in recipient DMCs, United Nations agencies such as UNICEF, United Nations Office for Project Services and WHO, development partners, and private sector entities which have stronger links to the supply market. If a private sector entity is engaged, a financial management assessment will be conducted by the Procurement, Portfolio and Financial Management Department to assess such entity's financial management capability. Procurement will be undertaken in accordance with the Procurement Policy and the associated TA staff instructions. Since procurement may be undertaken through United Nations agencies and development partners who are typically mandated to apply universal procurement eligibility, and

given the severe global shortage of relevant goods and services as a result of the COVID-19 pandemic, the application of ADB member country procurement eligibility restrictions creates obstacles to procure the much needed goods, and urgently engage appropriate and relevant services (consulting and non-consulting). Accordingly, it is proposed to waive the procurement eligibility restrictions set out in the Procurement Policy and the Regulations of the Technical Assistance Special Fund (TASF Regulations) to permit the procurement of goods and services (consulting and non-consulting) from ADB member and nonmember countries.

27. The large majority of financing under this TA will go towards the purchase of medical equipment and supplies to DMCs. Under the current TA policy, TASF resources are used to finance the cost of expert services and related facilities required for TA or related operational activities (including training and capacity building for DMCs) to be carried out by ADB. Procurement of TA related facilities, which includes goods and equipment, is allowed if such are necessary to achieve development objectives. In practice, for ADB's regular TA operations, a major share of TA resources is used for expert consulting services. While expert services remain a necessary part of a comprehensive COVID-19 response, DMCs are seeking to use ADB resources to procure equipment such as virus detection equipment, medicines and vaccines, personal protective equipment for health care personnel, and digital health software and hardware. This is fully consistent with ADB's existing TA policies but would require a significantly larger focus on goods and equipment than ADB's regular TA operations.¹⁸

V. DUE DILIGENCE

28. 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 operations departments; the Procurement, Portfolio and Financial Management Department; the Office of the General Counsel; the Controller's Department; and SDCC.

VI. THE PRESIDENT'S RECOMMENDATION

29. The President recommends that the Board:

- (i) 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 \$40,000,000, which will finance the changes as described in para. 2; and
- (ii) waive the procurement eligibility restrictions set out in the Procurement Policy, and the TASF Regulations as described in para. 26 to permit the procurement of goods and services (consulting and nonconsulting) from ADB member and nonmember countries.

¹⁸ ADB. 1981. *Regulations of the Technical Assistance Special Fund*. Manila: specified that TASF can be used for financing the cost of expert services and related facilities required for technical assistance or related operational activities (including staff training and development for DMCs; (ii) ADB. 1986. *R42-86 Technical Assistance Operations and Funding Arrangements*. Manila: defined TA as the provision of consulting services, training and equipment to help DMCs achieve specific development objectives; (iii) ADB. 1997. *Review of the Bank's Technical Assistance Operations*. Manila: reaffirmed the definition of TA in the earlier papers, and further clarified that TAs can include a component for "pilot-testing", provided it is limited to 30% of total TA value; and (iv) ADB. 2004. *Disaster and Emergency Assistance Policy*. Manila: reaffirmed that TA funds can be used for procuring critical equipment and supplies for basic services.

REVISED DESIGN AND MONITORING FRAMEWORK

Impacts the TA is Aligned with			
<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</p> <p>DMCs' capacities to prevent and contain outbreaks of COVID-19 and other communicable diseases strengthened</p> <p>Overall TA</p> <p>Unchanged</p>	<p>Current TA</p> <p>a. By 2022, 5 DMCs have set up mechanisms to prevent and contain outbreaks of COVID-19 and other communicable diseases (2019 baseline: NA)</p> <p>Overall TA</p> <p>a. By 2022, 10 DMCs have set up mechanisms to prevent and contain outbreaks of COVID-19 and other communicable diseases (2019 baseline: NA)</p>	<p>a. WHO country profiles, JEE mission reports on compliance with IHRs, 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</p> <p>Support to DMCs affected and potentially affected by COVID-19 and other communicable diseases provided</p> <p>Overall TA</p> <p>Unchanged</p>	<p>Current TA</p> <p>1a. By 2021, procurement of medical equipment and supplies and risk communication tools on an emergency basis completed in all recipient DMCs (2019 baseline: NA)</p> <p>Overall TA</p> <p>1a. By 2021, procurement of medical equipment and supplies, frontline health worker training tools, and risk communication tools on an emergency basis</p>	<p>1a. ADB TA monitoring reports</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>completed in at least 25 DMCs (March 2020 baseline: 6 DMCs)</p> <p>Current TA 1b. By 2020, at least 70% of public health and medical staff in recipient DMCs demonstrated improved diagnostic and treatment skills (2019 baseline: NA)</p> <p>Overall TA Moved to output 3 under activity 3e</p> <p>Current TA 1c. By 2021, disease surveillance system and infection control measures upgraded in all recipient DMCs (2019 baseline: NA)</p> <p>Overall TA 1c. By 2021, disease surveillance system and infection control measures upgraded in at least 10 DMCs (March 2020 baseline: 0 DMCs)</p> <p>Current TA 1d. By 2022, technical guidance materials for future investment projects to meet long-term needs for addressing health security threats published (2019 baseline: 0)</p> <p>Overall TA Removed. This is incorporated and expanded under output 4, activity 4a</p>	1b–1c. ADB TA monitoring reports and ADB health sector assessments	
<p>Output 2</p> <p>Current TA</p>	<p>Current TA</p>		

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
<p>Economic and health system assessments on the potential effect of COVID-19 conducted</p> <p>Overall TA Unchanged</p>	<p>2a. By 2020, rapid economic assessments are completed in all interested recipient DMCs (2019 baseline: NA)</p> <p>Overall TA Unchanged</p> <p>Current TA 2b. By 2020, rapid health system assessments are completed in all interested recipient DMCs (2019 baseline: NA)</p> <p>Overall TA Unchanged</p>	<p>2a. ADB economic assessment reports</p> <p>2b. ADB health sector assessments</p>	
<p>Output 3</p> <p>Current TA Regional multisector coordination mechanisms strengthened</p> <p>Overall TA Regional and country-specific health security capabilities strengthened</p>	<p>Current TA 3a. By 2020, regionwide communication materials developed (2019 baseline: NA)</p> <p>Overall TA 3a. By 2020, regionwide and country-specific risk communication developed and disseminated (2019 baseline: NA)</p> <p>Current TA 3b. By 2020, a subregional multisectoral coordinating mechanism of sector experts established (2019 baseline: NA)</p> <p>Overall TA 3b. By 2020, a regional multisectoral coordinating committee of sector experts established with at least 6 online regional multisector experts meetings convened</p>	<p>3a. Published risk communication materials</p> <p>3b. ADB TA monitoring report and concept note for regional coordinating mechanism of sector experts</p>	

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
	<p>(March 2020 baseline: 1 meeting convened)</p> <p>Current TA 3c. By 2021, landscape analysis for regional multisector mechanism for pandemic preparedness and response conducted (2019 baseline: NA)</p> <p>Overall TA 3c. By 2021, landscape analysis for regional multisector mechanism for pandemic preparedness and response conducted and disseminated (2019 baseline: NA)</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 baseline: 0)</p> <p>Overall TA Unchanged</p> <p>Current TA 3e. Not Applicable</p> <p>Overall TA 3e. By 2021, 60% of public health and medical staff trained in 10 recipient DMCs demonstrated improved diagnostic and treatment skills (2019 baseline: NA)</p> <p>Current TA 3f. Not Applicable</p> <p>Overall TA 3f. By 2021, 60% of public health officials trained in 10</p>	<p>3c. ADB landscape analysis of a multisector regional mechanism</p> <p>3d. ADB TA monitoring reports</p> <p>3e. WHO country profiles, JEE mission reports on IHRs, and ADB health sector assessments</p> <p>3f. WHO country profiles, JEE mission</p>	

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
	recipient DMCs demonstrated improved knowledge on health security capabilities (2019 baseline: NA)	reports on IHRs, and ADB health sector assessments	
Output 4	Current TA		
Current TA			
Not Applicable	Not Applicable		
Overall TA	Overall TA		
Development of sovereign and nonsovereign health security projects to address communicable diseases supported.	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)	4a. 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) (changed)
- 1.2 Procure medical equipment and supplies on an emergency basis for 25 recipient DMCs (start March 2020) (changed)
- 1.3 Procure medical equipment and supplies on a proactive basis 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 conducted

- 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 nowcasting and forecasting economic and epidemiological models (by December 2020) (unchanged)
- 2.7 Submit final economic impact assessments of all interested DMCs (by June 2021) (unchanged)

3. Regional and country-specific health security capabilities strengthened

- 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)(changed)
- 3.3 Identify 10 DMCs for prioritized health security capacity strengthening (by June 2020) (changed)
- 3.4 Present the preliminary results of the epidemiological simulations (by June 2020) (unchanged)
- 3.5 Establish a coordinating mechanism across regional sectoral experts (by June 2020) (changed)
- 3.6 Develop and disseminate regionwide risk communication with DMCs and partner organizations (by July 2020) (changed)

Key Activities with Milestones
<p>3.7 Develop and disseminate online training programs to improve diagnostic and treatment skills of health workers (by July 2020) (changed)</p> <p>3.8 Conduct landscape analysis for a regional multisectoral mechanism for pandemic preparedness and response (by April 2021) (unchanged)</p> <p>3.9 Submit the recommendation for strengthening a regional multisectoral coordination mechanism (by May 2021) (unchanged)</p> <p>4. Development of sovereign and nonsovereign health security projects to address communicable diseases supported.</p> <p>4.1 Consult with operations departments about engaging with DMCs (starting September 2020) (added)</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) (added)</p> <p>4.3 Approve at least 5 DMCs with approved concept notes for health projects incorporating best practices and innovative technologies (completed by January 2022) (added)</p>
Inputs
<p>Total</p> <p>\$4,000,000 (current)</p> <p>\$44,000,000 (additional)</p> <p>\$48,000,000 (overall)</p> <p>ADB</p> <p>\$4,000,000 (current)</p> <p>\$40,000,000 (additional)</p> <p>\$44,000,000 (overall)</p> <p>People's Republic of China Poverty Reduction and Regional Cooperation Fund</p> <p>\$0 (current)</p> <p>\$2,000,000 (additional)</p> <p>\$2,000,000 (overall)</p> <p>Republic of Korea e-Asia and Knowledge Partnership Fund</p> <p>\$0 (additional)</p> <p>\$2,000,000 (additional)</p> <p>\$2,000,000 (overall)</p>
Assumptions for Partner Financing
Not applicable

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

^a Asian Development Bank. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila.

^b ADB. 2019. [Strategy 2030. Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities, 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=54079-001-2>

1. Revised Cost Estimates and Financing Plan

Supplementary Documents

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