

Evaluation Approach Paper Evaluation of ADB's Support for Health in Asia and the Pacific November 2024

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A. Introduction to the Health Sector in Asia and the Pacific

1. Improving health outcomes is crucial to sustain economic growth and development in the region. Health is a key component of human capital as healthier workers leads to higher productivity and wages,¹ and potentially transmit gains over generations.² The World Bank Human Capital Index, measures the amount of human capital that a child born today can expect to attain by age 18, based on the prevailing health and education conditions in the country.³ Furthermore, access to healthcare and promoting well-being uphold the dignity and intrinsic value of every individual, allowing them to lead healthy and fulfilling lives. This not only aligns with the principles of human rights and social justice but also promotes inclusive development. As a result, it amplifies the benefits of and link between human capital development and economic growth.

2. Asia's economic growth and capacity developments have contributed to making significant strides in improving health outcomes through efforts to reduce child and maternal mortality,⁴ and control infectious diseases. Expanded immunization, better access to healthcare, and public health campaigns have lowered child mortality and improved maternal health. At the same time, the region has tackled diseases like HIV/AIDS, tuberculosis, and malaria. Some countries are moving towards universal health care and have a growing focus on disease prevention and treatment. In terms of technical capacity, the advent of digital health technologies has opened new opportunities for transforming healthcare delivery, enabling integrated, patient-centered care, and improving access and efficiency. But this also required investments in digital health architecture, governance, and standards to support the complex and distributed nature of modern healthcare systems—and thus remain largely unmet.

3. Despite such gains, there remain increasing challenges to improving health outcomes due to the changing nature of health risks in the region. The health needs in Asia and the Pacific have evolved significantly since 2011, driven by factors such as changing demographics (rapidly aging population), epidemiological transitions (rise in noncommunicable diseases such as diabetes, cardiovascular diseases, and cancer), rising consumer expectations (for convenient and affordable healthcare), increasing role of digital technologies (including telemedicine, mobile health apps, and diagnostics driven by artificial intelligence, the impact of coronavirus disease (COVID-19) pandemic (highlighting the need for resilient health systems), and climate change. These shifts have underscored the need for strategic investments in healthcare infrastructure, workforce planning, and resource allocation to effectively meet these changing health needs. Meanwhile, globalization has also brought new challenges for public health policy and practice, such as increased flows of pathogens, information, trade, finance, and people—highlighting the need for international cooperation, regional health governance, and strengthening health systems to address transnational health threats and inequalities.

4. Inequalities persist in access to and quality of health services for the poorest and most vulnerable, such as women, children, and marginalized groups, especially where the demand for

¹ D. Bloom, D. Canning, and J. Sevilla. 2004. The effect of health on economic growth: A production function approach. *World Development*, 32(1), 1–13. <https://doi.org/10.1016/j.worlddev.2003.07.002>

² T. Evans. 2018. Building human capital starts with health. The World Bank Blogs. *Investing in Health*. <https://blogs.worldbank.org/health/building-human-capital-starts-health> (accessed 18 July 2024)

³ A.C. Kraay. 2018. Methodology for a World Bank human capital index. The World Bank Policy. *Research Working Paper 8593*.

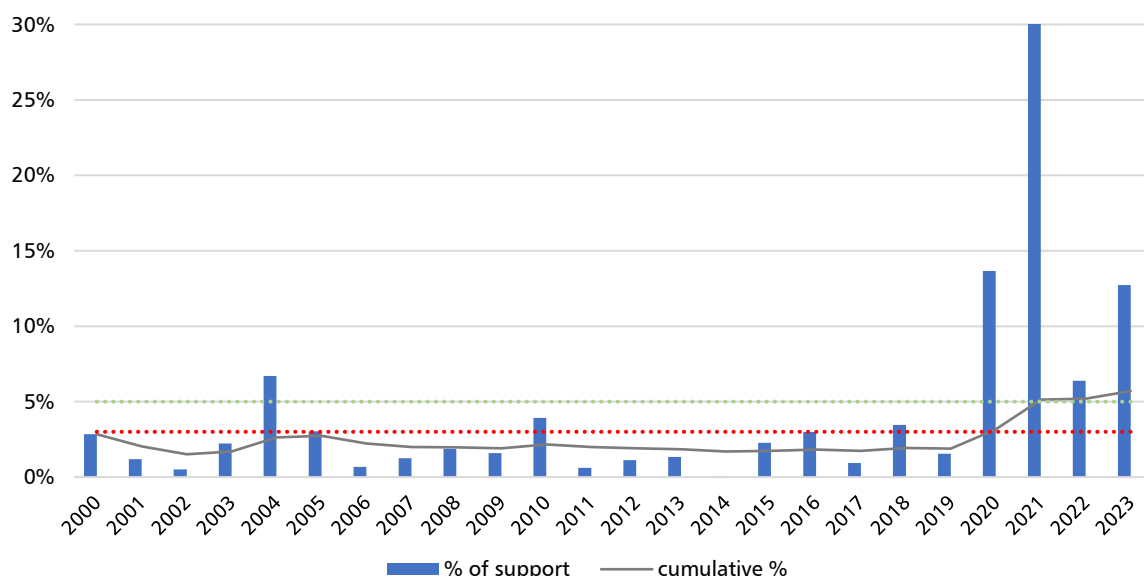
⁴ World Health Organization. 2022. *Health at a Glance: Asia/Pacific 2022 – Measuring Progress Towards Universal Health Coverage* https://www.oecd.org/en/publications/health-at-a-glance-asia-pacific-2022_c7467f62-en.html (accessed 12 Aug 2024)

support has outpaced the available financing and technical capacity. Health financing has been particularly volatile, as out-of-pocket payments disproportionately expose the poor and vulnerable populations to catastrophic health expenditures, while the UN's Sustainable Development Goals (SDGs) have not been met partly due to a shortfall of investment in health.⁵ Low-income countries as well as those affected by disasters often lack adequate healthcare facilities, medical equipment, and trained healthcare professionals, which impedes the delivery of quality healthcare services. The unprecedented impact of the COVID-19 has highlighted the risk posed by the possibility of infectious diseases becoming full-blown global pandemics. The region, characterized by expanding agriculture, urban sprawl, extensive animal trade, and high density of human and livestock population, is particularly vulnerable to outbreaks. The possibility of another pandemic starting in the region is not far-fetched, as evidenced by the severe acute respiratory syndrome, the Nipah virus, the avian influenza, and COVID-19 all having emerged in the past 2 decades.

B. ADB's Support in the Core Health Sector

5. For this evaluation, core health portfolio (tier 1) is defined as projects that are primarily classified under the health sector. ADB's financial support in the core health sector has historically been modest but has markedly increased in response to recent health crises. Despite significant health gains since 2000, populations across Asia and the Pacific continue to face a "triple burden" of disease: (i) rise of noncommunicable diseases; (ii) ongoing need for progress in maternal and child health; and (iii) emerging threat of communicable diseases.⁶ However, ADB's support for the core health sector has ebbed and flowed over the years (Figure 1), despite its target of health financing between 3% to 5% of total approvals in its corporate results framework and Strategy 2020. Under the same strategy, ADB also committed to focus its investments in water, sanitation, and waste management systems to support public health, thereby effectively curtailing its support for tier 1 health projects. As a result, the average support for health during 2001–2010 rarely surpassed the 3% mark with an average of nine new loan and grant approvals per year and less than 2% of ADB's financing. Resource allocation for the sector surpassed 3% for the first time in 2020, due to a quadrupling of the number of yearly approvals or nearly 16 times in average yearly health sector financing between 2020–2023, mostly in response to the COVID-19 pandemic.

Figure 1: Approval for the Core Health Sector, as Percentage of Total Financing, 2000–2023



Source: Asian Development Bank database of loan approvals.

⁵ C. Garroway and C. Line Carpentier. 2019. *Why are we behind on SDG finance and what can we do about it?* <https://unctad.org/news/why-are-we-behind-sdg-finance-and-what-can-we-do-about-it> (accessed 18 July 2024).

⁶ ADB. 2022. *Strategy 2030 Health Sector Directional Guide*.

6. ADB's strategic approach to health, as included in its Strategy 2030, pledged to expand interventions in the health sector by supporting the achievement of "better health for all."⁷ Operational priority 1 in Strategy 2030 emphasized (i) support for developing member countries (DMCs) in pursuing universal health coverage (UHC) by improving the quality and coverage of government and private health-care services, (ii) support for reforms in health financing, including health insurance systems, and (iii) support for health equity through improved access to quality health-care services and reduced out-of-pocket expenses incurred by the poor. ADB also sought to optimize indirect health benefits by tapping synergies with its portfolio across different sectors—such as transport (road safety), urban (healthy cities), water (water safety), sanitation (communicable diseases), and energy (low carbon and reduced pollution). The strategy included support for DMCs in addressing the rising burden of noncommunicable diseases and elderly care through cost-effective and sustainable approaches, while promoting the use of innovative and smart health service delivery systems. However, despite the aspirations of Strategy 2030, ADB's support fell short of the region's health needs—as indicated by ADB's latest goal of doubling health's share in total commitments to 6–10% going forward.⁸

7. The Health Sector Directional Guide (HSDG) was formalized in the aftermath of COVID-19 aligns ADB's approach to health with Strategy 2030. The HSDG emphasizes that for ADB to deliver optimal value addition in the health sector, it must first consider its comparative advantages. Recognizing that ADB cannot fully commit to the health sector for all its client DMCs underscores the importance of ADB's collaboration with other development partners in the space. As such, HSDG focuses on supporting UHC and optimizing health outcomes from ADB's investments. The HSDG identified five focal areas for ADB to restore progress toward UHC: (i) improving governance, policy, and public goods; (ii) enhancing health financing and incentives; (iii) expanding health infrastructure and systems; (iv) strengthening the health workforce; and (v) enhancing pandemic preparedness and response.

8. Historically, multilateral development banks (MDBs) have acknowledged and addressed the need for support of knowledge sharing and capacity development in health by providing capacity building support in conjunction with their lending activities. ADB's support since 2011 reflects this approach, as ADB provided over \$190 million as technical assistance (TA) for either capacity development or knowledge sharing. ADB's Knowledge Nexus (K-Nexus) produced around 80 health sector knowledge products and services in 2017 and 2018, before declining to 50 in 2019. From 2020, driven largely by COVID-19, the number of health knowledge products and services jumped to 180, with health comprising about 16% of all bank-wide knowledge services. Similarly, in ADB's web platform, "Development Asia", which was established in 2016 to promote country-to-country knowledge sharing and to disseminate ADB's knowledge solutions in easy-to-access digital formats, ADB has posted 85 entries on health—representing less than a tenth of all entries on the platform.⁹

C. Preliminary Portfolio Review

1. ADB's Support for Health Surged in Response to the COVID-19 Pandemic

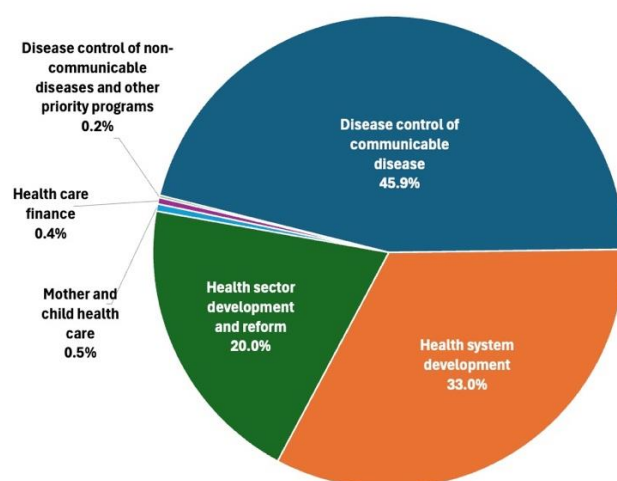
9. Prior to 2022, ADB's health sector had operational plans, latest of which (2015–2020) proposed the following three operational focus areas: health infrastructure, health governance and regional public goods, and health financing. Though well-intentioned, ADB's operational plans based on these areas remained relatively limited except during global health emergencies. The outbreak of the COVID-19 pandemic in 2020 led to a significant increase in the number and volume of ADB's core health operations or tier 1 accounting for 68% of the \$11.1 billion committed by ADB between 2011 to 2023 (Appendix 1). Distribution of ADB health sector portfolio by subsectors also reflects this imbalance, as 45.9% of ADB's core health support was for disease control of communicable diseases; while the three operational focus areas that supported health system development (33.0%), health sector development (20.0%) and health care finance (0.4%) received comparatively less (Figure 2). Support for other health subsectors such as mother and child health, and control of noncommunicable diseases, accounted for 1.1% of ADB's core health portfolio in total.

⁷ ADB. 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*.

⁸ ADB. 2022. *Strategy 2030 Health Sector Directional Guide*, para. 51.

⁹ <https://development.asia/search> (accessed 12 August 2024).

Figure 2: Distribution of ADB's Core Health Sector Portfolio by Subsectors,^a 2011–2023



ADB = Asian Development Bank.

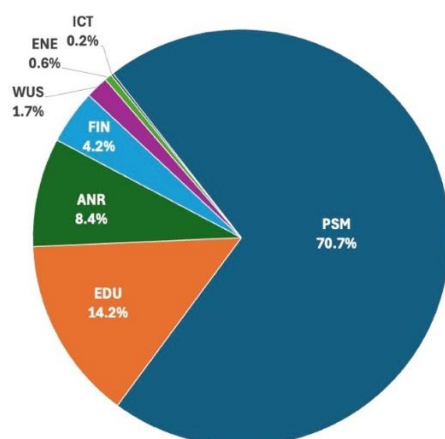
^a Core health sector comprises of ADB sovereign and nonsovereign loans and grants with primary health sector tagging.
Source: Asian Development Bank.

2. Multisector Projects Made Significant Contributions to ADB's Health Support

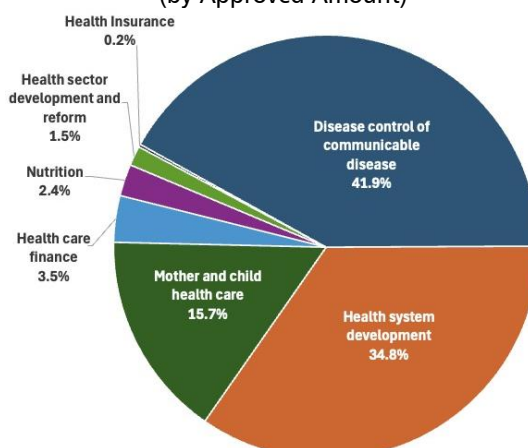
10. For this evaluation, multisector portfolio or tier 2 is defined as projects that are primarily classified under other sectors but has health subsector tags or include health subcomponents.¹⁰ In addition to the 114 core health sector projects (tier 1) during 2011–2023, ADB also had implemented 63 multisector projects (tier 2) totaling \$4.5 billion committed specifically for health. They accounted for an additional 37% of health financing from ADB, while more than two-thirds of them were from the public sector management sector (PSM) with \$2.5 billion (Figure 3).¹¹ Similarly, a high concentration of support for “disease control of communicable disease” subsector was noted, as \$1.5 billion was approved for 29 multisector projects with the subsector tagged as the largest health subcomponent.

Figure 3: Distribution of ADB Multisector Health Sector Portfolio,^a 2011–2023

**Primary Sector of Multisector Health Projects
(by Approved Amount)**



**Health Subsector of Multisector Health Projects
(by Approved Amount)**



ADB = Asian Development Bank, ANR = agriculture, natural resources and rural development, EDU = education, ENE = energy, FIN = finance, PSM = public sector management, WUS = water and other urban infrastructure and services.

^a Multisector health sector portfolio only includes projects that are primarily classified under other sectors but has health subsector tags or include health subcomponents.

Source: Asian Development Bank.

¹⁰ Multisector portfolio (tier 2) also includes projects that are tagged under SDGs 2.2 (nutrition), SDGs 3.1–3.4, 3.7, 3.8, 3.a–3.d (health), and SDG 5.6 (reproductive health).

¹¹ One such example of a multisector PSM project would be the CPROs, which are often tagged primarily as PSM while including health subsectors.

3. Cross-sectoral Collaborations Remain Difficult to Identify and Account For

11. For this evaluation, non-health portfolio (tier 3) is defined as projects that are primarily classified under, led, and implemented by other ADB sector groups, but also contribute to potential health outcomes.¹² These cross-sectoral collaboration opportunities were identified in the HSDG, namely in sectors such as education, social protection and/or development, water and sanitation, urban development, transport, energy, etc. However, the HSDG did not specify how cross-sectoral collaborations should measure or account for health outcomes or impacts that may result. Without specific health subsector tagging, these collaborations are challenging to identify and track. SDG tagging could be utilized as proxy, but as ADB had piloted it in 2015 with a full ramp up by 2018, it could only provide a partial picture for all projects with health outcomes for the evaluation period. Despite this limitation, the Independent Evaluation Department (IED) was able to identify 138 potential cross-sectoral collaborations (tier 3) based among SDG tagged projects between 2016–2023 (Table 1). For a comprehensive understanding of the breadth of ADB's health support, additional in-depth portfolio analysis would be needed to account for other cross-sectoral projects that may include health impacts or outcomes while not being readily identified through sectoral or SDG tagging. Such an analysis could aid in improving how ADB accounts for and manages health outcomes and impacts from such projects.

Table 1: ADB's Projects with Health Sector Tagging or Health Outcomes, 2011–2023

SDG Targets and/or Classification ^a	Tier 1: Core Health		Tier 2: Multisector ^b		Tier 3: Non-health ^c	
	Sovereign	NSO	Sovereign	NSO	Sovereign	NSO
Health (SDG 3.1~3.4, 3.7, 3.8, 3.a~3.d)	100	14	53	9	–	–
Nutrition (SDG 2.2)	0	0	1	0	–	–
Sexual and Reproductive Health (SDG 5.6)	0	0	0	0	–	–
Food Security (SDG 2.1)	–	–	–	–	7	0
Road safety and traffic accidents (SDG 3.6)	–	–	–	–	15	0
Pollution in the air, soil and water (SDG 3.9, 11.6, 12.4)	–	–	–	–	37	2
Clean Water and Sanitation (SDG 6.1~6.3, 6.a, 6.b)	–	–	–	–	63	6
Adverse effects of natural disasters (SDG 11.5)	–	–	–	–	8	0
Total	100	14	54	9	130	8

– = not applicable, NSO = nonsovereign operations, SDG = Sustainable Development Goals.

^a As SDG tagging only started after 2015, the numbers only partially represent the potential tier 2 or 3 projects.

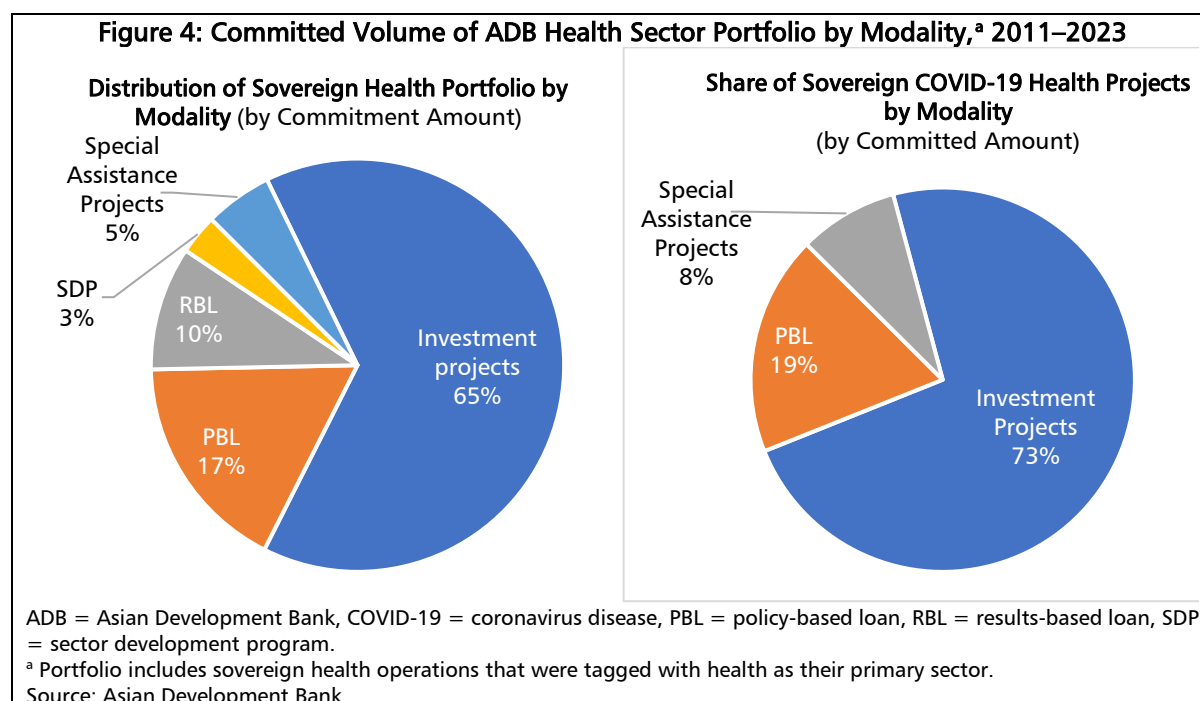
^b Multisector health (tier 2) portfolio includes projects with non-health primary sectors that have health subsector tags or are tagged with SDGs that contribute directly to health outcomes (including nutrition, sexual and reproductive health).

^c Non-health (tier 3) portfolio includes projects with non-health primary sectors that are tagged with SDGs that contribute to health outcomes but fall under sectors that are led and implemented by other sectors within ADB.

Source: Asian Development Bank. A detailed list of projects for each tier is included in Appendix 5.

12. While special assistance loans and grants as financial instruments have been crucial in responding to the emergency needs of DMCs during the COVID-19 pandemic, investment projects funded through the Asia Pacific Vaccine Access Facility (APVAX) facility played a bigger role in crisis response, particularly in disease control. Resources from three policy-based loan (PBL) operations have also been reallocated and repurposed for pandemic response. Overall, investment projects account for the largest share of the health portfolio approved during the period 2011–2023 both in terms of number and committed value (Figure 4). Policy-based loans and grants, which were mainly geared to support health sector development and reform, accounted for 17% of total health portfolio volume. Thus far, five results-based loans (RBLs) had been approved, which made up 5% of total number of health projects, while multitranches financing facility (MFF) instrument has been limited in the sector with only one approved so far. In contrast, the use of sector development programs (SDP) has made a resurgence in 2018 to support key sector reforms and finance corresponding investments—with four SDPs having been approved.

¹² Non-health portfolio (tier 3) also includes projects that are tagged under SDGs 2.1 (food security), SDG 3.6 (road safety and traffic accidents), SDGs 3.9, 11.6, 12.4 (pollution in the air, soil, and water), SDGs 6.1~6.3, 6.a, 6.b (clean water and sanitation), and SDG 11.5 (adverse effects of natural disasters).



4. Cooperation and Coordination with Other Development Partners

13. ADB collaborates extensively with development partners in the health sector to leverage expertise, resources, and enhancing aid effectiveness. A key partnership with the World Health Organization (WHO) ensures technical oversight and guidance for national health plans and programs. Other major technical partners include specialized United Nations agencies such as the Joint United Nations Programme in HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), and the World Bank. ADB supports these agencies financially when appropriate to increase their engagement in areas aligned with ADB's health outcomes. ADB participates in and contributes to global and regional health partnerships like the P4H Social Health Protection Network, supporting countries towards universal health coverage. ADB also cultivates potential cofinancing partnerships for grants, loans, or guarantees from major health financiers in the region. Key cofinancing sources include the Global Fund, World Bank, bilateral agencies from Australia, United Kingdom, and United States of America, along with foundations like the Bill & Melinda Gates Foundation. In most DMCs, ADB coordinates with partners like the Global Fund, WHO, and others to avoid duplication and support the government's health sector plans.

D. Theory of Change

14. The Theory of Change (TOC) formulation aimed to: (i) clearly define the goals of ADB's health strategy and the steps needed to achieve them, by outlining the causal pathways and the expected outcomes; (ii) facilitate planning and implementation of the strategy by mapping out the necessary activities and their expected impacts; (iii) enhance monitoring and evaluation by providing a framework for developing key evaluation questions, identifying indicators for monitoring, and structuring data collection and analysis; and (iv) identify assumptions and potential risks in the sector, allowing for more informed decision-making and adjustments to the strategy as needed. The TOC was developed based on the HSDG and was consulted and/or discussed with ADB's health staff.

15. The preliminary TOC developed for the evaluation in cooperation with ADB's health sector specialists includes the majority of the significant activities, outputs, outcomes, and development impacts that were embedded in the HSDG (Appendix 2).¹³ The preliminary TOC illustrates the intended scope of ADB's health strategy to support the health needs of all people in Asia and the Pacific. The

¹³ The TOC was a product of a series of TOC workshops hosted by the evaluation team and attended by a total of 24 ADB health specialists and project officers. The resulting TOC was reviewed by ADB's Human and Social Development Sector Office (SG-HSD) health practices team, providing insights into the sector's context, progress, challenges, and key needs.

TOC proposes that ADB achieve this by working towards UHC and a rapid response to emergent health crises, as a result of leveraging ADB's financial resources, knowledge, and staff to strategically understand client health needs and develop tailored solutions that would (i) improve health system capacity, quality, and efficiency; (ii) improve access to health services and overall health equity; and (iii) improve health security and resilience. Most importantly, the TOC was needed to guide the evaluation approach elaborated in the next section. At the activity and input level, these include the elements related to the design and implementation of health interventions at both project and institutional level. The TOC also defines three tiers of ADB operations which contribute to health impacts at varying levels—namely core health (tier 1), multisector (tier 2), and non-health (tier 3).

E. Evaluation Scope and Approach

16. This evaluation approach paper sets out a methodology to strategically assess the relevance and effectiveness of ADB's health strategy and its implementation. This will be the first independent evaluation of ADB's health sector support since 2005 and the second evaluation on Human Capital Development, following IED's evaluation on education. Prior to approval of the HSDG in November 2022, ADB's health sector interventions were guided by its operational plans for health. Although the evaluation comes only 2 years into HSDG implementation, findings from its first 2 years of implementation can provide valuable insights to its potential long-term effectiveness along with the space to make timely course corrections in its content, approach, and implementation where necessary. This evaluation aims to provide an independent assessment of ADB's approach, considering the COVID-19 pandemic and evolving contexts since the formulation of both the operational plans and the HSDG. Furthermore, the evaluation is included in IED's 2024–2026 work program approved by ADB's Board of Directors and will be conducted in line with its mandate to evaluate ADB policies and related business processes.¹⁴

17. The evaluation will cover the period 2011–2024, while focusing on the scope set out in the TOC. It will be formative as it will examine the extent to which the health strategy has been implemented towards achieving its objectives contained in the Strategy 2030 and HSDG. The assessment will acknowledge that while Strategy 2030 may be overly broad in scope, the HSDG is still in its early stages of implementation. The main objective is to examine the strategic challenges, gaps, benefits, and extent of stakeholder buy-in at this juncture. Accordingly, the evaluation will assess whether ADB's strategy and approach in the health sector have been relevant and effective in addressing the needs and development agendas of DMCs. To do so, the evaluation will focus mainly on identifying and assessing projects that explicitly tagged as health (tier 1) or include health components or financing (tier 2), while other non-health projects with potential health outcomes (tier 3) will be covered through country case studies.¹⁵ Specific elements of this analysis will include:

- (i) ADB's approach to increasing health financing during 2011–2024, and how it plans to double its health share to 6%–10% by 2030;
- (ii) ADB's approach to supporting health in different country contexts, including fragile and conflict-affected situations (FCAS) and small island developing states (SIDS);
- (iii) Role and quality of capacity building to ensure existence of sufficient health sector capacity within ADB;
- (iv) ADB's employment of innovation and digital technologies to streamline and improve the effectiveness and scalability of its health interventions;
- (v) Comparison of ADB's health sector strategy with other development partners; and
- (vi) ADB's participation in MDBs' efforts to harmonize their health strategies and support.

18. The evaluation will cover both sovereign and nonsovereign investment operations. Achieving UHC in the region will not be possible without full engagement of the private sector. To scale up the nonsovereign health portfolio, ADB must ramp up pipeline development for transactions of its Private Sector Operations Department and Office of Markets Development and Public–Private Partnership

¹⁴ ADB. 2013. Independent Evaluation. *Operations Manual*. Section K1/BP.

¹⁵ More specifically, tier 1 or core health portfolio includes primary health sector projects, while tier 2 or multisector portfolio includes projects with non-health primary sectors that has health subsector tags or are tagged with SDGs that contribute directly to health (SDGs 2.2, 3.1–3.4, 3.7, 3.8, 3.a–3.d, 5.6). Tier 3 or non-health portfolio includes projects with non-health primary sectors that are led and implemented by other ADB sector groups and but tagged with SDGs that contribute to health outcomes (SDGs 2.1, 3.6, 3.9, 6.1–6.3, 6.a, 6.b, 11.5, 11.6, 12.4).

using the One ADB team approach. Initiatives will include innovations incentivizing the private sector to invest, paving the way for blended financing solutions. Policy-based loans, RBLs, and TAs will be examined as well, as they would contribute to increasing health financing and strengthening national health systems.

19. The evaluation will not assess the effectiveness of DMCs' national health systems, but it will assess how effective ADB has been in meeting the health needs of DMCs. Similarly, it will not address issues related to long-term health impacts or the extent to which health contributes to achieving broader socioeconomic objectives, such as human capital development. These broader objectives may be equally influenced by education, vocational training, or structural reforms, among others. Instead, the evaluation will focus on ADB's health strategy, internal capacity, data management system, and operational effectiveness in meeting the vision of its Strategy 2030.

20. The evaluation's overarching question is: how well-positioned is ADB to deliver improved health outcomes and well-being for people in Asia and the Pacific? The following four evaluation questions support the main evaluation question and outline how ADB would deliver health support to DMCs, within the vision of Strategy 2030 and the preliminary TOC presented. The evaluation questions are elaborated on further in the evaluation framework in Appendix 3.

- (i) How relevant has ADB's support been to DMCs' health needs and priorities?
- (ii) How effective has ADB's operations been in contributing to DMCs' key health outcomes?
- (iii) How adequate has ADB's resources, organizational structure, and capacity been to deliver on its health goals?
- (iv) How coherent is ADB support for health at the country and regional level, bringing together financial support, TA, and policy dialogue along with coordination and partnership with other development partners?

F. Evaluation Methods and Resource Requirements

21. The evaluation methodology includes a mix of qualitative and quantitative approaches. Appendix 3 presents a summary of the evaluation methods to be undertaken to address the evaluation questions. The sources of data will include the following: contextual issues; ADB corporate documents; project documents and portfolio reports; country and regional reviews on specific issues; surveys; IED evaluation findings; and interviews; as well as consideration of institutional arrangements and capacity building efforts. It will include:

1. Document and Literature Review

22. The literature review will be a comprehensive investigation of ADB and IED documents, as well as relevant theoretical literature on health issues and challenges in Asia and the Pacific and their associated capacity constraints. It will include: (i) a comparative review of health sector approaches of other MDBs and international development organizations, relevant to the health sector; (ii) an analysis of the evolution of the health strategy and policy together with the Corporate Results Framework (CRF) indicators; (iii) a review of reports relating to health sector capacity building efforts; (iv) a review of selected country-based, project completion reports and related documents; (v) an assessment of multisector contributions through systematic reviews; and (vi) a review of IED's corporate or thematic and country evaluations (detailed description in Appendix 4).

2. Portfolio Analysis

23. The portfolio review will analyze trends in ADB's health operations by borrowing region for 2011–2024 showing and comparing the size of the overall portfolio. It will examine the distribution of funds from an administrative (lending instrument), geographic, sector or project or program level perspective, along with the comparison between COVID-19 emergency support with other ADB support. Whenever available, the analysis will also include PBL, RBL, and TA operations to examine ADB's support for capacity development of the national health system of the recipient DMCs and any progress through such operations. Additional in-depth portfolio analysis will be needed during the main evaluation to account for multisector projects or projects that are not tagged as health for their

primary sectors, but include health subsectors, impacts, or outcomes.¹⁶ However, the evaluation would likely utilize qualitative data analysis of key project documents (i.e., report and recommendation of the President, project completion reports, project validation reports, etc.) using tools like MaxQDA. This would be in lieu of a comprehensive assessment of all such projects as it would likely prove to be very resource-intensive, due to inconsistent tagging or subcategorization of past ADB projects with health components or outcomes. As such, the portfolio assessment of these projects would be focused on the relevance and effectiveness of the One ADB Approach for ADB's health sector and its strategy.

3. Data Analysis of Health in Country Partnership Strategies

24. The evaluation will undertake a data analysis to assess whether there was a significant effort within ADB to incorporate health outcomes in its country-level strategy documents, such as the country partnership strategies (CPSs), including the CPS results frameworks, and related performance indicators. The analysis will examine all the CPSs produced during 2011–2024 for all ADB's client countries, along with supplementary documents such as the country operations business plans (COBPs) and indicative country pipeline and monitoring reports (ICPMs) to provide more detail on the portfolio composition. Variations on how much role or presence health has in the CPSs could explain whether and how health sector performance may be influenced by political, economic, institutional, and project-related factors.

4. ADB Stakeholder Interviews and Perception Survey

25. The evaluation will conduct interviews and a perception survey of all ADB staff with project design and implementation experience. It would take the form of an online perception survey and interviews with ADB staff in headquarters and in resident missions of focus countries. The perception survey aims to compare the views of ADB's project officers regarding the health strategy and its performance, and to determine whether the recent strategy has incentivized cross-sectoral collaboration between health and other sectors. In addition, the survey will assist the evaluation team in identifying gaps in perception and critical points of conflict within the health strategy, particularly in relation to the One ADB Approach and the New Operating Model. Consultations may be carried out both informally through individual meetings and emails, and in more structured formats through focus groups and semi-structured interviews to help clarify, validate, or question possible interpretations of events and results by the evaluation team. If needed, an additional short qualitative survey of selected groups (e.g., mission leaders, implementing staff, etc.) will be administered to investigate topics where qualitative perceptions are important or quantitative data are not available.

5. Country Case Assessments

26. The evaluation will use country-level assessments to collect data on health systems and performance. In addition to country specific reviews, country level assessments will include conducting evaluation missions, during which the evaluation team will seek feedback and insights from ADB counterparts in central authorities (typically the Ministry of Finance), Ministry of Health, executing and implementing agencies of sample projects, ADB country directors and resident mission staff involved in health projects, development partners, and other stakeholders including civil society organizations. These will help assess (i) the relevance of ADB's health strategy, (ii) staff views and perceptions regarding the effectiveness and sustainability of health interventions, (iii) the relevance of ADB support to health systems capacity in DMCs, and (iv) the role ADB plays among health sector development partners in DMCs, including the private sector, and implementation arrangements to deliver support. This includes identifying coordination mechanisms and partnerships at the local level.

27. The country assessments will also provide an opportunity to assess how multisector projects address complex development problems. For example, the evaluation will explore how ADB utilized COVID-19 Pandemic Response Option (CPRO) to support the DMCs as they dealt with emergency situations over the COVID-19 pandemic. It will also review the use of various instruments such as PBL, RBL, and TA in supporting capacity building for national health systems in DMCs. The key objectives of the review are to determine the extent to which these instruments have been used for

¹⁶ List of ADB health projects for 2011–2023 as identified and categorized in Table 1 (by tier) is included in Appendix 5.

strengthening DMCs' national systems and their role in DMC health policies that govern the management of public health finance and systems.

28. Considering access to the health portfolio, information and stakeholders needed for the country case assessment, five countries have been selected; India, Mongolia, Papua New Guinea, the Philippines, and Uzbekistan (detailed assessments of criteria in Appendix 6).¹⁷ The combined portfolios of the five countries consisting of 35 sovereign loans and grants projects—19 active and 16 closed—amounting to \$7.2 billion (46% of ADB's total health portfolio between 2011–2023) and 27 TA projects totaling \$40.1 million. The five countries also include 11 multisector projects amounting to \$1.5 billion (43% of total non-core health support identified so far). To make optimal use of limited time and resources, a mix of in-person field missions or virtual missions will be conducted for the country case assessments based on further discussions with each resident mission—starting with a pilot mission in the Philippines with two in-person and two virtual missions to follow afterwards.

G. Evaluation Resources

29. **IED evaluation team.** The team will comprise Eungji Kim, Senior Evaluation Specialist and Team Leader; Maya Vijayaraghavan, Principal Evaluation Specialist; Nassreena Baddiri, Evaluation Specialist; Sergio Villena, Senior Evaluation Officer; and Myrna Fortu, Evaluation Analyst. Support will be provided by a team of international consultants, headquarters-based national consultants (for document review and portfolio analysis), and in-country consultants (for the evaluation missions). The terms of reference are in Appendix 8 (not for public disclosure). Consultants will be engaged in accordance with ADB's procurement policy (2017, as amended from time to time) and the associated staff instructions as amended from time to time. The evaluation will be reviewed by at least two external peer reviewers and an IED evaluator.

H. Timetable

30. The summary timeline of the evaluation is set out in the following table, subject to the limitations described below.

II July 2024–IV September 2024	Preparation of Approach Paper
November 2024	Approval of Approach Paper
IV October 2024–IV February 2025	Data Collection and Analysis
November 2024–IV January 2025	Country Missions and consultations with Stakeholders
I March 2025–IV June 2025	Drafting and Finalization of the Report
July 2025	Heads of Departments Meeting
August 2025	DEC Meeting

I. Limitations

31. Complete data and information on health sector performance indicators are not readily accessible. The challenge to the analysis of performance of health interventions or outcomes thereof rests on the fact that ADB can readily identify health projects that are tagged as "health sector", but not those that are multisector or that contain health outcomes as more of an unintended consequence. This is due to limitations in the project classification methodology and data management systems. Data collection therefore remains a key issue, which may limit the evaluation to an overly conservative scope when it comes to assessing or acknowledging ADB's health outcomes and impacts. Another complication is associated with the loss of institutional knowledge due to lowered prioritization of the health sector during the earlier part of the evaluation period. Therefore, while data might be available, it may be limited given that many of ADB's internal health experts from 2011 had left or retired by early 2020s.

¹⁷ Countries were selected based on the following criteria: (i) lessons to be learned in health sector operations and financing modalities (e.g., PBL, RBL, etc.); (ii) regional distribution; (iii) innovation, complexity, or comprehensiveness of interventions, (iv) overall health portfolio volume, (v) share of nonsovereign operations, and (vi) inclusion of multisector projects.

J. Dissemination Plan

32. The evaluation's main output will be a report that presents relevant findings and lessons. IED will design an evaluation outreach strategy for both internal and external audiences. In addition to the final report, the team will develop an outreach plan in collaboration with the IED communications team (Appendix 7). The envisioned dissemination activities are knowledge sharing and learning activities, publishing of learning and communication materials, external seminars, conferences, and presentation within ADB. The final report will be made available on IED's website and other electronic platforms.

33. **Collaboration with other ongoing evaluations.** To optimize the use of resources and avoid coordination challenges, the evaluation will collaborate with other ongoing IED evaluations. In particular, the evaluation will work closely with the Real-Time Evaluation of ADB's Response to the COVID-19 Pandemic, along with the preceding Thematic Evaluation on Human Capital Development—the Evaluation of ADB's Support for Education in Asia and the Pacific.

Appendixes:

1. Overview of ADB's Loans, Grants, and Technical Assistance for Core Health, 2011–2023
2. Preliminary Theory of Change for the Health Sector Evaluation
3. Evaluation Framework
4. Detailed Plans for the Document and Literature Review
5. List of Loans and Grants for the Health Sector, 2011–2023
6. Country Case Assessments—Selection Methodology
7. Evaluation Communication Plan
8. Consultant Terms of Reference (*not for public disclosure*)
9. Cost Estimates (*not for public disclosure*)

**OVERVIEW OF ADB'S LOANS, GRANTS, AND TECHNICAL ASSISTANCE
FOR CORE HEALTH, 2011–2023**

Assistance	Number of Projects	Committed Amount (\$ million)	Cofinancing Amount^a (\$ million)	Total Amount (\$ million)
Sovereign				
Investment projects (loans and grants) ^b				
- Core health support (non-COVID-19)	41	4,603	762	5,365
- COVID-19 related support ^c	59	6,344	3,272	9,616
Technical assistance ^d				
- Core health support (non-COVID-19)	95	53	58	111
- COVID-19 related support ^c	13	85	37	122
Subtotal	208	11,085	4,129	15,214
Nonsovereign				
Investment projects (loans) ^b				
- Core health support (non-COVID-19)	9	112	95	207
- COVID-19 related support ^c	5	82	-	82
Technical assistance ^d				
- Core health support (non-COVID-19)	4	4	-	4
- COVID-19 related support ^c	-	-	-	-
Subtotal	18	198	95	293
Total	226	11,283	4,224	15,507

- = not applicable, ADB = Asian Development Bank, COVID-19 = coronavirus disease.

^a Cofinancing includes those that are fully, partially, and not administered by ADB.

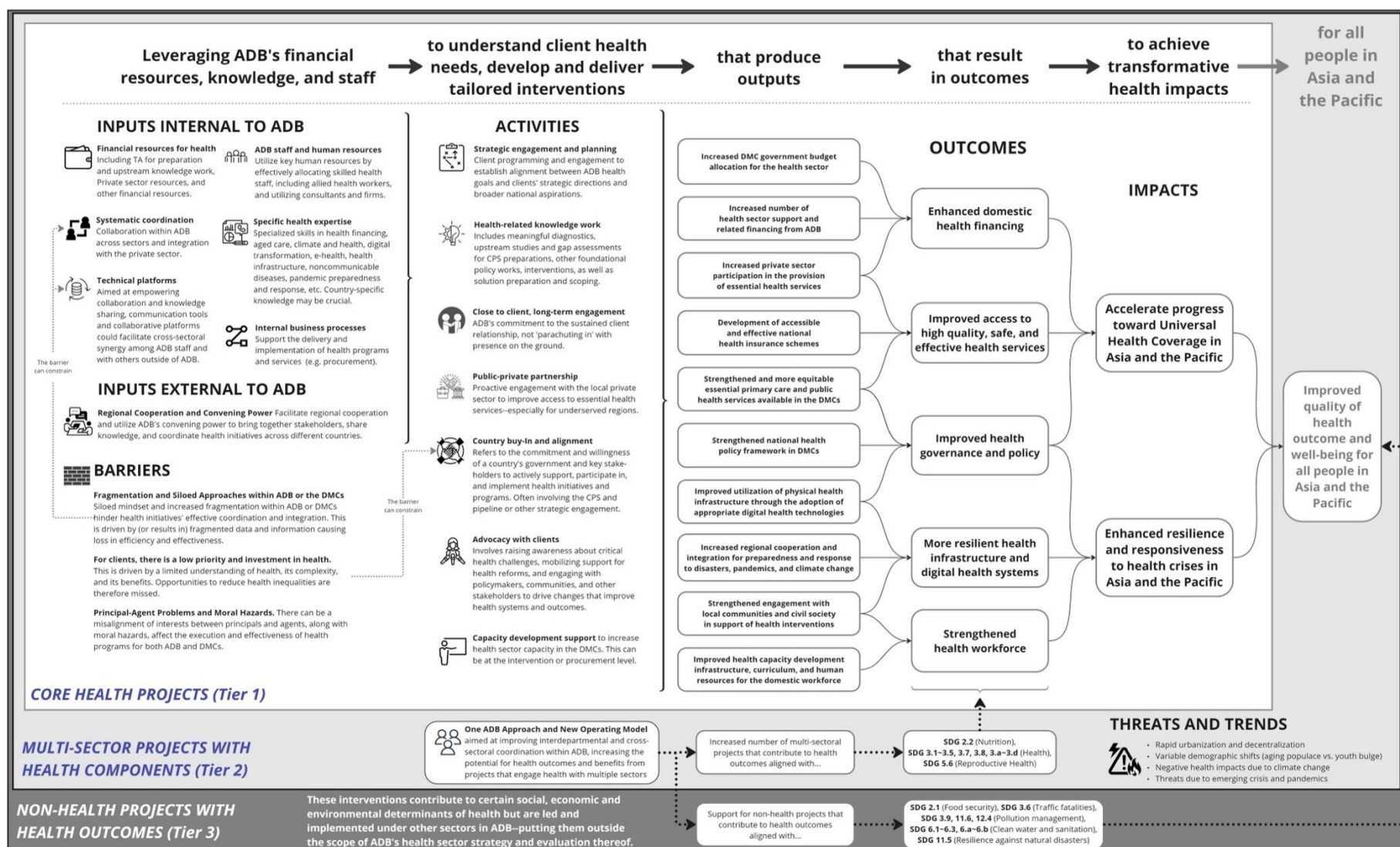
^b Includes support with health tagged as primary sector. Additional financing projects or technical assistance are not counted separately from its original project and/or technical assistance.

^c Includes emergency COVID-19 support in the health sector, inclusive of commitments for cross response from pre-COVID ongoing health projects.

^d Includes standalone and piggybacked technical assistance, and regional technical assistance.

Source: Asian Development Bank (Independent Evaluation Department estimates).

PRELIMINARY THEORY OF CHANGE FOR THE HEALTH SECTOR EVALUATION



ADB = Asian Development Bank, CPS = country partnership strategy, DMC = developing member country, SDG = Sustainable Development Goal, TA = technical assistance.

Sources: Independent Evaluation Department's constructs based on joint workshop with ADB's health specialists and staff with health sector project design or implementation experiences.

EVALUATION FRAMEWORK

1. **Overarching question: How well-positioned is ADB to deliver improved quality of health outcomes and well-being for people in Asia and the Pacific?**

2. The evaluation will assess ADB's positioning through the lens of the outcome pillars in the proposed Theory of Change (TOC) (Appendix 2). The following questions focus on the performance of the outcomes.

- **Enhanced national health financing** - To what extent has ADB helped mobilize additional financing or improve domestic resource mobilization for health?
- **Improved health governance and policy** - To what extent has ADB's support improved developing member countries' (DMCs) health governance and policy?
- **Improved access and quality of health service delivery** - To what extent has ADB's support helped improve access to health services and quality thereof?
- **More resilient health infrastructure** - To what extent has ADB helped in providing more resilient health infrastructure in the DMCs?
- **Strengthened health workforce** - To what extent has ADB supported strengthening of the workforce in the health sector?

3. The following four evaluation questions support the main evaluation question and assess how ADB would deliver health support to DMCs, within the vision of Strategy 2030 and the preliminary TOC.

4. **Evaluation question 1:** How relevant has ADB's support been to DMC health needs and priorities?

Subquestions	Literature Review	Portfolio / Data Analysis	Key Informant Interview	Perception Survey	Country Case Assessment	Data Analysis on CPSs	Data Sources
(i) Improved health governance and policy	✓		✓	✓	✓	✓	Policy and strategy documents, country-based reports, findings from IED evaluations
<ul style="list-style-type: none"> - What is ADB's value addition in DMCs' health sector? - Does CPSs during 2011–2024 include health as part of its strategic pillars? - Is health included in the project pipelines for the DMCs? 							
(ii) Improved access and quality of health service delivery	✓	✓	✓	✓	✓		Policy documents, country-based reports.
<ul style="list-style-type: none"> - How does ADB support the implementation of the Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages)? - Does ADB's strategic approach differ depending on each DMC's situation? 							
(iii) More resilient health infrastructure	✓	✓	✓	✓	✓		Policy documents, country-based reports, portfolio and Corporate Results Framework data
<ul style="list-style-type: none"> - How will ADB transition to mid- and long-term support by strengthening of DMC's resilience against health crisis? - How does ADB help DMCs prepare for the next pandemic and/or health crisis? - To what extent are ADB projects aligned with SDG 3: particularly ending epidemics of major communicable diseases, UHC and preparedness for health emergencies? 							

ADB = Asian Development Bank, CPS = country partnership strategy, DMC = developing member country, IED = Independent Evaluation Department, SDG = Sustainable Development Goal, UHC = universal health coverage.

Source: Asian Development Bank (Independent Evaluation Department). Theory of Change.

5. Evaluation question 2: How effective has ADB's operations been in contributing to DMCs' key health outcomes?

Subquestions	Literature Review	Portfolio / Data Analysis	Key Informant Interview	Perception Survey	Country Case Assessment	Data Analysis on CPSs	Data Sources
(i) Improved health governance and policy	✓		✓	✓	✓	✓	Country-based reports, findings from IED evaluations
<ul style="list-style-type: none"> - Has there been any successful health sector reforms that have been scaled-up or replicated across the region? - Are ADB's health interventions being incorporated / adopted into DMC's national health systems? 							
(ii) Improved access and quality of health service delivery	✓	✓	✓	✓	✓		Policy documents, country-based reports.
<ul style="list-style-type: none"> - Does ADB support DMCs up-, mid-, and down-stream work? If so, which has been most effective? - How does ADB address poorly utilized primary healthcare infrastructure along with overburdened tertiary systems? - How does ADB ensure equity in both health coverage and impact for its interventions? - Has ADB supported improvements in the DMCs' management of the pharmaceutical supply chain? - How does ADB ensure that health service access is provided to disenfranchised groups (i.e., age, gender, ethnic, religious, etc.) and members thereof? 							
(iii) More resilient health infrastructure	✓	✓	✓	✓	✓		Country-based reports, portfolio and Corporate Results Framework data
<ul style="list-style-type: none"> - Has ADB's support effectively ensured that health infrastructures are well managed and sustained? - How effective was COVID-19 related emergency support by ADB in improving health outcomes? - How does ADB's performance compare during COVID and non-COVID periods? - Has ADB's support improved the DMCs' preparedness against emerging health challenges (i.e., climate change, non-communicable diseases)? 							
(iv) Strengthened health workforce	✓		✓	✓	✓		Policy documents, country-based reports
<ul style="list-style-type: none"> - Have there been success cases in health capacity development or health system strengthening that were scaled up or replicated across the region? - Has ADB supported innovative solutions involving digital health or even AI? 							

ADB = Asian Development Bank, AI = artificial intelligence, COVID-19 = coronavirus disease, CPS = country partnership strategy, DMC = developing member country, IED = Independent Evaluation Department.
Source: Asian Development Bank (Independent Evaluation Department). Theory of Change.

6. Evaluation question 3: How adequate has ADB's commitment been to deliver on its health goals? (in terms of resources, organizational structure, and technical capacity needed)

Subquestions	Literature Review	Portfolio / Data Analysis	Key Informant Interview	Perception Survey	Country Case Assessment	Data Analysis on CPSs	Data Sources
(i) Enhanced national health financing	✓	✓	✓	✓	✓	✓	Policy and strategy documents, portfolio data, country-based reports, findings from IED evaluations

Subquestions	Literature Review	Portfolio / Data Analysis	Key Informant Interview	Perception Survey	Country Case Assessment	Data Analysis on CPSs	Data Sources
<ul style="list-style-type: none"> - How can ADB ensure that more domestic resources are mobilized by the DMCs for health financing? - What can ADB do to increase the nonsovereign operations share in its overall health financing? - Has ADB been effective in promoting private sector engagement for health interventions? - How does ADB account for health outcomes from non-health or multisector projects? How significant have such projects been for the DMCs' health sector? - How sustainable is ADB's support in the health sector? 							
(ii) Strengthened health workforce	✓		✓	✓	✓		Policy documents, country-based reports
<ul style="list-style-type: none"> - Do ADB's health specialists contribute to optimizing health outcomes within multisector projects? - Does ADB have sufficient internal capacity to effectively meet or support the clients' health sector needs? - Has ADB helped improve data management and health governance in the DMCs? - How are health outcomes and related data being managed or accounted for across the bank's various sectors? 							

ADB = Asian Development Bank, CPS = country partnership strategy, DMC = developing member country, IED = Independent Evaluation Department.

Source: Asian Development Bank (Independent Evaluation Department). Theory of Change.

7. Evaluation question 4: How coherent is ADB support for health at the country and regional level, bringing together financial support, technical assistance, and policy dialogue along with coordination and partnership with other development partners?

Subquestions	Literature Review	Portfolio / Data Analysis	Key Informant Interview	Perception Survey	Country Case Assessment	Big Data Analysis on CPSs	Data Sources
(i) Enhanced national health financing	✓		✓		✓	✓	Policy and strategy documents, country-based reports, findings from IED evaluations
<ul style="list-style-type: none"> - What is ADB's role among the development partners? - What is ADB's corporate value addition to the health space? - What has ADB done to mobilize additional resources for the health sector, both domestically and internationally? 							
(ii) Improved health governance and policy	✓		✓	✓	✓	✓	Policy and strategy documents, portfolio data, country-based reports, findings from IED evaluations
<ul style="list-style-type: none"> - How effective are regional cooperation and transboundary health intervention? - How well is ADB leveraging its resources and regional knowledge? - How has ADB ensured that reforms in DMC's health policy and governance are transparent and well-coordinated with other development partners? 							
(iii) Strengthened health workforce	✓		✓	✓	✓		Policy documents, country-based reports
<ul style="list-style-type: none"> - How has ADB been collaborating with other development partners, centers of excellence, and academia to support capacity development of health workforce in the DMCs? - Has ADB shared its successes or lessons in health to be scaled up or replicated in the region? 							

ADB = Asian Development Bank, CPS = country partnership strategy, DMC = developing member country, IED = Independent Evaluation Department.

Source: Asian Development Bank (Independent Evaluation Department). Theory of Change.

DETAILED PLANS FOR THE DOCUMENT AND LITERATURE REVIEW

1. To provide the evaluation with comprehensive background and understanding on the health issues and challenges in Asia and the Pacific and their associated capacity constraints before and during the evaluation period, the document and literature review will be a comprehensive investigation of Asian Development Bank (ADB) and Independent Evaluation Department (IED) documents, as well as relevant theoretical literature. This will include:

- (i) **A comparative review of health sector approaches of other MDBs and international development organizations, relevant to the health sector.** This will include assessments of other partner organizations' health strategies, programs, and projects, along with best practices in multisector health approaches. Ideally, the findings from the review will help inform the evaluation on how ADB's health strategy could improve its relevance and its coordination with other health sector partners, while maximizing its corporate value addition in the health space for the region.
- (ii) **An analysis of the evolution of the health strategy and policy together with the Corporate Results Framework (CRF) indicators.** The shifting vision for ADB's health strategy over the evaluation period (2011–2024) means that it is necessary to identify the specific development objectives of the strategy as it evolved to be able to assess the initiatives taken to achieve those objectives. Specifically, an analysis will be undertaken on its evolution from a series of operational plans to a more flexible and principled approach designed to deliver optimal value in response to developing member countries' (DMCs) health needs. This would also include, looking at how the indicators of the CRF may have changed to capture those changes allowing for a better assessment of the causal chain from policy actions and conditions to the development outcomes. The analysis will incorporate a literature review relating to the strategy and guidance notes produced by ADB to provide context for policy and strategic evolution. The analysis will also assess the quality of those indicators and their appropriateness for assessing effectiveness of the health strategy in terms of the stated objectives. Assessment questions will include consideration of whether available metrics are capable of measuring health impact.
- (iii) **A review of reports relating to health sector capacity building efforts.** This is likely to rely on the Knowledge and Capacity Development Report 2020 and will also involve a review of the training materials produced by ADB. In respect of capacity at the level of the DMCs, data will be culled from reports prepared with ADB technical assistance (TA) support. These reports are likely to provide qualitative observations on the outcome of capacity building initiatives that will complement information from the Knowledge and Capacity Development Report. To the extent possible, this review will also examine the constraints for ADB in collaborating with other development partners in capacity development.
- (iv) **A review of selected country-based reports.** This will include select project completion reports and related documents. To the extent possible, some of these will be used to assess capacity and capacity improvements; ADB support provided to strengthen national health systems; extent to which health innovations has been implemented at project level or scaled up even further; and to gauge cooperation/harmonization efforts with development partners.
- (v) **An assessment of multisector contributions through systematic reviews.** Insights from systematic reviews will be incorporated in the evaluation to understand the impact of multisector approaches on health outcomes. Specifically, systematic reviews from select organizations such as the International Initiative for Impact Evaluation (3ie) would be examined to identify which sectors contribute most effectively to health outcomes. This approach will aid in assessing the importance of multisector interventions and determine which strategies are delivering the most significant results.
- (vi) **IED's corporate or thematic and country evaluations** with findings and recommendations pertinent to ADB's health strategies and practices will be reviewed to provide the country- and regional-level perspective to the evaluation.

LIST OF LOANS AND GRANTS FOR THE HEALTH SECTOR, 2011–2023

Table A5.1: List of Sovereign Operations—Tier 1: Core Health Projects

No.	Project No.	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
1	54190-001	AFG	Emergency Assistance for COVID-19 Pandemic Response	Y	2020-05-18	ADF	40.0	Disease control of communicable disease
2	55012-001	AFG	COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility	Y	2021-05-09	ADF	50.0	Disease control of communicable disease
3	51129-002	ARM	Human Development Enhancement Program	N	2019-11-18	OCR	10.0	Health system development
4	54338-001	ARM	COVID-19 Emergency Response	Y	2020-08-27	GoJCV	2.0	Health system development
5	42177-013/ 42177-024	BAN	Urban Primary Health Care Services Delivery Project	N	2012-09-26	COL	50.0	Health system development
6	54173-001	BAN	COVID-19 Response Emergency Assistance Project	Y	2020-05-13	COL	100.0	Health system development
7	54362-001	BAN	COVID-19 Emergency Response Project	Y	2020-09-29	GoJCV	3.0	Disease control of communicable disease
8	55077-001	BAN	Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility	Y	2021-06-24	OCR/COL	940.0	Disease control of communicable disease
9	56289-001	BAN	Vaccines, Therapeutics, and Diagnostics Manufacturing and Regulatory Strengthening Project	Y	2023-11-28	OCR/COL	336.5	Health sector development and reform
10	51141-002	BHU	Health Sector Development Program	N	2018-11-29	ADF/ADF	20.0	Health care finance
11	55083-001	BHU	Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility	Y	2022-08-05	COL	10.0	Disease control of communicable disease
12	54324-001	BHU / MLD	COVID-19 Emergency Response	Y	2020-07-22	GoJCV	3.0	Disease control of communicable disease
13	53290-001	CAM	Greater Mekong Subregion Border Areas Health Project	Y	2022-12-22	COL/ADF	32.6	Health care finance
14	55104-001	CAM	Cambodia Rapid Immunization Support Project under the Asia Pacific Vaccine Access Facility	Y	2022-03-24	COL	95.0	Disease control of communicable disease
15	48118-002/ 48118-005	CAM / MYA/ VIE / LAO	Greater Mekong Subregion Health Security Project	N	2016-12-14	COL/ADF	125.0	Health system development
16	54135-003	COO / FSM / KIR / PAL / PNG / RMI / SAM / SOL / TUV / VAN	COVID-19 Emergency Response	Y	2020-08-05	GoJCV	13.3	Disease control of communicable disease

No.	Project No.	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
17	54135-004	FIJ / NAU / NIU	COVID-19 Emergency Response	Y	2020-11-27	GoJCV	3.2	Disease control of communicable disease
18	54135-001	FSM / NAU / RMI / TUV	COVID-19 Emergency Response	Y	2020-04-07	APDRF	1.5	Disease control of communicable disease
19	54457-001	GEO	COVID-19 Emergency Response Project	Y	2020-12-30	GoJCV	2.5	Health care finance
20	55195-001	GEO	COVID-19 Vaccine Support under the Asia Pacific Vaccine Access Facility	Y	2021-10-28	OCR/OCR	15.0	Disease control of communicable disease
21	56069-001	GEO	Health Sector Enhancement Program	N	2024-04-24	OCR	50.0	Health sector development and reform
22	47354-003	IND	Supporting National Urban Health Mission	N	2015-07-28	OCR	300.0	Health system development
23	53121-001	IND	Strengthening Comprehensive Primary Health Care in Urban Areas Program under Pradhan Mantri Atmanirbhar Swasth Bharat Yojana	Y	2021-11-23	OCR	300.0	Health system development
24	54337-001	IND	COVID-19 Emergency Response Project	Y	2021-01-22	GoJCV	3.0	Disease control of communicable disease
25	55082-001	IND	Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility	Y	2021-12-31	OCR/OCR	1,500.0	Disease control of communicable disease
26	55145-001	IND	Strengthened and Measurable Actions for Resilient and Transformative Health Systems Program (Subprogram 1)	N	2024-07-01	OCR	170.0	Disease control of communicable disease
27	55350-001	IND	Early Childhood Development Project in Meghalaya	N	2024-03-01	OCR	40.5	Mother and child health care
28	54150-001	INO	COVID-19 Emergency Response	Y	2020-04-01	APDRF	3.0	Disease control of communicable disease
29	54224-001	INO	Supporting Essential Health Actions and Transformation	N	2023-11-22	OCR	350.0	Health sector development and reform
30	54224-002	INO	Primary Healthcare and Public Health Laboratories Upgrading and Strengthening Project	Y	2023-12-29	OCR	650.2	Health sector development and reform
31	54370-001	KAZ	COVID-19 Emergency Response	Y	2020-12-15	GoJCV	3.0	Health system development
32	54175-001	KGZ	COVID-19 Pandemic Emergency Project	Y	2020-06-16	COL/ADF	20.0	Disease control of communicable disease
33	55131-001	KGZ	Strengthening Regional Health Security Project	Y	2022-12-07	COL/ADF	30.0	Disease control of communicable disease
34	55206-001	KGZ	COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility	Y	2021-12-28	COL/ADF	25.0	Disease control of communicable disease

No.	Project No.	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
35	55180-001	KIR	Climate-Resilient Health Infrastructure and Systems Project	N	2023-12-14	ADF	27.0	Health system development
36	47137-003	LAO	Health Sector Governance Program	N	2015-10-01	COL/COL	23.0	Health insurance and subsidized health programs
37	47137-006	LAO	Health Sector Governance Program (Subprogram 2)	N	2018-05-22	ADF	30.0	Health sector development and reform
38	53290-002	LAO	Greater Mekong Subregion Border Areas Health Project	Y	2024-03-27	COL/ADF	25.0	Health care finance
39	53291-001	LAO	Improving the Quality of Health Care Project	N	2023-10-20	COL	45.0	Health system development
40	42179-013	LAO / VIE / MYA	Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention Project	N	2012-12-04	ADF/COL	20.0	Disease control of communicable disease
41	54155-001	MLD	COVID-19 Emergency Response	Y	2020-03-26	APDRF	0.5	Disease control of communicable disease
42	55086-001	MLD	Responsive COVID-19 Vaccination for Recovery Project Under the Asia Pacific Vaccine Access Facility	Y	2022-09-27	ADF	10.0	Disease control of communicable disease
43	41243-023/ 41243-024	MON	Fourth Health Sector Development Project - Additional Financing	N	2013-02-07	COL	25.0	Health sector development and reform
44	42322-023	MON	Additional Financing of Food and Nutrition Social Welfare Project	N	2014-02-06	COL	20.0	Health insurance and subsidized health programs
45	45009-002/ 45009-003	MON	Fifth Health Sector Development Project	N	2013-02-07	COL	30.0	Health sector development and reform
46	48076-002	MON	Ensuring Inclusiveness and Service Delivery for Persons with Disabilities Project	N	2018-04-04	COL	25.0	Health sector development and reform
47	49173-004	MON	Improving Access to Health Services for Disadvantaged Groups Investment Program - Tranche 1	N	2019-12-27	OCR/COL	76.1	Health sector development and reform
48	54145-001	MON	COVID-19 Emergency Response	Y	2020-03-26	APDRF	1.0	Disease control of communicable disease
49	54145-002	MON	COVID-19 Emergency Response - Phase 2	Y	2020-09-15	GoJCV	1.5	Disease control of communicable disease
50	54228-001	MON	Strengthening Health Security Program (Subprogram 1)	Y	2021-04-01	OCR	100.0	Health sector development and reform
51	55007-001	MON	Support for COVID-19 Vaccine Delivery in Mongolia under the Asia Pacific Vaccine Access Facility	Y	2021-05-28	OCR/COL	19.0	Disease control of communicable disease
52	56035-001	MYA	Providing Essential Services to the People of Myanmar Project	N	2023-06-16	ADF/ADF	23.0	Disease control of communicable disease

No.	Project No.	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
53	57159-001	MYA	Cyclone Mocha Emergency Response for the People of Myanmar Project	N	2023-09-29	APDRF	3.0	Nutrition
54	49197-002	NEP	Nepal Earthquake Disaster Response Humanitarian Assistance	N	2015-04-29	APDRF	1.2	Health sector development and reform
55	54184-001	NEP	COVID-19 Active Response and Expenditure Support Program	Y	2020-06-01	COL	250.0	Disease control of communicable disease
56	54302-001	NEP	COVID-19 Emergency Response	Y	2020-07-06	GoJCV	3.0	Disease control of communicable disease
57	55084-001	NEP	Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility	Y	2021-08-11	COL	165.0	Disease control of communicable disease
58	54181-001	PAK	Emergency Assistance for Fighting the COVID-19 Pandemic	Y	2020-06-05	OCR	300.0	Social protection initiatives
59	54199-001	PAK	COVID-19 Emergency Response	Y	2020-11-03	APDRF	2.0	Disease control of communicable disease
60	54297-001	PAK	Khyber Pakhtunkhwa Health Systems Strengthening Program	Y	2022-11-04	COL	100.0	Health sector development and reform
61	55013-001	PAK	COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility	Y	2021-08-06	COL	500.0	Disease control of communicable disease
62	47377-001	PAL	Super Typhoon Haiyan Response Project	N	2013-12-20	APDRF	0.2	Disease control of communicable disease
63	54133-001	PHI	COVID-19 Emergency Response	Y	2020-03-16	APDRF	3.0	Disease control of communicable disease
64	54171-002	PHI	Health System Enhancement to Address and Limit COVID-19	Y	2020-09-08	OCR	125.0	Disease control of communicable disease
65	54171-003/ 54171-004	PHI	Second Health System Enhancement to Address and Limit COVID-19 under the Asia Pacific Vaccine Access Facility	Y	2021-03-19	OCR	400.0	Disease control of communicable disease
66	55105-001	PHI	Build Universal Health Care Program (Subprogram 1)	Y	2021-12-16	OCR	600.0	Health sector development and reform
67	55105-003	PHI	Build Universal Health Care Program (Subprogram 2)	N	2023-12-22	OCR	450.0	Health sector development and reform
68	41509-013	PNG	Rural Primary Health Services Delivery Project	N	2012-03-15	COL	20.0	Health sector development and reform
69	51035-001	PNG	Health Services Sector Development Program, Subprogram 1	N	2018-06-13	OCR/OCR/COL	195.0	Health sector development and reform
70	51035-003	PNG	Health Services Sector Development Program (Subprogram 2)	N	2019-11-26	OCR	100.0	Health sector development and reform

No.	Project No.	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
71	51035-005	PNG	Health Services Sector Development Program (Subprogram 3)	N	2020-12-08	OCR/COL	150.0	Health sector development and reform
72	54346-001	PNG	COVID-19 Rapid Response Program	Y	2020-12-08	OCR	250.0	Disease control of communicable disease
73	49028-002	PRC	Hebei Elderly Care Development Project	N	2017-07-17	OCR	100.0	Health sector development and reform
74	49309-002	PRC	Hubei Yichang Comprehensive Elderly Care Demonstration Project	N	2019-05-31	OCR	150.0	Health system development
75	50201-001	PRC	Public-Private Partnerships Demonstration Program to Transform Delivery of Elderly Care Services in Yichang, Hubei	N	2018-03-11	OCR	50.0	Health insurance and subsidized health programs
76	50391-001	PRC	Demonstration of Guangxi Elderly Care and Health Care Integration and Public-Private Partnership Project	N	2019-11-22	OCR	100.0	Health sector development and reform
77	51384-001	PRC	Guangxi Hezhou Environment Restoration and Sustainable Development Project	Y	2021-12-23	OCR	100.0	Health system development
78	52245-001	PRC	Public Service Sector Public-Private Partnership Promotion and Elderly Care Demonstration Project	Y	2021-11-29	OCR	150.0	Health sector development and reform
79	54118-001	PRC	Strengthening Public Health Institutions Building Project	Y	2022-12-23	OCR	300.0	Disease control of communicable disease
80	48239-001	SOL	Solomon Islands Flood Disaster Response Project	N	2014-04-22	APDRF	0.2	Disease control of communicable disease
81	51107-002/ 51107-003	SRI	Health System Enhancement Project	N	2018-10-26	COL/ADF	50.0	Health sector development and reform
82	54283-001	SRI	COVID-19 Emergency Response	Y	2020-06-08	GoJCV	3.0	Disease control of communicable disease
83	55085-001	SRI	Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility	Y	2021-07-09	OCR/OCR	150.0	Disease control of communicable disease
84	51010-002	TAJ	Maternal and Child Health Integrated Care Project	N	2018-12-31	ADF	32.0	Health sector development and reform
85	54363-001	TAJ	COVID-19 Emergency Response	Y	2020-09-17	GoJCV	2.5	Disease control of communicable disease
86	55078-001	TAJ	COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility	Y	2021-06-21	ADF	25.0	Disease control of communicable disease
87	50281-001	TON	Introducing eGovernment through Digital Health	N	2019-08-29	ADF	7.5	Health sector development and reform

No.	Project No.	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
88	54135-002	TON	COVID-19 Emergency Response	Y	2020-04-08	APDRF	0.5	Disease control of communicable disease
89	54135-005	TON	COVID-19 Emergency Response	Y	2022-03-10	GoJCV	1.0	Disease control of communicable disease
90	50282-001/ 50282-003	TON / TUV / SAM / VAN	Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project	N	2018-11-29	COL/ADF	25.1	Disease control of communicable disease
91	50190-002	UZB	Primary Health Care Improvement Project	N	2018-11-09	COL	45.0	Health system development
92	54282-001	UZB	COVID-19 Emergency Response Project	Y	2020-12-31	COL	100.0	Disease control of communicable disease
93	54390-001	UZB	COVID-19 Emergency Response	Y	2020-10-16	GoJCV	3.0	Disease control of communicable disease
94	49127-001	VAN	Vanuatu Cyclone Pam Disaster Response Project	N	2015-03-25	APDRF	1.0	Disease control of noncommunicable diseases and other priority programs
95	51344-001	VAN	Vanuatu Manaro Volcano Disaster Response Project	N	2017-11-17	APDRF	0.2	Disease control of noncommunicable diseases and other priority programs
96	52242-001	VAN	Second Manaro Volcano Disaster Response Project	N	2018-09-27	APDRF	0.5	Disease control of noncommunicable diseases and other priority programs
97	54221-001	VAN	Tropical Cyclone Harold Emergency Response Project	N	2020-05-11	APDRF	1.0	Disease control of noncommunicable diseases and other priority programs
98	40354-017	VIE	Second Health Human Resources Development Project	N	2019-12-10	COL	80.0	Health sector development and reform
99	44265-013	VIE	Second Health Care in the Central Highlands Project	N	2013-11-08	COL	70.0	Health system development
100	50285-002	VIE	Local Health Care for Disadvantaged Areas Sector Development Program	N	2019-08-06	COL/ADF	100.6	Health sector development and reform

ADF = Asian Development Fund, AFG = Islamic Republic of Afghanistan, APDRF = Asia Pacific Disaster Response Fund, ARM = Armenia, AZE = Republic of Azerbaijan, BAN = People's Republic of Bangladesh, BHU = Kingdom of Bhutan, CAM = Kingdom of Cambodia, COL = concessional ordinary capital resources loan, COO = Cook Islands, COVID-19 = coronavirus disease, FIJ = Republic of Fiji, FSM = Federated States of Micronesia, GEO = Georgia, IND = India, GoJCV = Government of Japan for COVID-19, INO = Republic of Indonesia, KAZ = Republic of Kazakhstan, KIR = Republic of Kiribati, LAO = Lao People's Democratic Republic, MLD = Republic of Maldives, MON = Mongolia, MYA = Republic of the Union of Myanmar, NEP = Nepal, OCR = ordinary capital resources, PAK = Islamic Republic of Pakistan, PAL = Republic of Palau, PHI = Republic of the Philippines, PNG = Papua New Guinea, PRC = People's Republic of China, RMI = Republic of the Marshall Islands, SAM = Independent State of Samoa, SOL = Solomon Islands, SRI = Democratic Socialist Republic of Sri Lanka, TAJ = Republic of Tajikistan, THA = Kingdom of Thailand, TON = Kingdom of Tonga, TUV = Tuvalu, UZB = Republic of Uzbekistan, VAN = Republic of Vanuatu, VIE = Socialist Republic of Viet Nam.

Source: Asian Development Bank.

Table A5.2: List of Nonsovereign Operations—Tier 1: Core Health Projects

No.	Project Number	Member Country	Project Name	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Subsectors
1	53349-001	GEO	Hospital Bond Project	N	2019-12-12	OCR	6.8	Health system development
2	54185-001	IND	COVID-19 Hospital Service Delivery Project	Y	2021-02-12	OCR	20.0	Health system development
3	54318-001	IND	Krsnaa COVID-19 Diagnostic Services	Y	2021-02-15	OCR	5.4	Health system development
4	56237-001	IND	Cygnus Affordable Hospitals Project	N	2023-12-29	OCR	18.4	Health care finance
5	52120-001	INO	Maternity and Child Care Hospital Project	N	2018-05-07	OCR	10.0	Health system development
6	56238-001	INO	JMI Medical Equipment and Supplies Project	N	2022-10-25	OCR	15.0	Health system development
7	56263-001	MON	Intermed Hospital Expansion Project	N	2023-06-30	OCR	10.0	Health care finance
8	54077-001	PRC	COVID-19 Emergency Response	Y	2020-02-25	OCR	18.6	Health system development
9	54077-002	PRC	Jointown COVID-19 Pharmaceutical Distribution Expansion Project	Y	2020-12-30	OCR	35.4	Health system development
10	50231-001	REG	DCDC Dialysis Network	N	2018-06-29	OCR	5.0	Disease control of noncommunicable diseases and other priority programs
11	55076-001	REG	Health system development (PAG Growth II, LP)	N	2021-07-12	OCR	50.0	Health system development
12	55277-001	UZB	NephroPlus Dialysis Public-Private Partnership Project	N	2022-12-15	OCR	5.0	Health system development
13	54249-001	VIE	Imexpharm COVID-19 Generic Pharmaceutical Project	Y	2020-12-15	OCR	8.0	Health system development
14	55144-001	VIE	Hayat Women and Children Personal Hygiene Products Project	N	2022-10-27	OCR	20.4	Mother and child health care

COVID-19 = coronavirus disease, GEO = Georgia, IND = India, INO = Republic of Indonesia, MON = Mongolia, OCR = ordinary capital resources, PRC = People's Republic of China, REG = regional, UZB = Republic of Uzbekistan, VIE = Socialist Republic of Viet Nam.

Source: Asian Development Bank.

Table A5.3: List of Sovereign Operations (Loans and Grants)—Tier 2: Multisector Projects with Health Subsectors

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
1	54192-001	AFG	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-12-06	ADF	100.0	Disease control
2	55343-001	AFG	Sustaining Essential Services Delivery Project (Support for Afghan People)	ANR	N	2022-02-01	ADF	405.0	Health system development
3	57031-001	AFG	Expanding Essential Food Security and Health Services Project (Support for Afghan People)	ANR	N	2023-10-04	ADF	400.0	Health system development
4	55073-001	AZE	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2021-11-03	OCR	250.0	Health system development
5	52174-001 / 52174-002	BAN	Emergency Assistance Project	WUS	N	2018-08-09	ADF	100.0	Disease control
6	55041-001	BAN	Strengthening Social Resilience Program (Subprogram 1)	PSM	Y	2021-06-22	OCR	250.0	Health system development
7	55041-003	BAN	Strengthening Social Resilience Program (Subprogram 2)	PSM	Y	2022-06-14	OCR	250.0	Health system development
8	54195-001	CAM	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-07-10	COL	250.0	Disease control
9	54289-001	COO	COVID-19 Active Response and Economic Support Program	PSM	Y	2020-11-26	OCR	20.0	Disease control
10	55014-001	COO	Supporting Sustainable Economic Recovery Program	PSM	Y	2021-12-14	OCR	80.0	Health risk management (SDG 3.d)
11	54309-001	FSM	Health Expenditure and Livelihoods Support Program	PSM	Y	2020-11-25	ADF	14.0	Disease control
12	54191-001	GEO	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-06-02	OCR	100.0	Disease control
13	54166-001	IND	Nagaland Urban Infrastructure Development Project	WUS	N	2022-04-11	OCR	2.0	Health system development
14	54182-001	IND	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-04-28	OCR/OCR	1,500.0	Disease control
15	43251-025	INO	Metropolitan Sanitation Management Investment Project	WUS	N	2014-05-13	OCR	80.0	Disease control
16	48207-002	INO	Financial Market Development and Inclusion Program (Subprogram 2)	FIN	N	2017-07-18	OCR	400.0	Health care finance (SDG 3.c)
17	52332-001	INO	Higher Education for Technology and Innovation Project	EDU	N	2021-12-07	OCR	79.5	Health sector development and reform
18	54117-001	INO	Disaster Resilience Improvement Program	PSM	Y	2020-09-30	OCR	500.0	Disease control
19	54139-001	INO	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-04-24	OCR	1,500.0	Disease control

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
20	54461-001	INO	Boosting Productivity Through Human Capital Development Program (Subprogram 1)	PSM	Y	2021-12-15	OCR	500.0	Health care finance
21	54461-002	INO	Boosting Productivity Through Human Capital Development Program, Subprogram 2	PSM	N	2023-12-14	OCR	500.0	Health care finance
22	54188-001	KAZ	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-08-25	OCR/OCR	1,000.0	Disease control
23	54169-001	KGZ	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-05-05	COL/ADF	50.0	Disease control
24	54189-001	MLD	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-06-28	COL/ADF	50.0	Disease control
25	51199-001	MON	Ulaanbaatar Air Quality Improvement Program	PSM	N	2018-04-04	OCR	130.0	Health sector development and reform
26	53028-001	MON	Ulaanbaatar Air Quality Improvement Program – Phase 2	ENE	N	2019-12-13	OCR	160.0	Disease control
27	54174-001	MON	COVID-19 Rapid Response Program	PSM	Y	2020-05-14	OCR	100.0	Health system development
28	55044-002	MON	Border Efficiency for Sustainable Trade Project	INT	N	2023-12-26	COL/OCR/ADF	100.0	Disease control
29	54255-001	MYA	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-09-04	COL	250.0	Disease control
30	45233-001 / 45233-006	PAK	Social Protection Development Project	PSM	N	2013-11-25	COL	430.0	Mother and child health care
31	45233-007	PAK	Integrated Social Protection Development Program	PSM	N	2021-12-10	ADF/OCR	603.0	Mother and child health care
32	54193-001	PAK	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-06-19	OCR	500.0	Disease control
33	54245-001	PAL	Health Expenditure and Livelihoods Support Program	PSM	Y	2020-08-03	COL	20.0	Disease control
34	43407-014 / 43407-017	PHI	Social Protection Support Project (Additional Financing)	EDU	N	2016-04-29	OCR	400.0	Mother and child health care
35	52257-001	PHI	Expanded Social Assistance Project	EDU	N	2020-06-15	OCR	500.0	Mother and child health care
36	54022-001	PHI	Disaster Resilience Improvement Program	FIN	Y	2020-09-15	OCR	500.0	Disease control
37	54138-001	PHI	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-04-23	OCR	1,500.0	Disease control
38	46047-002	PRC	Guangxi Nanning Vocational Education Development Project	EDU	N	2014-05-30	OCR	50.0	Health Insurance

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
39	49310-002	PRC	Yunnan Lincang Border Economic Cooperation Zone Development Project	WUS	N	2019-04-15	OCR	250.0	Health system development
40	53055-001	PRC	Guangxi Wuzhou Healthy and Age-Friendly City Development Program	WUS	N	2022-12-15	OCR	100.0	Health system development
41	54358-001	RMI	Health Expenditure and Livelihoods Support Program	PSM	Y	2020-12-11	ADF	16.0	Disease control
42	47320-001	SAM	Samoa Submarine Cable Project	ICT	N	2015-12-03	ADF	25.0	Health system development
43	54243-001	SAM	Health Expenditure and Livelihoods Support Program	PSM	Y	2020-07-31	ADF	20.0	Disease control
44	54178-001	SOL	COVID-19 Rapid Response Program	PSM	Y	2020-06-26	COL/ ADF	20.0	Disease control
45	42459-013 / 42459-014	SRI	Local Government Enhancement Sector Project	WUS	N	2011-10-21	COL	59.0	Mother and child health care
46	54156-001	TAJ	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-06-23	ADF	50.0	Disease control
47	54177-001	THA	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-11-16	OCR/ OCR	1,500.0	Disease control
48	52030-001	TON	Strengthening Macroeconomic Resilience Program	PSM	Y	2020-06-26	ADF	12.2	Disease control
49	55016-001	TON	Economic Recovery Support Program	PSM	Y	2021-11-17	ADF	5.0	Health risk management (SDG 3.d)
50	55254-001	TON	Integrated Aged Care Project	PSM	N	2023-12-15	ADF	11.5	Disease control
51	42007-020	UZB	Small and Medium-Sized Enterprises Development Program (Subprogram 1)	INT	Y	2021-12-20	OCR/ COL	100.0	Health care finance (SDG 3.c)
52	42007-021	UZB	Small and Medium-Sized Enterprises Development Program (Subprogram 2)	INT	N	2023-12-07	OCR	100.0	Health care finance (SDG 3.c)
53	54160-001	UZB	COVID-19 Active Response and Expenditure Support Program	PSM	Y	2020-07-07	OCR	500.0	Disease control
54	54179-001	VAN	COVID-19 Fiscal Response Program	PSM	Y	2020-12-08	ADF	16.9	Disease control

ADF = Asian Development Fund, AFG = Islamic Republic of Afghanistan, ANR = agriculture, natural resources, and rural development, AZE = Republic of Azerbaijan, BAN = People's Republic of Bangladesh, CAM = Kingdom of Cambodia, COL = concessional ordinary capital resources loan, COO = Cook Islands, COVID-19 = coronavirus disease, EDU = education, ENE = energy, FIN = finance, FSM = Federated States of Micronesia, GEO = Georgia, ICT = information and communication technology, IND = India, INO = Republic of Indonesia, INT = industry and trade, KAZ = Republic of Kazakhstan, MLD = Republic of Maldives, MON = Mongolia, MYA = Republic of the Union of Myanmar, OCR = ordinary capital resources, PAK = Islamic Republic of Pakistan, PAL = Republic of Palau, PHI = Republic of the Philippines, PRC = People's Republic of China, PSM = public sector management, RMI = Republic of the Marshall Islands, SAM = Independent State of Samoa, SDG = Sustainable Development Goals, SOL = Solomon Islands, SRI = Democratic Socialist Republic of Sri Lanka, TAJ = Republic of Tajikistan, THA = Kingdom of Thailand, TON = Kingdom of Tonga, TUV = Tuvalu, UZB = Republic of Uzbekistan, VAN = Republic of Vanuatu, WUS = water and other urban infrastructure and services.

Source: Asian Development Bank.

Table A5.4: List of Nonsovereign Operations—Tier 2 Multisector Projects with Health Subsectors

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
1	44945-034	IND	IND: VENTUREAST LIFE FUND III (VenturEast Fund)	ENE	N	2012	OCR	20.0	Health care finance (SDG 3.c)
2	49200-001	PRC	Healthcare Finance in Underdeveloped Regions	FIN	N	2016	OCR	75.0	Health care finance (SDG 3.c)
3	52157-001	PRC	Far East Horizon for Healthcare Leasing in Underdeveloped Regions	FIN	N	2019	OCR	150.0	Health care finance (SDG 3.c)
4	47927-014	REG	OrbiMed Asia Partners II, L.P. Fund	FIN	N	2014	OCR	60.0	Health care finance (SDG 3.c)
5	51072-001	REG	OrbiMed Asia Partners III	FIN	N	2017	OCR	60.0	Health care finance (SDG 3.c)
6	54042-001	REG	OrbiMed Asia Partners IV, L.P.	FIN	N	2020	OCR	75.0	Health care finance (SDG 3.c)
7	56043-001	REG	Investment in OrbiMed Asia Partners V, L.P.	FIN	N	2022	OCR	75.0	Universal health coverage (SDG 3.8)
8	56201-001	REG	Quadria Capital Fund III LP	FIN	N	2022	OCR	25.0	Universal health coverage (SDG 3.8)
9	54044-001	VIE	Mekong Enterprise Fund IV L.P.	FIN	N	2020	OCR	20.0	Health care finance (SDG 3.c)

COVID-19 = coronavirus disease, ENE = energy, FIN = finance, IND = India, OCR = ordinary capital resources, PRC = People's Republic of China, REG = regional, SDG = Sustainable Development Goal, VIE = Socialist Republic of Viet Nam.

Source: Asian Development Bank.

Table A5.5: List of Sovereign Operations—Tier 3: Non-health Projects with Potential Health Outcomes in Other Sectors

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
1	48042-002	AFG	Panj-Amu River Basin Sector Project - Additional Financing	ANR	N	2020-11-09	ADF	18.3	Pollution management (SDG 12.4)
2	54172-002	ARM	Yerevan Urban Development Investment Project	TRA	N	2023-11-27	OCR	65.2	Management of urban waste and air pollution (SDG 11.6)
3	34418-025	BAN	Climate-Resilient Integrated Southwest Project for Water Resources Management (formerly Southwest Area Integrated Water Resources Planning and Management Project- Second Additional Financing)	ANR	N	2024-04-20	COL	71.0	Clean Water and Sanitation (SDG 6)
4	42173-016	BAN	Dhaka Environmentally Sustainable Water Supply Project – Additional Financing	WUS	N	2022-03-01	OCR / COL / ADF	140.0	Wastewater treatment (SDG 6.3)
5	44167-015	BAN	Flood and Riverbank Erosion Risk Management Investment Program - Tranche 2	ANR	N	2022-03-01	COL	157.0	Clean Water and Sanitation (SDG 6)
6	49329-007	BAN	Khulna Sewerage System Development Project	WUS	N	2020-11-04	OCR	50.0	Clean Water and Sanitation (SDG 6)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
7	51296-001	BAN	Urban Infrastructure Improvement Preparatory Facility	WUS	N	2019-11-25	COL	11.0	Clean Water and Sanitation (SDG 6)
8	51296-002	BAN	Chattogram Hill Tracts Inclusive and Resilient Urban Water Supply and Sanitation Project	WUS	N	2023-11-28	COL	90.0	Clean Water and Sanitation (SDG 6)
9	52174-002	BAN	Emergency Assistance Project – Additional Financing	WUS	Y	2022-06-29	COL	30.0	Wastewater treatment (SDG 6.3)
10	53237-001	BAN	Climate and Disaster Resilient Small-Scale Water Resources Management Project	ANR	N	2023-10-29	COL	106.0	Clean Water and Sanitation (SDG 6)
11	53382-002	BAN	South Asia Subregional Economic Cooperation Dhaka–Sylhet Corridor Road Investment Project- Tranche 1	TRA	N	2021-10-04	OCR	400.0	Road safety and traffic fatalities (SDG 3.6)
12	55201-001	BAN	Coastal Towns Climate Resilience Project	WUS	N	2022-12-26	OCR / COL / ADF	250.0	Resilience against natural disasters (SDG 11.5)
13	56339-001	BAN	Flood Reconstruction Emergency Assistance Project (FREAP)	ANR	N	2023-04-17	COL	230.0	Clean Water and Sanitation (SDG 6)
14	42173-017	BHU	Water Flagship Program Support Project	WUS	N	2022-12-14	COL / ADF	20.0	Clean Water and Sanitation (SDG 6)
15	50165-003	BHU	Phuentsholing Township Development Project - Additional Financing	WUS	N	2020-12-14	COL / ADF	28.5	Resilience against natural disasters (SDG 11.5)
16	50101-002	CAM	Third Rural Water Supply and Sanitation Services Sector Development Program	WUS	N	2019-10-30	COL / COL / ADF	49.0	Clean Water and Sanitation (SDG 6)
17	50264-002	CAM	Agricultural Value Chain Competitiveness and Safety Enhancement Project	ANR	N	2020-12-07	COL	70.0	Pollution management (SDG 12.4)
18	53199-001	CAM	Livable Cities Investment Project	WUS	N	2021-12-08	COL	180.0	Management of urban waste and air pollution (SDG 11.6)
19	53284-002 / 53284-003	FSM	Chuuk Water Supply and Sanitation Project	WUS	N	2020-12-04	ADF	12.8	Clean Water and Sanitation (SDG 6)
20	55324-001	FSM	Clean Energy Project - Project Readiness Financing (formerly Renewable Energy Project)	ENE	N	2022-12-23	ADF	5.0	Clean Water and Sanitation (SDG 6)
21	51132-002	GEO	Sustainable Water Supply and Sanitation Sector Development Program	WUS	N	2020-10-15	OCR / OCR	150.0	Clean Water and Sanitation (SDG 6)
22	51257-001	GEO	North–South Corridor (Kvesheti–Kobi) Road Project	TRA	N	2019-08-27	OCR	415.0	Road safety and traffic fatalities (SDG 3.6)
23	38272-044 / 38272-045	IND	Uttarakhand Integrated and Resilient Urban Development Project	WUS	N	2021-12-07	OCR	125.0	Resilience against natural disasters (SDG 11.5)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
24	42267-031 / 42267-034	IND	Rajasthan Secondary Towns Development Sector Project	WUS	N	2020-10-12	OCR	300.0	Clean Water and Sanitation (SDG 6)
25	42486-018	IND	Madhya Pradesh Urban Services Improvement Project - Additional Financing	WUS	N	2020-10-12	OCR	270.0	Clean Water and Sanitation (SDG 6)
26	43253-026	IND	Karnataka Integrated and Sustainable Water Resources Management Investment Program - Tranche 2	ANR	N	2019-11-18	OCR	91.0	Clean Water and Sanitation (SDG 6)
27	49107-005	IND	Tamil Nadu Urban Flagship Investment Program- Tranche 2	WUS	N	2019-12-02	OCR	206.0	Clean Water and Sanitation (SDG 6)
28	49107-010	IND	Tamil Nadu Urban Flagship Investment Program Tranche 3	WUS	N	2022-12-27	OCR	125.0	Management of urban waste and air pollution (SDG 11.6)
29	51375-001	IND	Public-Private Partnership in Madhya Pradesh Road Sector Project	TRA	N	2019-12-20	OCR	490.0	Road safety and traffic fatalities (SDG 3.6)
30	51395-003	IND	Uttar Pradesh Power Distribution Network Rehabilitation Project – Tranche 1	ENE	N	2020-12-18	OCR	300.0	Pollution management (SDG 12.4)
31	52159-003	IND	Sikkim Major District Roads Upgradation Project	TRA	N	2021-06-03	OCR	2.5	Road safety and traffic fatalities (SDG 3.6)
32	53067-005	IND	Himachal Pradesh Rural Drinking Water Improvement and Livelihood Project	ANR	N	2022-08-16	OCR	96.3	Clean Water and Sanitation (SDG 6)
33	53276-002	IND	Tripura Urban and Tourism Development Project	WUS	N	2023-12-22	OCR	100.0	Clean Water and Sanitation (SDG 6)
34	54335-001	IND	Aizawl Sustainable Urban Transport Project	TRA	N	2021-10-26	OCR	4.5	Road safety and traffic fatalities (SDG 3.6)
35	54426-001	IND	Ahmedabad Peri-urban Livability Improvement Project	WUS	N	2024-03-13	OCR	181.0	Road safety and traffic fatalities (SDG 3.6)
36	54465-001	IND	Industrial Corridor Development Program (Subprogram 1)	INT	Y	2021-11-25	OCR	250.0	Management of urban waste and air pollution (SDG 11.6)
37	55054-001	IND	Sustainable Urban Development and Service Delivery Program (Subprogram 1)	WUS	Y	2021-12-17	OCR	350.0	Management of urban waste and air pollution (SDG 11.6)
38	55054-002	IND	Sustainable Urban Development and Service Delivery Program (Subprogram 2)	WUS	N	2023-11-13	OCR	400.0	Management of urban waste and air pollution (SDG 11.6)
39	55154-001	IND	Strengthening Multimodal and Integrated Logistics Ecosystem Program (Subprogram 1)	TRA	Y	2022-12-23	OCR	250.0	Management of urban waste and air pollution (SDG 11.6)
40	56002-001	IND	Agartala Municipal Infrastructure Development Project	WUS	N	2022-11-29	OCR	3.0	Management of urban waste and air pollution (SDG 11.6)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
41	56283-001	IND	Climate Resilient Brahmaputra Integrated Flood and Riverbank Erosion Risk Management Project in Assam	ANR	N	2024-02-05	OCR	200.0	Clean Water and Sanitation (SDG 6)
42	56286-001	IND	Swachh Bharat Mission 2.0–Comprehensive Municipal Waste Management in Indian Cities Program	WUS	N	2024-07-04	OCR	200.0	Management of urban waste and air pollution (SDG 11.6)
43	56364-001	IND	Enhancing Connectivity and Resilience of the Madhya Pradesh Road Network Project	TRA	N	2023-12-05	OCR	175.0	Road safety and traffic fatalities (SDG 3.6)
44	51114-001	INO	Sustainable Energy Access in Eastern Indonesia — Electricity Grid Development Program (Phase 2)	ENE	N	2020-12-08	OCR	600.0	Pollution management (SDG 12.4)
45	52316-001	INO	Emergency Assistance for Rehabilitation and Reconstruction	ANR	N	2019-09-30	OCR / OCR	297.8	Clean Water and Sanitation (SDG 6)
46	54428-001	INO	Citywide Inclusive Sanitation Project	WUS	N	2024-02-15	OCR	419.6	Management of urban waste and air pollution (SDG 11.6)
47	55020-001	INO	Infrastructure Improvement for Shrimp Aquaculture Project	ANR	N	2022-12-19	OCR	93.0	Pollution management (SDG 12.4)
48	52256-001	KGZ	Naryn Rural Water Supply and Sanitation Development Program	ANR	N	2019-12-25	COL / ADF	27.4	Clean Water and Sanitation (SDG 6)
49	52256-006	KGZ	Osh-Plotina Water Treatment Plant Chlorine Neutralization Unit	WUS	N	2020-11-17	ADF	0.5	Clean Water and Sanitation (SDG 6)
50	52256-007	KGZ	Naryn Program Readiness	ANR	N	2020-12-31	ADF	2.5	Clean Water and Sanitation (SDG 6)
51	52256-008	KGZ	Project Readiness for the Issyk-Kul Environmental Management and Sustainable Tourism Development (Activity 3) (formerly Issyk-Kul Project Readiness)	WUS	N	2022-07-19	ADF	1.5	Management of urban waste and air pollution (SDG 11.6)
52	52256-010	KGZ	New Water Intake to the City of Osh	WUS	N	2024-03-15	ADF	3.0	Clean Water and Sanitation (SDG 6)
53	54123-001	KGZ	Urban Transport Electrification Project	ENE	N	2021-12-28	COL / ADF	50.0	Management of urban waste and air pollution (SDG 11.6)
54	55250-001	KGZ	Issyk-Kul Environmental Management and Sustainable Tourism Development Project	WUS	N	2024-07-04	COL / ADF	56.0	Management of urban waste and air pollution (SDG 11.6)
55	56150-001	KGZ	Building Resilience with Active Countercyclical Expenditures Program	PSM	Y	2022-11-11	COL / ADF	50.0	Resilience against natural disasters (SDG 11.5)
56	49453-004	KIR	South Tarawa Water Supply Project (Additional Financing)	WUS	N	2022-12-19	ADF	20.0	Clean Water and Sanitation (SDG 6)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
57	53203-001	LAO	Urban Environment Improvement Investment Project	WUS	N	2024-01-24	ADF / COL	45.0	Clean Water and Sanitation (SDG 6)
58	53368-001	LAO	Flood and Drought Mitigation and Management Sector Project	ANR	N	2024-03-13	ADF / COL	31.5	Clean Water and Sanitation (SDG 6)
59	51077-003	MLD	Greater Male Waste-to-Energy Project	WUS	N	2020-09-28	COL / ADF	73.4	Management of urban waste and air pollution (SDG 11.6)
60	45007-009	MON	Ulaanbaatar Urban Services and Ger Areas Development Investment Program - Tranche 3	WUS	N	2020-12-30	OCR / COL	43.7	Wastewater treatment (SDG 6.3)
61	48186-007	MON	Regional Road Development and Maintenance Project (Additional Financing)	TRA	N	2019-10-02	OCR	58.5	Road safety and traffic fatalities (SDG 3.6)
62	48186-008	MON	Regional Road Development and Maintenance Project (Phase 3)	TRA	N	2023-10-05	COL / OCR	150.0	Road safety and traffic fatalities (SDG 3.6)
63	49430-006	MON	Aimags and Soums Green Regional Development Investment Program - Tranche 1	WUS	N	2024-01-11	OCR	45.0	Clean Water and Sanitation (SDG 6)
64	50013-002	MON	Sustainable Tourism Development Project	ANR	N	2019-06-13	OCR / COL	38.0	Clean Water and Sanitation (SDG 6)
65	51422-002	MON	Sustainable Tourism Development Project (Phase 2)	ANR	N	2022-11-07	OCR	30.0	Clean Water and Sanitation (SDG 6)
66	54214-001	MON	Shock-Responsive Social Protection Project	PSM	Y	2020-07-02	COL	26.4	Food security (SDG 2.1)
67	54214-002	MON	Second Shock-Responsive Social Protection Project	PSM	Y	2021-05-28	OCR / COL	73.0	Food security (SDG 2.1)
68	55044-002	MON	Border Efficiency for Sustainable Trade Project	INT	N	2023-12-26	COL / OCR	95.0	Management of urban waste and air pollution (SDG 11.6)
69	52176-001	MYA	Yangon City Water Resilience Project	WUS	N	2020-11-03	COL	180.0	Clean Water and Sanitation (SDG 6)
70	54377-001	NAU	Preparing the Nauru Sustainable Urban Development Project	WUS	N	2021-08-31	ADF	5.0	Management of urban waste and air pollution (SDG 11.6)
71	43448-014	NEP	Bagmati River Basin Improvement Project - Additional Financing	ANR	N	2019-12-10	COL	63.0	Clean Water and Sanitation (SDG 6)
72	55002-001	NEP	Strengthening Public Financial Management and Devolved Service Delivery Program (Subprogram 1)	PSM	N	2023-11-24	COL	100.0	Pollution management (SDG 12.4)
73	47279-002	PAK	Karachi Bus Rapid Transit Red Line Project	TRA	N	2020-06-19	OCR	235.0	Road safety and traffic fatalities (SDG 3.6)
74	51036-002	PAK	Khyber Pakhtunkhwa Cities Improvement Project	WUS	N	2021-12-15	OCR	385.0	Management of urban waste and air pollution (SDG 11.6)
75	51126-002	PAK	Sindh Secondary Education Improvement Project	EDU	N	2020-06-19	COL	75.0	Pollution management (SDG 12.4)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
76	51131-003	PAK	Naulong Integrated Water Resources Development Project	ANR	N	2022-12-15	COL	5.0	Clean Water and Sanitation (SDG 6)
77	53128-001	PAK	Punjab Urban Development Projects	WUS	N	2020-04-28	OCR	15.0	Wastewater treatment (SDG 6.3)
78	55107-001	PAK	Khyber Pakhtunkhwa Cities Improvement Projects - Project Readiness Financing 2	TRA	N	2021-12-15	OCR	15.0	Road safety and traffic fatalities (SDG 3.6)
79	55236-001	PAK	Developing Resilient Environments and Advancing Municipal Services in Punjab Project	WUS	N	2023-12-15	COL	180.0	Management of urban waste and air pollution (SDG 11.6)
80	56148-001	PAK	Building Resilience with Active Countercyclical Expenditures Program	PSM	Y	2022-10-24	OCR / COL	1,500.0	Resilience against natural disasters (SDG 11.5)
81	54196-001	PAL	COVID-19 Response for Affected Poor and Vulnerable Groups Project	PSM	Y	2021-08-06	ADF	0.8	Food security (SDG 2.1)
82	45296-006	PHI	Davao Public Transport Modernization Project	TRA	N	2023-07-01	OCR	1,014.7	Management of urban waste and air pollution (SDG 11.6)
83	46362-004	PHI	Angat Water Transmission Improvement Project (Additional Financing)	WUS	N	2020-10-13	OCR	126.0	Clean Water and Sanitation (SDG 6)
84	53353-001	PHI	Competitive and Inclusive Agriculture Development Program (Subprogram 1)	ANR	N	2020-08-20	OCR	400.0	Food security (SDG 2.1)
85	53353-002	PHI	Competitive and Inclusive Agriculture Development Program (Subprogram 2)	ANR	N	2023-02-06	OCR	500.0	Food security (SDG 2.1)
86	53083-001	PNG	Improved Technical and Vocational Education and Training for Employment Project	EDU	Y	2022-12-14	COL	50.0	Pollution management (SDG 12.4)
87	49021-004	PRC	Heilongjiang Green Urban and Economic Revitalization Project (Additional Financing)	ANR	N	2020-01-06	OCR	150.0	Clean Water and Sanitation (SDG 6)
88	50050-005	PRC	Guangxi Regional Cooperation and Integration Promotion Investment Program - Tranche 3	INT	N	2021-12-02	OCR	140.0	Pollution management (SDG 12.4)
89	50322-002	PRC	Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project	WUS	N	2020-05-08	OCR	130.0	Clean Water and Sanitation (SDG 6)
90	51381-001	PRC	Shanxi Changzhi Low-Carbon Climate-Resilient Circular Economy Transformation Project	WUS	N	2023-12-28	OCR	300.0	Management of urban waste and air pollution (SDG 11.6)
91	52023-001	PRC	Henan Dengzhou Integrated River Restoration and Ecological Protection Project	ANR	N	2020-05-26	OCR	200.0	Clean Water and Sanitation (SDG 6)
92	52025-001	PRC	Yunnan Sayu River Basin Rural Water Pollution Management and Eco-Compensation Demonstration Project	ANR	N	2020-12-21	OCR	100.0	Pollution management (SDG 12.4)
93	52026-001	PRC	Anhui Huangshan Xin'an River Ecological Protection and Green Development Project	ANR	N	2020-06-17	OCR	100.0	Clean Water and Sanitation (SDG 6)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
94	53049-001	PRC	Jiangxi Ganzhou Rural Vitalization and Comprehensive Environment Improvement Project	ANR	N	2021-12-01	OCR	200.0	Clean Water and Sanitation (SDG 6)
95	53050-001	PRC	Hunan Xiangxi Rural Environmental Improvement and Green Development Project	ANR	N	2021-03-26	OCR	200.0	Pollution management (SDG 12.4)
96	53051-001	PRC	Fujian Xianyou Mulan River Basin Integrated Ecological Improvement and Environmental Management Project	ANR	N	2022-11-11	OCR	200.0	Clean Water and Sanitation (SDG 6)
97	53052-001	PRC	Hunan Miluo River Disaster Risk Management and Comprehensive Environment Improvement Project	ANR	N	2021-02-03	OCR	150.0	Clean Water and Sanitation (SDG 6)
98	53053-001	PRC	Henan Xichuan Integrated Ecological Protection and Environmental Improvement Project	ANR	N	2021-10-18	OCR	200.0	Clean Water and Sanitation (SDG 6)
99	53059-001	PRC	Shandong West Jining Water Supply and Drainage Integration Program	ANR	N	2022-12-21	OCR / OCR	100.0	Clean Water and Sanitation (SDG 6)
100	53078-001	PRC	Shanxi Low-Carbon and Inclusive Rural Development Project	ENE	N	2023-12-28	OCR	160.0	Clean Water and Sanitation (SDG 6)
101	53079-001	PRC	Guangxi Li River Comprehensive Ecological Management and Demonstration Project	WUS	N	2022-12-15	OCR	140.0	Clean Water and Sanitation (SDG 6)
102	53080-001	PRC	Heilongjiang Green Transformation Demonstration Project and Program	TRA	N	2022-12-01	OCR / OCR	193.0	Road safety and traffic fatalities (SDG 3.6)
103	55048-001	PRC	Anhui Chao Lake Environmental Rehabilitation Project (Phase 2)	ANR	N	2023-12-28	OCR	224.0	Pollution management (SDG 12.4)
104	55128-001	PRC	Hubei Yichang Rural Green Development Project	ANR	N	2023-12-28	OCR	200.0	Clean Water and Sanitation (SDG 6)
105	56309-001	PRC	Yangtze River Economic Belt Jiangxi Ecological Civilization and Circular Economy Project	ANR	N	2023-12-28	OCR	200.0	Clean Water and Sanitation (SDG 6)
106	46346-003	RMI	Ebeye Water Supply and Sanitation Project (Additional Financing)	WUS	N	2020-12-11	ADF	3.0	Clean Water and Sanitation (SDG 6)
107	53082-001	RMI	Ebeye Solid Waste Management Project	WUS	N	2020-12-11	ADF	6.5	Management of urban waste and air pollution (SDG 11.6)
108	51271-001	SOL	Urban Water Supply and Sanitation Sector Project	WUS	N	2019-09-27	COL / ADF	37.0	Clean Water and Sanitation (SDG 6)
109	51271-002	SOL	Preparing the Urban Water Supply and Sanitation Sector Project	WUS	N	2019-01-25	ADF	3.0	Clean Water and Sanitation (SDG 6)
110	55198-001	SOL	Preparing the Honiara Sustainable Solid Waste Management Project (Project Readiness Financing)	WUS	N	2022-03-07	ADF	3.0	Management of urban waste and air pollution (SDG 11.6)
111	50275-002	SRI	Science and Technology Human Resource Development Project	EDU	N	2019-01-17	OCR / COL	145.0	Pollution management (SDG 12.4)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
112	56175-001	SRI	Food Security and Livelihood Recovery Emergency Assistance Project	PSM	Y	2022-09-09	OCR	200.0	Food security (SDG 2.1)
113	50347-003	TAJ	Dushanbe Urban Water Supply and Sanitation Project - Additional Financing	WUS	N	2022-10-18	ADF	38.0	Wastewater treatment (SDG 6.3)
114	52042-001	TAJ	Central Asia Regional Economic Cooperation Corridors 2, 3, and 5 (Obigarm-Nurobod) Road Project	TRA	N	2019-12-31	ADF	110.0	Road safety and traffic fatalities (SDG 3.6)
115	54005-001 / 54005-003	TAJ	Road Network Sustainability Project	TRA	N	2020-12-25	ADF	67.5	Road safety and traffic fatalities (SDG 3.6)
116	56147-001	TAJ	Building Resilience with Active Countercyclical Expenditures Program	PSM	Y	2022-11-04	ADF	50.0	Resilience against natural disasters (SDG 11.5)
117	53395-001	TIM	Water Supply and Sanitation Investment Project	WUS	N	2021-08-06	COL	47.0	Clean Water and Sanitation (SDG 6)
118	54429-001	TIM	Dili West Water Supply Project	WUS	N	2022-10-25	OCR / COL	127.0	Clean Water and Sanitation (SDG 6)
119	49455-002	TON	Integrated Urban Resilience Sector Project	WUS	N	2019-09-13	ADF	18.3	Resilience against natural disasters (SDG 11.5)
120	53417-001	TUV	Preparing the Funafuti Water and Sanitation Project (formerly Integrated Urban Resilience Project)	WUS	N	2020-07-20	ADF	4.0	Clean Water and Sanitation (SDG 6)
121	51034-002	UZB	Sustainable Solid-Waste Management Project	WUS	N	2020-12-21	OCR	60.0	Management of urban waste and air pollution (SDG 11.6)
122	52045-001	UZB	Tashkent Province Sewerage Improvement Project	WUS	N	2021-12-29	OCR	161.0	Clean Water and Sanitation (SDG 6)
123	53107-001	UZB	Urban Services Projects	WUS	N	2019-11-13	COL	15.0	Management of urban waste and air pollution (SDG 11.6)
124	53120-001	UZB	Climate Adaptive Water Resources Management in the Aral Sea Basin Sector Project	ANR	N	2022-11-03	COL / ADF	153.0	Clean Water and Sanitation (SDG 6)
125	53312-001	UZB	National Road Development Project	TRA	N	2022-03-25	OCR	273.9	Road safety and traffic fatalities (SDG 3.6)
126	54017-001	UZB	Integrated Urban Development Project	WUS	N	2023-04-28	COL	59.0	Clean Water and Sanitation (SDG 6)
127	56149-001	UZB	Building Resilience with Active Countercyclical Expenditures Program	PSM	Y	2022-11-03	OCR	500.0	Resilience against natural disasters (SDG 11.5)
128	51335-002	VAN	Luganville Urban Water Supply and Sanitation Project (Project Readiness Financing)	WUS	N	2019-12-12	ADF	3.0	Clean Water and Sanitation (SDG 6)

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
129	54196-002	VAN	COVID-19 Response for Affected Poor and Vulnerable Groups Project	PSM	Y	2022-08-10	ADF	3.5	Food security (SDG 2.1)
130	49026-004	VIE	Climate Resilient Inclusive Infrastructure for Ethnic Minorities Project I	TRA	N	2021-12-31	OCR / OCR	58.0	Clean Water and Sanitation (SDG 6)

ADF = Asian Development Fund, AFG = Islamic Republic of Afghanistan, ANR = agriculture, natural resources, and rural development, ARM = Armenia, BAN = People's Republic of Bangladesh, BHU = Kingdom of Bhutan, CAM = Kingdom of Cambodia, COL = concessional ordinary capital resources loan, COVID-19 = coronavirus disease, EDU = education, ENE = energy, FIN = finance, FSM = Federated States of Micronesia, GEO = Georgia, IND = India, INO = Republic of Indonesia, INT = industry and trade, KGZ = Kyrgyz Republic, KIR = Republic of Kiribati, LAO = Lao People's Democratic Republic, MLD = Republic of Maldives, MON = Mongolia, MYA = Republic of the Union of Myanmar, NAU = Nauru, NEP = Nepal, OCR = ordinary capital resources, PAK = Islamic Republic of Pakistan, PAL = Republic of Palau, PHI = Republic of the Philippines, PNG = Papua New Guinea, PRC = People's Republic of China, PSM = public sector management, RMI = Republic of the Marshall Islands, SDG = Sustainable Development Goals, SOL = Solomon Islands, SRI = Democratic Socialist Republic of Sri Lanka, TAJ = Republic of Tajikistan, TIM = Timor-Leste, TON = Kingdom of Tonga, TRA = transport, TUV = Tuvalu, UZB = Republic of Uzbekistan, VAN = Republic of Vanuatu, VIE = Socialist Republic of Viet Nam, WUS = water and other urban infrastructure and services.

Source: Asian Development Bank.

Table A5.6: List of Nonsovereign Operations—Tier 3: Non-health Projects with Potential Health Outcomes in Other Sectors

No.	Project No.	Member Country	Project Name	Primary sector	COVID-19 related	Signing Date	Fund Source	Approved Amount (\$ million)	Health Subsector
1	56027-001	BAN	Envoy Sustainable and Energy Efficient Textile Manufacturing Project	INT	N	2022-12-05	OCR	10.9	Pollution management (SDG 12.4)
2	54300-001	GEO	Georgian Green Bond (Debt Financing)	WUS	N	2020-07-23	OCR	20.0	Clean Water and Sanitation (SDG 6)
3	58189-001	GEO	GGU – Aqualia Green Bond Project	WUS	N	2024-07-16	OCR	30.0	Clean Water and Sanitation (SDG 6)
4	56155-001	IND	Wabag Clean Water Supply Project	WUS	N	2022-11-25	OCR	25.0	Clean Water and Sanitation (SDG 6)
5	56207-001	INO	Alba Blue Loan for Recycling	WUS	N	2023-06-06	OCR	22.1	Clean Water and Sanitation (SDG 6)
6	52090-001	PRC	Climate-Resilient and Smart Urban Water Infrastructure	WUS	N	2020-12-14	OCR	200.0	Clean Water and Sanitation (SDG 6)
7	54333-001	REG	Indorama Ventures Global Services Ltd (Indorama Ventures Regional Blue Loan Project)	WUS	N	2020-11-24	OCR	50.0	Clean Water and Sanitation (SDG 6)
8	51274-001	THA	Bangkok Mass Rapid Transit Project (Pink and Yellow Lines)	TRA	N	2019-05-30	OCR	318.0	Management of urban waste and air pollution (SDG 11.6)

BAN = People's Republic of Bangladesh, GEO = Georgia, IND = India, INO = Republic of Indonesia, INT = industry and trade, OCR = ordinary capital resources, PRC = People's Republic of China, REG = regional, SDG = Sustainable Development Goals, THA = Kingdom of Thailand, TRA = transport, WUS = water and other urban infrastructure and services.

Source: Asian Development Bank.

COUNTRY CASE ASSESSMENTS—SELECTION METHODOLOGY

1. **Country classification by health support volume.** Between 2011 to mid-2024, five countries registered total health support volume by ADB of \$1 billion or more (large). Six countries have \$300 million and up but less than \$1 billion (medium); seven countries have \$50 million and up but less than \$300 million (small), and nine countries have less than \$50 million (very small, mostly Pacific Island nations, Table A6.1).¹

Table A6.1: Classification of Countries by Approval Volume in the Health Sector, 2011–2024

Health Support Approval Volume	Countries (by order of volume including COVID-19 emergency financing)	Countries (by order of volume without COVID-19 emergency financing)
Large (\$1 billion and up)	India, Philippines , Bangladesh, Indonesia, People's Republic of China	Philippines , Indonesia
Medium (\$300 million and up but less than \$1 billion)	Pakistan, Papua New Guinea , Nepal, Viet Nam, Mongolia , Sri Lanka	People's Republic of China, India , Papua New Guinea , Viet Nam, Mongolia
Small (\$50 million and up but less than \$300 million)	Cambodia, Uzbekistan , Lao Peoples' Democratic Republic, Afghanistan, Kyrgyzstan, Myanmar, Tajikistan	Bangladesh, Sri Lanka, Lao Peoples' Democratic Republic, Pakistan, Cambodia, Myanmar, Uzbekistan
Very small (less than \$50 million)	Bhutan, Kiribati, Georgia, Tonga, Samoa, Vanuatu, Maldives, Armenia, Tuvalu	Tajikistan, Kyrgyzstan, Kiribati, Bhutan, Tonga, Vanuatu, Armenia, Samoa, Georgia, Tuvalu

Source: Asian Development Bank (Independent Evaluation Department).

2. **Country selection criteria.** The evaluation will select countries for the case assessment based on these considerations: (i) lessons to be learned in health sector operations and financing modalities (e.g., policy-based lending, results-based lending, etc.); (ii) regional distribution; (iii) innovation, complexity, or comprehensiveness of interventions, (iv) overall health portfolio volume, (v) share of nonsovereign operations, and (vi) inclusion of multisector projects. Given that ADB has put on hold its assistance to Afghanistan and Myanmar, the two countries will not be considered. Given budget limitations: (i) missions may be conducted either in-person or virtually; and (ii) countries with very small health portfolio will not be included.

3. Based on the above considerations, India, Mongolia, Papua New Guinea, the Philippines, and Uzbekistan, have been selected to be included in the evaluation (a summary of the criteria checklist is presented in Table A6.2):

¹ The threshold and the classification to large, medium, small, and very small were made only for the purpose of this evaluation.

Table A6.2: Country Selection Criteria Checklist

Country	Group	UHC Coverage Index ^a	Number of Health Projects (\$ million)				Share of NSO ^b	PBL / RBL ^b	FCAS/ SIDS	Remarks
			Tier 1 Core health	TA	Tier 2 Multisector	Tier 3 Non-health				
India (SARD)	C	63.3 (2021)	7 (\$2,143.8) 4 active, 3 closed	10 (\$23.0)	2 (\$1,502.0)	22 (\$4,119.3)	2.0%	- / √	-	India is the largest ADB DMC in terms of health portfolio volume (\$2.1 billion) and is one of few countries with RBLs in health, one of which has been closed.
Papua New Guinea (PARD)	B	30.4 (2021)	7 (\$757.0) 3 active, 4 closed	1 (\$0.8)	-	1 (\$50.0)	-	√ / -	√	Papua New Guinea has the largest health portfolio in the Pacific region. It was selected to provide insight into whether ADB's health sector approach differ or is customized to meet the needs of FCAS and SIDS countries.
Philippines (SERD)	C	58.2 (2021)	6 (\$1,825.0) 4 active, 2 closed	2 (\$3.7)	4 (\$2,900.0)	4 (\$2,040.7)	-	√ / -	-	Philippines has the largest health portfolio, excluding COVID-19 support, with a large proportion of it dedicated to recent implementation of UHC. It could provide valuable insight into improving private sector engagement specifically for UHC.
Mongolia (EARD)	B	65.0 (2021)	11 (\$351.1) 5 active, 6 closed	15 (\$12.9)	4 (\$490.0)	9 (\$559.6)	2.8%	√ / -	-	Though Mongolia is on the lower end of a medium-sized country, health comprises significant portion (~20%) of its overall portfolio and it is one of few countries with PBLs in the health sector.
Uzbekistan (CWRD)	B	74.8 (2021)	4 (\$150.0) 3 active, 1 closed	2 (\$2.3)	3 (\$700.0)	7 (\$1,221.9)	3.3%	- / -	-	Uzbekistan represents a "small-sized" country, but is the one with the largest health portfolio among the former Soviet Union republics. Though Pakistan had a larger portfolio in the CWRD, Uzbekistan was chosen for having a relatively high UHC coverage and NSO share.

COVID-19 = coronavirus disease, CWRD = Central and West Asia Department, DMC = developing member country, EARD = East Asia Department, FCAS = fragile and conflict-affected situations, NSO = nonsovereign operations, PARD = Pacific Department, PBL = policy-based lending, RBL = results-based lending, SARD = South Asia Department, SERD = Southeast Asia Department, SIDS = small island developing states, TA = technical assistance, UHC = universal health coverage.

^a Based on the health statistics from World Health Organization (<https://who.int> accessed 12 August 2024).

^b Based on the amount of nonsovereign operations, policy-based, and results-based lending approved during 2011–mid 2024.

Source: Asian Development Bank (Independent Evaluation Department), World Health Organization.

EVALUATION COMMUNICATION PLAN

Evaluation Context and Objectives: The evaluation aims to assess ADB's contribution to health and well-being for all in Asia and the Pacific. The objective of this evaluation is to assess how well positioned ADB is in responding to the rapidly evolving health challenges in the region. The evaluation will include ADB sovereign and nonsovereign loans, grants, and technical assistance in the education sector approved from 2011 to 2024.					
Communications Goal: To disseminate the findings of the evaluation to internal and external stakeholders.					
Audience	Messages	Activity & Tools Timeline	Timeline	Resources	Expected Outcomes
(Internal) ADB's Board of Directors, Management, and Staff	<ul style="list-style-type: none"> How well-positioned is ADB to deliver improved quality of health outcomes and well-being for people in Asia and the Pacific? To what extent has ADB helped mobilize additional financing or improve domestic resource mobilization for health? To what extent has ADB's support improved DMCs' health governance and policy? To what extent has ADB's support helped improve access to health services and quality thereof? To what extent has ADB helped in providing more resilient health infrastructure in the DMCs? To what extent has ADB supported strengthening of the workforce in the health sector? 	Evaluation Report	June 2025	8 hours: 1 consultant, 2 staff	<ul style="list-style-type: none"> Board of Directors is informed about ADB's performance Transparency Awareness Learn from evaluation lessons Incorporate recommendations in ADB planning, and implementing future programs and projects
		DEC Video Presentation	June 2025	8 hours: 1 consultant, 1 staff	
		What Work, What Doesn't, and Why (HQ)	Within 30 days of DEC presentation	40 hours: 1 consultant, 2 staff	
(External) ADB Member Countries	<ul style="list-style-type: none"> To what extent is ADB support for health relevant to the needs and challenges of the DMCs? To what extent has ADB achieved its health sector goals and objectives? To what extent has ADB's support improved DMCs' health governance and policy? To what extent has ADB helped in providing more 	Web posting of evaluation report	June 2025	8 hours: 1 consultant, 2 staff	<ul style="list-style-type: none"> Learn from evaluation lessons Incorporate recommendations in developing, planning, and implementing future ADB programs and projects Transparency Awareness
		News Release	48 hours after DEC presentation	16 hours: 1 consultant, 2 staff	
		Evaluation in Brief (Digital flyer)	Within 30 days of DEC presentation	8 hours: 1 consultant, 2 staff	
		Video with human interest angle		40 hours: 1 consultant, 2 staff	
		Blog / articles		16 hours: 1 consultant, 2 staff	
		What Work, What Doesn't, and	Within 60 days of DEC presentation	40 hours: 1 consultant, 2 staff	

Audience	Messages	Activity & Tools Timeline	Timeline	Resources	Expected Outcomes
	resilient health infrastructure in the DMCs?	Why (in-country) Country Engagement Mission /	Within 90 days of DEC presentation	40 hours: 1 consultant, 2 staff	
(External) Global Engagement	<ul style="list-style-type: none"> How well-positioned is ADB to deliver improved quality of health outcomes and well-being for people in Asia and the Pacific? How coherent was ADB's approach through investments, technical assistance, policy dialogue, knowledge support, and partnership with other development partners, DMCs, and nongovernment actors in the region to leverage its value addition, influence, and impact? 	Roundtable discussions with the World Bank, World Health Organization, and other multilateral development partners, including private-lending MDBs.	Within 180 days of DEC presentation	40 Hours: 3 staff	<ul style="list-style-type: none"> Sharing of evaluative Knowledge Documentation of best practices and lessons learned Transparency
	<ul style="list-style-type: none"> To what extent is ADB support for health relevant to the needs and challenges of the DMCs? To what extent has ADB achieved its health sector goals and objectives? 	Conference presentations (with tentative targets that involve WB, WHO, UNICEF, etc.)	Within 300 days of DEC presentation	40 hours: 3 staff, 1 consultant	<ul style="list-style-type: none"> Transparency Awareness Sharing of evaluative knowledge Greater uptake of evaluation findings

ADB = Asian Development Bank, DEC = Development Effectiveness Committee, DMC = developing member country, HQ = headquarters, WB = World Bank, WHO = World Health Organization, UNICEF = United Nations Children's Funds.
Source: Asian Development Bank (Independent Evaluation Department).