ADB

Technical Assistance Report

Project Number: 49277-001
Regional—Capacity Development Technical Assistance (R-CDTA)
May 2016

Strengthening Developing Member Countries' Capacity in Elderly Care

(Cofinanced by the Japan Fund for Poverty Reduction and the Republic of Korea e-Asia and Knowledge Partnership Fund)

Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
DMC	–	developing member country
EARD	–	East Asia Department
TA	–	technical assistance

NOTE

In this report, "$" refers to US dollars.

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CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data **Project Number:** 49277-001

Project Name	Strengthening Developing Member Countries' Capacity in Elderly Care	**Department /Division**	EARD/EASS
Country	REG, INO, MON, SRI, THA, TON, VIE	**Executing Agency**	Asian Development Bank

2. Sector	**Subsector(s)**	**Financing ($ million)**
✓ Health	Health insurance and subsidized health programs	1.75
Education	Education sector development - social protection initiatives	0.25
Public sector management	Social protection initiatives	0.25
Water and other urban infrastructure and services	Urban policy, institutional and capacity development	0.25
	Total	**2.50**

3. Strategic Agenda	**Subcomponents**	**Climate Change Information**	
Inclusive economic growth (IEG)	Pillar 3: Extreme deprivation prevented and effects of shocks reduced (Social Protection)	Climate Change impact on the Project	Low
Regional integration (RCI)	Pillar 4: Other regional public goods		

4. Drivers of Change	**Components**	**Gender Equity and Mainstreaming**	
Governance and capacity development (GCD)	Civil society participation Institutional development Institutional systems and political economy Organizational development Public financial governance	Effective gender mainstreaming (EGM)	✓
Knowledge solutions (KNS)	Application and use of new knowledge solutions in key operational areas Knowledge sharing activities Pilot-testing innovation and learning		
Partnerships (PAR)	Civil society organizations Implementation Official cofinancing Regional organizations		
Private sector development (PSD)	Conducive policy and institutional environment Public sector goods and services essential for private sector development		

5. Poverty Targeting		**Location Impact**
Project directly targets poverty	No	Not Applicable

6. TA Category: A

7. Safeguard Categorization Not Applicable

8. Financing

Modality and Sources	**Amount ($ million)**
ADB	**0.00**
None	0.00
Cofinancing	**2.50**
Japan Fund for Poverty Reduction	2.00
Republic of Korea e-Asia and Knowledge Partnership Fund	0.50
Counterpart	**0.00**
None	0.00
Total	**2.50**

9. Effective Development Cooperation

Use of country procurement systems	No
Use of country public financial management systems	Yes

Source: Asian Development Bank

I. INTRODUCTION

1. Asia is undergoing one of the most profound demographic shifts in the world. By 2050, the number of people over the age of 65 is expected to exceed 1 billion. The speed and scale of change in the region is creating, and will continue to create, significant social and economic challenges. Traditional family care systems are increasingly stressed and new comprehensive elderly care systems that address the risks of the substantial fiscal and negative social consequences of aging must be developed. Governments, the public and private sectors, and civil society all need to be prepared to work together to address the challenges.[1]

2. The next few years represent a window of opportunity to adapt and create effective responses and strategies in developing member countries (DMCs). The Midterm Review of Strategy 2020; Social Protection Operational Plan, 2014–2020; and Operational Plan for Health, 2015–2020 of the Asian Development Bank (ADB) all recognize the challenges this demographic shift pose for growth in the region and the risks of creating new vulnerable populations if these challenges are not addressed.[2] The technical assistance (TA) will (i) build a knowledge base in Asia and the Pacific on developing elderly care systems and services, and identify potential investments in selected countries; (ii) develop the capacity of DMC officials and other stakeholders on strategic planning for and implementation of elderly care across multiple sectors (health, social protection, urban development, transport, private sector development); and (iii) create a knowledge network to disseminate good practices and expertise. The TA will be a first step in developing a new ADB business line that cuts across sectors and is at the center of development needs in Asia and the Pacific.[3]

II. ISSUES

3. Because of increased longevity and decreased fertility rates, rapid aging has put Asia at the forefront of one of the most important global demographic trends and development challenges. In 2012, 11% of the population in Asia was aged 60 years or above, and by 2050 this is expected to increase to 24% (around 1.26 billion people). The transition is happening at an unprecedented pace and at a time when traditional family support systems are weakening as a result of multiple factors, such as increasing migration and expanding female labor market participation.[4] Establishing and financing alternatives to the traditional care of the elderly by family members is a growing need. In several DMCs that have rapidly aging populations (e.g., the People's Republic of China, Sri Lanka, Thailand, and Viet Nam), the demographic transitions are happening before the growth of per capita income and the development of social protection systems can provide sufficient support and help to avoid increasing the vulnerability (i.e., to income, health, and support issues) of the elderly. Other DMCs, such as the Philippines, are not aging as rapidly but will be impacted by regional labor mobility policies, which can provide job opportunities for skilled care givers in this rapidly expanding field.

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[1] The technical assistance (TA) first appeared in the business opportunities section of the Asian Development Bank (ADB) website on 8 March 2016.

[2] ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific.* Manila; ADB. 2013. *Social Protection Operational Plan, 2014–2020.* Manila; and ADB. 2015. *Health in Asia and the Pacific: A Focused Approach to Address the Health Needs of ADB Developing Member Countries (Operational Plan for Health, 2015–2020).* Manila.

[3] TA preparation included discussion with relevant government agencies in the selected DMCs to seek interest and establish that there is demand to take part in the TA in collaboration with staff from regional departments. Once the TA is approved, these arrangements will be reconfirmed.

[4] Gender is an important dimension in family-based elderly care. Women tend to carry the heavier burden of caring for spouses and grandchildren, and generally enter old age with fewer assets, lower levels of social security, and greater vulnerability.

4. Elderly care can be provided at home, in the community, or in an institutional setting by public, nonprofit, or private sector providers. Elderly care is not just an individual or family issue, but one that must also be addressed by communities, the private sector, nongovernment organizations, and governments. Elderly care is a multisector issue requiring a wide range of responses and innovation in physical and sector planning, systems, programs, and capacity development. Many DMCs are developing elderly care policies and services in a piecemeal manner, often in response to immediate political or financial constraints, rather than building sustainable integrated (social and health care) systems. The future of elderly care demands better planning, more financing, more and better qualified human resources, and, above all, higher expectations that the final years of life must have as much meaning, purpose, and well-being as possible.

5. The elderly care policies and planning and investment strategies of DMCs can benefit from the experience of Hong Kong, China; Japan; the Republic of Korea; and Singapore, which have been the region's leaders in addressing the demands for elderly care in ways that are adapted to their needs and circumstances. Countries such as the People's Republic of China, Indonesia, Thailand, Tonga, and Viet Nam have also accumulated experience with specific country characteristics. Internationally recognized concepts such as (i) "aging in place," which stresses aging at home safely and independently regardless of age, income, or ability; (ii) "active and healthy aging" to maintain active participation in social, economic, and cultural affairs, and physical and mental autonomy and independence; and (iii) mainstreaming aging into a "society for all" are principles that can be adapted to the needs and resources of each country.

6. ADB has a growing portfolio in elderly care and is engaging with DMCs to help mitigate the substantial fiscal and negative social consequences of aging. The TA is a timely response aimed at building capacity and assisting DMCs in sharing knowledge and taking advantage of the huge investment and job creation opportunities linked to the development of elderly care services and systems. ADB can support DMCs in investing in policies and programs that promote healthy aging through the planning and development of the elderly care market, human resources, expansion of social care services, investment in age-friendly infrastructure and transport systems, development of information technology and management systems, expansion of health services in areas such as rehabilitation and prevention, and control of noncommunicable diseases through the public and private sectors. Such improvements will allow the elderly to fully participate in society, including in the labor market, until an advanced age and help reduce the burden and costs for societies and governments.

III. THE CAPACITY DEVELOPMENT TECHNICAL ASSISTANCE

A. Impacts and Outcome

7. The impacts will be (i) commitment of DMCs to develop elderly care services supported by ADB financing and knowledge work by 2020 is intensified, and (ii) old-age vulnerabilities in Asia and the Pacific are reduced by increasing social protection operations. The outcome will be improved strategic planning and policy development in elderly care.

B. Methodology and Key Activities

8. The TA will have three components: (i) country diagnostics, (ii) capacity building, and (iii) networking and dissemination. Six countries were chosen to conduct in-depth diagnostic

studies on elderly care (Indonesia, Mongolia, Sri Lanka, Thailand, Tonga, and Viet Nam).[5] These studies will assess gaps in key areas (policies, programs, services, financing, and systems development) and identify future policy development and investment options. The country diagnostics will be followed by a capacity building program for countries in Asia and the Pacific on strategic planning and policy development for elderly care services and will share international and regional best practices. The TA will support networking and dissemination of findings and publications on strategic planning for elderly care.[6]

9. Key activities of the TA will be organized under three outputs:

(i) **Output 1: Knowledge base on elderly care improved.** Under this output, country diagnostics on elderly care will be conducted in six DMC countries representing several ADB regional departments. Countries were selected based on factors such as (a) demographic change, (b) existing interest in developing aging policies and programs, (c) documented good practices, and (d) low–middle–high income economies spread. The selected countries are Indonesia, Mongolia, Sri Lanka, Thailand, Tonga, and Viet Nam. The country diagnostics will address areas such as policy and regulatory frameworks, institutional arrangements and capacity, consumer needs and service provider assessments, human resources, financing, and identification of investment opportunities. The country diagnostics will provide the basis for inputs to (a) selected country partnership strategies on elderly care and investment options,[7] (b) the design of the capacity building program and target countries under output 2, and (c) contacts and content for the e-network under output 3.

(ii) **Output 2: Capacity of developing member countries to develop policies and plans for elderly care services increased.** This output will focus on capacity building, planning, and assessment methodologies for the development of elderly care systems and services for DMC government, private sector, and civil society participants across Asia and the Pacific. It will create partnerships with at least three centers of excellence on elderly care (e.g., in Japan, the Republic of Korea, and Thailand). These centers will engage in research, facilitate networking, and help conduct the capacity building activities, which will support the overall TA. Capacity building will focus on (a) building policy and planning capacity in selected DMCs; (b) supporting south–south cooperation and exchange on good elderly care practices and experiences in Asia and the Pacific; (c) conducting research on emerging topics, such as developing financial and information technology services and products to support elderly care, human resources development, and quality assessment; (d) identifying and designing innovative investments supporting development of home, community, and institutional care options in elderly care; and (e) enhancing policy implementation monitoring and evaluation. The capacity building program will support the development of publications and training materials to be disseminated under output 3 and contacts and content for the e-network.

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[5] The request for official nomination of the implementing agency will be sent together with the request for TA no-objection letter to the government.

[6] The TA will complement other initiatives undertaken by ADB and other development partners, such as: ADB. 2014. *Technical Assistance for Assessing and Monitoring Social Protection Programs in Asia and the Pacific*. Manila; a proposed TA for Viet Nam on Strengthening the Policy and Institutional Framework of Social Health Insurance; and a proposed employment diagnostic study for Sri Lanka in ADB. 2011. *Technical Assistance for Improving Employment Outcomes.* Manila.

[7] Four of the six countries assessed in the country diagnostics will be chosen for in-depth identification of investment opportunities.

(iii) **Output 3: Knowledge sharing and networking systems developed.** This output will create a sustainable knowledge sharing and networking system, which will (a) ensure knowledge transfer during the TA; (b) create a repository of materials and publications (including country assessments, research reports, assessment guidelines, and cross-country data); and (c) develop an e-network of professionals and specialists in government, the private sector, and civil society working in elderly care across Asia and the Pacific. This network will provide participants and resource persons for the regional conferences and workshops and, through the exchange of people and ideas on key topics, thus contribute to the development of new elderly care policies and plans in selected countries. The output will also support the design and delivery of the Active Aging in Asia conference in 2017, which will be cosponsored by the Japanese Ministry of Health, Labour and Welfare and will build on the ministry's cooperation with the Association of Southeast Asian Nations. This conference will support sharing of best practices in developing policies, implementing services, and designing investments in elderly care from Japan, the Republic of Korea, and other countries within Asia and the Pacific. The output will support regional cooperation in developing elderly care and the Association of Southeast Asian Nations, and facilitate the expansion of business development and investments for ADB in the future.

10. A potential risk to successful TA implementation is the lack of interest in or capacity of the selected countries to invest in elderly care. This risk is considered manageable given the growing interest internationally and within Asia and the Pacific in addressing the impacts of aging and the need for elderly care. A second risk is ineffective coordination among country stakeholders and with ADB teams working in this field. This risk will be mitigated by creating a working group with focal points from each ADB regional department, which will help ensure good coordination with government and other stakeholders and linkages to portfolio development.

C. Cost and Financing

11. The TA is estimated to cost $2.5 million, of which $2.0 million will be financed on a grant basis by the Japan Fund for Poverty Reduction and $500,000 will be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund, both to be administered by ADB.

12. The TA budget will also support knowledge creation and sharing for other DMCs at the regional level and publication and dissemination activities.

D. Implementation Arrangements

13. The TA will be implemented from May 2016 to May 2019. ADB will be the executing agency, through collaboration between the East Asia Department (EARD), the Sustainable Development and Climate Change Department, and with regional departments for country-specific activities. EARD's Urban and Social Sectors Division will undertake the overall administrative and coordinating role for the TA, including engaging and managing the consultants. EARD and the Sustainable Development and Climate Change Department will work together to provide supervision and advisory support for all TA components. A working group, comprising staff from each of the regional departments and representatives from Social Development and Health Sector Groups, will be established to provide guidance for the

country diagnostics and to ensure that findings are integrated into country partnership strategies and knowledge documents. Relevant ministries in the selected countries will serve as knowledge partners for the country diagnostics and capacity building components. The TA will also be implemented in collaboration with centers of excellence, which will provide additional technical expertise. ADB staff may also serve as resource persons in workshops and provide administrative or secretarial support services for the implementation of regional training, seminar, and conference activities.

14. It is expected that 186 person-months (32 international and 154 national) of consulting services will be engaged for the proposed project. The consultants' terms of reference are in Appendix 3. The TA requires highly qualified international and national experts in the field of elderly care, including in assessment, planning, regulation, and financing. These experts will be required to demonstrate strong experience and familiarity with elderly care and sector policy development in Asia and globally. A consulting firm will be engaged using a 90:10 quality- and cost-based selection method with simplified technical proposal for the team of international consultants consisting of an elderly care specialist and team leader (10 person-months), an elderly care health specialist (4 person-months), and an elderly care financing specialist (2 person-months), as well as for national consultants consisting of 12 country diagnostic specialists (6 person-months each), and eight investment opportunity specialists (3 person-months each for four countries). Using individual consultant selection, the TA will engage (i) a TA coordination and knowledge management specialist (24 person-months national consultant), (ii) a content analysis and writing specialist (18 person-months national consultant), and consultants from three centers of excellence (16 person-months international consultant and 16 person-months national consultant) in accordance with ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). Partnerships with the centers of excellence on elderly care will be established after the inception of the TA. Proceeds of the TA will be disbursed in accordance with the ADB *Technical Assistance Disbursement Handbook* (2010, as amended from time to time).[8]

15. Good practices and lessons learned will be actively disseminated through outputs 2 (capacity building) and 3 (knowledge sharing and networking). Findings of output 1 (country diagnostics) will be presented to national policy makers, relevant industry associations, and academia to obtain feedback. Major findings and lessons learned from the TA will be published in at least one TA synthesis report targeting DMC stakeholders and ADB staff. A website for knowledge dissemination and networking will be established under the TA. After the TA closes, the website will be maintained under the activities of the Social Development Thematic Group in ADB.

IV. THE PRESIDENT'S DECISION

16. The President, acting under the authority delegated by the Board, has approved (i) ADB administering a portion of technical assistance not exceeding the equivalent of $2,000,000 to be financed on a grant basis by the Japan Fund for Poverty Reduction, and (ii) ADB administering a portion of technical assistance not exceeding the equivalent of $500,000 to be financed on a grant basis by the Republic of Korea e-Asia and Knowledge Partnership Fund, for Strengthening Developing Member Countries' Capacity in Elderly Care, and hereby reports this action to the Board.

[8] To reduce the administrative burden and to improve economy, efficiency, and value for money, consulting services under the TA will be engaged on output-based (lump-sum) contracts whenever feasible.

DESIGN AND MONITORING FRAMEWORK

Impacts the TA is Aligned with
DMCs' commitment to develop elderly care services supported by ADB financing and knowledge work by 2020 intensified (Midterm Review of Strategy 2020; Operational Plan for Health, 2015–2020)[a]

Old-age vulnerabilities in Asia and the Pacific reduced by increasing social protection operations (Social Protection Operational Plan, 2014–2020)[b]

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
Outcome Strategic planning and policy development in elderly care improved	**By 2019** Number of new elderly care policies and plans in selected countries (2016 baseline: 0)	Selected country elderly care policy and plans (including titles, dates, areas of focus)	Existing commitment of DMCs to improving elderly care systems is not sustained
Outputs 1. Knowledge base on elderly care improved	1a. At least six country assessment reports developed in selected countries by 2017 (2015 baseline: 0)	1a. Country assessment reports	Declining interest of stakeholders (government, private sector, and civil society) limits participation
	1b. Number of country programming and knowledge documents addressing elderly care by 2019 (2015 baseline: 0)	1b. Selected country partnership strategies, country operations business plans, knowledge documents	
2. Capacity of DMCs to develop policies and plans for elderly care services increased	2a. Partnerships with at least three centers of excellence created by 2017 (2015 baseline: 0)	2a. TA reports	
	2b. At least 75% average overall satisfaction level of participants in capacity building activities (sex-disaggregated, 2015 baseline: 0)	2b. Capacity building satisfaction surveys (sex-disaggregated)	
3. Knowledge sharing and networking systems developed	3a. At least 10 DMCs and 150 representatives participate in the Active Aging in Asia conference (cosponsored by ASEAN and the Japanese Ministry of Health, Labour and Welfare) in 2017 (sex-disaggregated, 2015 baseline: 0)	3a. Conference outputs	
	3b. Elderly care section	3b. Website	

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
	created on ADB website and populated with documents by 2017 (2015 baseline: not created and/or populated)		
	3c. Number of hits on the website (disaggregated by country of origin)	3c. Website	
	3d. At least 150 registered professionals in the e-network by 2019 (2015 baseline: 0)	3d. E-network database	

Key Activities with Milestones

1. Knowledge base on elderly care improved (May 2016–February 2017)

1.1 Develop an assessment methodology and a country report outline within 3 months of commencement of TA

1.2 Conduct country assessments and validation workshops with selected DMC stakeholders (May–February 2017)

1.3 Prepare country elderly care assessments and suggested investments based on country diagnostics (February 2017–end of TA)

2. Capacity of DMCs to develop policies and plans for elderly care services increased (May 2016–March 2019)

2.1 Identify and establish partnerships with centers of excellence (June 2016–December 2018)

2.2 Conduct capacity building workshops (June 2016–March 2019)

2.3 Develop guidelines on elderly care assessment methodologies (May 2016–June 2017)

3. Knowledge sharing and networking systems developed (May 2016–March 2019)

3.1 Organize and implement the Active Aging in Asia conference, cosponsored by ASEAN and the Japanese Ministry of Health, Labour and Welfare (June 2016–March 2017)

3.2 Establish website and e-network (May–December 2016)

3.3 Publish TA materials, including conference programs, guidelines, and training materials (January 2017–December 2018)

Inputs

Japan Fund for Poverty Reduction: $2 million
Republic of Korea e-Asia and Knowledge Partnership Fund: $500,000

Assumptions for Partner Financing

Not Applicable.

ADB = Asian Development Bank, ASEAN = Association of Southeast Asian Nations, DMC = developing member country, TA = technical assistance.

[a] ADB. 2014. *Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific.* Manila; and ADB. 2015. *Health in Asia and the Pacific: A Focused Approach to Address the Health Needs of ADB Developing Member Countries (Operational Plan for Health, 2015–2020).* Manila.

[b] ADB. 2013. *Social Protection Operational Plan, 2014–2020.* Manila.

Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Amount
A. Japan Fund for Poverty Reduction[a]	
1. Consultants[b]	
a. Remuneration and per diem	
i. International consultants (28 person-months)	570
ii. National consultants (150 person-months)	558
b. International and local travel	144
c. Reports and communications	33
2. Training, seminars, and conferences[c]	485
3. Surveys and studies	30
4. Printing and publications[d]	30
5. Miscellaneous administration and support costs[e]	50
6. Contingencies	100
Subtotal (A)	**2,000**
B. Republic of Korea e-Asia and Knowledge Partnership Fund[a]	
1. Consultants[b]	
a. Remuneration and per diem	
i. International consultants (4 person-months)	60
ii. National consultants (4 person-months)	16
b. International and local travel	4
c. Reports and communications	20
2. Training, seminars, and conferences[c]	175
3. Surveys and studies	100
4. Printing and publications[d]	10
5. Miscellaneous administration and support costs[e]	65
6. Contingencies	50
Subtotal (B)	**500**
Total	**2,500**

[a] Administered by the Asian Development Bank (ADB).
[b] Including costs of recruiting consultants from centers of excellence.
[c] Including honoraria, country workshops, regional workshops, participation of developing member country representatives; cost of travel of ADB staff as resource persons in international or regional workshops, conferences and forums; participation of other resource persons; and other capacity building support.
[d] Including costs for translation, editing, and printing.
[e] Including staff travel to support TA implementation and/or administration as per ADB memo approved on 26 June 2013 on the Use of Bank Resources: Regional Technical Assistance and Technical Assistance vs. Internal Administrative Expenses Budget

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

1. A team of international consultants (32 person-months) and national consultants (154 person-months) will be required for the technical assistance (TA). The Asian Development Bank (ADB) will hire consultants individually or engage experts through a firm, in accordance with the ADB Guidelines on the Use of Consultants (2013, as amended from time to time). The capacity building workshops will be supported by the consultants and resource persons.

2. In output 1, six countries were selected based on indicators such as (i) demographic change, (ii) existing interest in developing elderly care policies and programs, (iii) documented good practices, and (iv) low–middle–high income spread. The countries are Indonesia, Mongolia, Sri Lanka, Thailand, Tonga, and Viet Nam. The country diagnostics will cover areas such as policy and regulatory frameworks, institutional arrangements and capacity, consumer needs and service provider assessments, human resources (constraints and development), and financing. In output 2, four of the six countries assessed in the country diagnostics will be chosen for in-depth identification of investment opportunities.

A. International Consultants

1. Elderly Care Specialist and Team Leader (10 person-months)

3. The elderly care specialist will be the team leader and should be an expert in the development of elderly care systems and services. The expert should have considerable experience (15 years) in assessment, planning, implementation, and monitoring of elderly care systems (home, community, and institutional) and services in Asia, and strong knowledge of elderly care systems globally. The consultant should have a postgraduate degree in a field related to gerontology or social protection. The specialist will (i) provide overall coordination and technical support to the teams of national consultants, (ii) lead the work on country diagnostics and investment plans, and (iii) lead the teams in organizing the capacity building workshops. The specialist will undertake the following tasks:

(i) Design the country diagnostic methodology and report outline in close collaboration with ADB staff and research teams. The diagnostics will comprehensively cover areas such as demographic projections (sex-disaggregated), policy and regulatory frameworks, institutional arrangements and capacity, stakeholder mapping, consumer needs (including gender analysis) and service provider assessments, human resources, and financing.
(ii) Prepare a short methodological note on how to proceed with the assessment, stakeholder consultations, and data collection, and train the national teams.
(iii) Participate in country diagnostic assessments and consultations with developing member country (DMC) representatives.
(iv) Review and provide comments on the country reports.
(v) Participate in the regional conference.
(vi) Prepare country partnership strategy inputs on elderly care for each selected country.
(vii) Design the investment planning and assessment methodology for the selected countries, in collaboration with ADB staff and research teams.
(viii) Participate in the assessments and consultations with DMC representatives.
(ix) Review and provide comments on the country reports.
(x) In collaboration with ADB staff, centers of excellence, and research teams, design the capacity building workshops for DMC representatives.

2. Elderly Care Health Specialist (4 person-months)

4. The specialist will be an expert in integrated health systems (i.e., health and social care) for the elderly. The expert should have a postgraduate degree in medicine, public health, or other related disciplines with at least 10 years' experience in developing integrated care programs (home, community, and institutional). Experience in Asia and good knowledge of global best practices will be an asset. The specialist will undertake the following tasks:

(i) Work with the team leader to design the methodologies for the country diagnostics and investment plans including, where possible, a gender analysis of care needs.
(ii) Help train the teams and review country reports.
(iii) Participate in selected country consultations and the regional conference.
(iv) Participate in the investment assessments and provide guidance on integrating health and social care in potential programs and policies.
(v) Review and provide comments on the country reports.
(vi) Participate in at least one capacity building workshop.
(vii) Help build networks among health professionals and with the centers of excellence and the e-network to be established by the TA.

3. Elderly Care Financing Specialist (2 person-months)

5. The specialist will have experience in assessing financing for development of elderly care systems and services. The expert will have a postgraduate degree in economics, public financial management, or other related fields and at least 10 years' experience in assessing programs in elderly care. Experience in Asia and good knowledge of global practices will be an asset. The specialist will undertake the following tasks:

(i) Work with the team leader to design the assessment methodology for the financing section of the country diagnostics and investment plans. To the extent possible, the analysis will also address the affordability of services and the willingness to pay for the service by the elderly and their families.
(ii) Review and provide comments on the country reports.
(iii) Participate in the regional conference on the country diagnostics.
(iv) Participate in the country assessments and provide guidance on integrating financing assessments and alternatives (including private sector and nongovernment organization involvement) into the investment plans.
(v) Review and provide comments on the final reports.
(vi) Help build networks among elderly care professions and with the centers of excellence and the e-network to be established by the TA.

B. National Consultants

1. Country Diagnostic Specialists (12 specialists [2 per selected country], 6 person-months each)

6. The specialists will have at least 10 years' experience in social protection or the health sector, preferably with experience in elderly care. They will have at least a postgraduate degree in demography, social science, public administration, social development, social protection, economics, or other related fields. The 12 national specialists will conduct the country diagnostics in each selected country. They will work with the international consultant team to design the assessment methodology and report outline. The diagnostics will cover areas such as demographic projections (sex–disaggregated), policy and regulatory frameworks, institutional

arrangements and capacity, stakeholder mapping, integration into socioeconomic development program and sector plans at central and local levels, consumer needs and service provider assessments, human resources, and financing. The assessments will include a gender analysis, where relevant. It is anticipated that the country diagnostics will include survey and qualitative work to assess consumer needs and service provider capacities. The specialists will prepare and finalize the country diagnostic assessment reports (including executive summaries) and provide inputs to and participate in the regional conference, where results will be shared.

2. Investment Opportunity Specialists (8 specialists [2 per selected country], 3 person-months each)

7. Under output 2, two national consultants—an elderly care systems planning specialist and an elderly care investment specialist—from each of the four selected countries will work with the international consultants to conduct an in-depth analysis of and plan for investment opportunities for elderly care systems and services development. This work will build on knowledge from the country diagnostics and help create a clear pipeline of investments and policy options for DMCs and for ADB.

(i) **Elderly care systems planning specialists** (4 specialists [1 per selected country], 3 person-months each). The specialists will be experts on elderly care in the selected countries and have postgraduate degrees in relevant disciplines. They will have at least 10 years' experience in elderly care systems that provide care at the home, in the community, and in institutions, and good knowledge of existing programs and practices in the country. The specialists will undertake the following tasks:

(a) Work with the country investment planning team to identify short-, medium-, and long-term investment options and policy development for the selected country.
(b) Conduct stakeholder consultation, site visits, and other forms of investigation to build a realistic pipeline of investments focusing on national and local opportunities.
(c) Identify the roles of the private sector and civil society organizations in implementation, service delivery, and/or cofinancing.
(d) In consultation with other consultants, write the investment plan.
(e) Lead discussions with stakeholders on final plans.

(ii) **Elderly care investment specialists** (4 specialists [1 per selected country], 3 person-months each). The specialists should preferably have a master's degree or an equivalent professional qualification in economics, finance, and/or business. They should have at least 10 years of professional expertise in cost–benefit analysis and market analysis of a project. The specialists will report to the team leader and perform the following tasks:

(a) Identify and obtain data and information to estimate the costs of constructing a target project, including maintenance costs, and operating the target project. The data and information required to operate the project will include a human resources strategy to deliver the planned services, and the operation costs should include wages and welfare costs of all human resources to deliver the planned services.
(b) Estimate the construction costs and annual maintenance costs of the target project, and the annual operation and/or running costs to deliver the planned services.

(c) Analyze the marketability of the planned services and estimate the utilization rate of the planned services based on the projected fee schedule.
(d) Analyze the affordability of the planned fee schedule, based on the household incomes of the target country and/or locality.
(e) Analyze the profitability of the planned business and the financial sustainability of the planned project based on the estimated costs, the estimated service utilization rate, and the planned fee schedule. The time span of the sustainability analysis is 5 years from the beginning of the operation.
(f) Examine the possible fiscal subsidies and analyze their impacts on the financial sustainability of the planned project.

3. Technical Assistance Coordination and Knowledge Management Specialist (24 person-months, intermittent)

8. The specialist should have at least 3 years of experience in administration, coordination, and knowledge management, including assisting in the hiring of consultants and firms; coordinating activities, workshops, and conferences; and administering finances. The specialist must have at least a university degree, demonstrated interest and experience in the social sectors, and information technology skills to help establish and maintain the e-network. The specialist will work closely with the ADB team leader and consultant teams providing coordination among the three outputs.

4. Content Analysis and Writing Specialist (18 person-months, intermittent)

9. The specialist will have a relevant postgraduate degree in demography, health, social science, sociology, social development, social protection, public administration, economics, and/or other related areas with a research background, and at least 5 years of experience as a writer and editor of technical documents, preferably in the social sectors. The specialist will be responsible for (i) ensuring the quality of the final reports and documents produced by the project teams; (ii) producing country and subject briefs on elderly care, including highlighting good practices, emerging issues, and updates on TA progress; and (iii) updating the e-networking website regularly, including producing content about the capacity building activities. Knowledge of information technology skills needed to help establish and maintain the website will be an advantage. The specialist will collaborate with the ADB team and consultant team leader to define the inputs and timing.

C. Centers of Excellence

10. At least three centers of excellence on elderly care will be identified within the first 6 months of the TA. These centers should be well-established as leaders in the region or globally, have an interest in capacity building for DMC representatives, and be able to identify relevant resource people to support the TA outputs. The centers will be contracted to provide expert resource person inputs (approximately 32 person-months) for the TA activities on capacity building, networking, peer review, and knowledge creation. These partnerships or possible contract relationships with selected entities will be identified and defined after TA inception.