

PROJECT PREPARATORY TECHNICAL ASSISTANCE TERMS OF REFERENCE

A. Justification

1. A regional diagnostics assessment of vaccine coverage will be required across Pacific DMCs to determine which DMCs would benefit from ADB assistance under the project. The Governments of participating DMCs (as this stage proposed to be Samoa, Tonga, Tuvalu, and Vanuatu) will require context specific support for project preparatory technical assistance (PPTA) to prepare the introduction of a new technology and health system intervention.

B. Major Outputs and Activities

2. The main outcomes of the PPTA are to produce a regional diagnostic assessment of vaccination coverage and to prepare the project suitable for ADB financing. The regional diagnostic will include a mapping of key stakeholders supporting immunization programs and the additional value of long term ADB investment. The PPTA will also assess the direct and indirect economic and health impact of supporting national immunization through a cost benefit assessment of new vaccine introduction, feasibility of bulk vaccine purchasing and health system readiness in terms of capacity and institutional arrangements of the MoH in participating DMCs. The PPTA will include necessary due diligence on technical, financial, economic, safeguards, governance, climate change, poverty and gender issues of the project.

3. The major outputs and activities are summarized in Table A3.1.

Table A3.1: Summary of Major Outputs and Activities

Major Activities	Expected Completion Date	Major Outputs	Expected Completion Date
(i) Regional immunization diagnostic and health sector assessment including a) review and analyze existing immunization programs, HPV screening and treatment policies in participating DMCs (Samoa, Tonga, Tuvalu and Vanuatu)	1 March 2017	Diagnostic report. Inception Report. Health sector assessment & recommendations to strengthen the health information system	1 March 2017
(ii) Identify pre-requisites needed for HPV, PCV and RV vaccination integration including (a) assess existing cold chain storage and supply chains; (c) identify which health, demographic indicators and data elements for indicators are required for monitoring and decision-making; (d) prepare a specific profile of HPV, PCV and RV vaccine delivery and screening model for participating DMC, and (e) identify approximate costs and capacity requirements.	1 May 2017	Inception Report. Technical report on background feasibility and requirements for successful integration of HPV vaccine and screening in the health sector.	1 May 2017
(iii) Collect information across four DMCs and identify common recommendations	1 May 2017	Regional knowledge produce developed	1 May 2017

(iv) Conduct ADB due diligence (economic and financial assessment, governance/institutional capacity assessment on financial management and procurement, and poverty, social and gender assessment)	1 May 2017	Inception report. Economic/financial analysis; Government capacity assessment on financial; fraud and corruption risks; project procurement risks assessment; Poverty Social and Gender Assessments- SPRSS	1 May 2017
(iv) Develop Project Administration Manuals & implementation plan and final DMF	1 May 2017	Gender Action Plan; Project Administration Manuals; Implementation plans and Procurement plan	1 May 2017

DMC= developing member country; DMF= design monitoring framework; HPV= Human papillomavirus; PCV = pneumococcal vaccine; RV = rotavirus vaccine; SPRSS= summary of poverty reduction and social strategy.

C. Cost Estimate and Proposed Financing Arrangement

4. The PPTA is estimated to cost \$0.8 million and will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF-VI). The governments will provide counterpart support in the form of counterpart staff, office accommodation, and other in-kind contributions. The detailed cost estimate for PPTA is in Table A3.2

Table A3.2: Cost Estimates and Financing Plan
(\$800,000)

Item	Total Cost
Asian Development Bank^a	
1. Consultants	
a. Remuneration and per diem	
i. International consultants (16 person-months)	448.0
ii. National consultants (29 person-months)	172.0
b. International and local travel	37.0
c. Reports and communications	7.0
2. Equipment (computer, printer, etc.) ^b	10.0
3. Workshops, training, seminars, and conferences	
a. Facilitators	50.0
b. Training program	20.0
4. Surveys	15.0
5. Miscellaneous administration and support costs ^c	5.0
6. Contingencies	36.0
Total	800.0

Note: The government will provide counterpart support in the form of counterpart staff, office with furniture, secretarial assistance, and other in-kind contributions.

^a Financed by the Asian Development Bank's Technical Assistance Special Fund (TASF-VI).

^b Equipment procured such as printer, computer, router will be transferred to the EA after project completion in compliance with paras. 1.5 to 1.6 of Appendix 2 of AO 4.02 on Asset Management and Inventory Control.

^c Includes rent of facilities, food and beverages, materials, honorarium, travel cost, and per diem of persons engaged as speakers.

Source: ADB staff estimates.

D. Consulting Services

5. Project preparatory work will be carried out by a team of consultants a total of 45 person-months of consulting services (16 person-months international and 29 person-months national). The consulting team will be composed of an Epidemiologist (Team Leader), Health Economist, Health Coordinators, Financial/Procurement Specialists, and Gender and Social Safeguards Specialists. The summary terms of reference for each consultant is in paras. 6–9. International

consultants will be recruited through a firm using quality- and cost-based selection procedures with simplified technical proposal (quality-cost ration 90:10). National consultants will be recruited using individual consultant selection in accordance with ADB's *Guidelines on the Use of Consultants* (2013, as amended from time to time). Consulting services will be engaged on output-based/lump sum contracts in line with mid term review 2.9.2 and 2.10.2 to reduce administrative burden and improve economy, efficiency and value for money.

Table A3.3: Summary of Consulting Services Requirement

Positions	Person-Months Required
International	
Epidemiologist	6
Health economist	5
Finance/Procurement Specialist	4
Non-specified international consultants	1
National	
Health coordinator	24
Gender and Social Safeguards Specialist	4
Non-specified national consultants	1

Source: Asian Development Bank.

6. **Epidemiologist/Team Leader (international, 6 person-months).** The consultant will have a post graduate degree in public health/epidemiology with at least 10 years' experience in the health sector. The epidemiologist will undertake both a regional diagnostic report of immunization coverage, and a technical assessment and overview of the communicable disease control (surveillance) system and the feasibility and requirements for successful HPV, PCV and RV vaccine introduction and screening programs in four health systems focusing on output areas proposed: (i) identify target population; (ii) assess coverage of national immunization programs; (iii) assess existing health services for communicable disease screening, treatment and surveillance identifying necessary infrastructure required to plan, deploy, and effectively deliver cervical cancer interventions; (iv) identify which health, demographic indicators and data elements for indicators are needed to derive information for monitoring and decision-making; (v) assess existing HPV, PCV and RV vaccine procurement across the region identifying necessary infrastructure required to plan, deploy, and effectively deliver vaccines; (vi) forecast new vaccine demand for the next five years; and (vii) propose terms of references for a regional new vaccine PMU and indicators required to derive information for monitoring and decision-making. The expert will also prepare, in coordination with other specialists, cost estimates of the proposed project (with detailed cost tables for all components and activities) and a financing plan, taking into consideration cofinancing opportunities with development partners and recommend strategies to ensure sustainability and accountability of the proposed project. The epidemiologist will prepare an individual profile of each DMC incorporating infrastructure and capacity requirements, approximate costs and financial sustainability of new vaccinations and HPV screening. The consultant will coordinate these works with the health economist and ensure recommendations ensuing will be integrated into the detailed implementation plan.

7. **Health economist (international, 5 person-months).** The consultant will have a post graduate degree in health economics with at least 8 years' experience in the health sector. The health economist will undertake a technical assessment and overview of the feasibility and requirements for a successful regional HPV, PCV and RV vaccine procurement and supply focusing on output areas proposed:

- (i) assess the economic and financial rationale for potential new vaccine introduction project;

- (ii) conduct a detailed economic (benefit-cost) analysis of the impacts and outputs of the potential project conducted from both the government and the societal perspective. Both direct and indirect cost components should be considered which includes; vaccine costs, cost of devices (syringes and safety boxes) and equipment such as expanding the cold chain to store the vaccines, additional program costs, caregiver costs, etc. Other costs such as the loss of productivity from rotavirus, pneumococcal or cervical cancer disease burden should be looked into, as well as the stress put on the hospital and health system by diarrhea, pneumonia and cervical cancer. Benefits should include direct health benefits to the clients and community, and also potential benefits to be gained from herd immunity. Other benefits to be included are potential cost savings to the system down the line due to these preventative measures and health worker time preserved by preventing disease transmission, hospitalization and, or outbreaks. To ascertain the robustness of the analysis, a sensitivity analysis should be conducted with relative levels of uncertainties covered and point estimates given. Also values should be adjusted based on amortization and discounting factors. The analysis can be conducted following the ADB's 10 key areas of Economic Analysis.
- (iii) Conduct a financial sustainability analysis to determine the level of available resources for the government to manage any recurrent costs of the project investment. The consultant will coordinate these works with the epidemiologist and ensure recommendations ensuing will be integrated into the detailed implementation plan.

8. Financial/Procurement Specialists (international, 4 person-months). The procurement and financial management specialists should have a recognized professional accountancy qualification such as chartered accountant, certified public accountant or chartered certified accountant. Key roles include but not limited to: (i) assess the financial management capacity of the MOH and MoF in each DMC; (ii) prepare fund flow diagram; (iii) define financial procedures and delineation of responsibilities between agencies involved for financial management of loan and grant proceeds; and (iv) assess and indicate whether the executing agency has adequate capacity to administer imprest account and statement of expenditure procedures and provide necessary capacity if required. The specialists are also expected to (i) assess the procurement capacity of the executing and implementing agency; (ii) prepare the procurement plan for the proposed project in accordance with government regulations and ADB's procurement guidelines; (iii) prepare master bidding documents for the project; and (iv) conduct a procurement risk assessment and prepare the procurement risk assessment and management plan.

9. Health Coordinators (four national, 24 person-months). Four consultants will be required for each target DMC and will have backgrounds in health systems. Key roles include but not limited to: (i) assisting the disease control health economist in liaising with key government agencies and other institutions in gathering information and conducting research and survey; (ii) assist in drafting documents as required; (iii) carrying out logistics for workshops and group discussions; and (iv) assisting in coordinating the work of all the team members.

10. Gender and Social Safeguards Specialists (four national, 4 person-months). The specialists for each DMC will have an experience in gender and social development assessments surrounding females, the poor, indigenous people and other disadvantage groups preferably in the context of health intervention application in social services. Key roles include but not limited to (i) providing a summary assessment of the gender issues in health and specifically cancer; (ii) collecting a gender disaggregated baseline data to be monitored during

the project implementation; (iii) identifying interventions that will help address gender gaps and promote benefits to women, poor, indigenous people and other disadvantaged groups in the proposed project from cervical cancer solutions; (iv) providing confirmation on whether there will be a need to trigger ADB's social safeguard requirements, specifically those relating to Indigenous Peoples and (v) preparing a gender action plan.

11. **Non-specified international and national consultants (international and national, 1 person-month each).** The key tasks of these specialists are likely to be in the areas of community outreach and behavioral change communication together with any support required for project management, finance, public health, and resource persons for workshops to be identified as needed. The terms of reference will be defined in consultation with the government. The consultants will require at least 7 to 10 years of experience working with community groups and civil society/ non-governmental organizations.

E. Implementation Arrangements

12. ADB will be the executing agency for the PPTA, and the MOH and Ministry of Finance, in each country will be the implementing agencies. The implementing agencies will assist the PPTA consultants with liaison, data gathering, preliminary analysis, and report writing. The MOH will make available, free of charge, counterpart staff, office spaces with furniture and equipment, documents and information, and organizational support for seminars, meetings, etc. as reasonably required to carry out the tasks. Disbursements will be made in accordance with the Technical Assistance Disbursement Handbook (2010, as amended from time to time).

Table A3.4: Technical Assistance Processing and Implementation Schedule

Major Milestones	Expected Completion Date
Approval	January 2017
PPTA Project inception mission	January 2017
PPTA Close	June 2017

Source: Asian Development Bank.