

## TERMS OF REFERENCE FOR CONSULTANTS

1. The proposed knowledge and support technical assistance (TA) will support Pacific DMCs with ongoing or planned Asian Development Bank (ADB) health sector operations to (i) undertake relevant pre-feasibility work and assessments of critical health issues, including health impact assessments and cross-sectoral support; and (ii) identify and replicate innovative and evidence-based approaches for developing and managing health services in the Pacific.
2. The executing agency will evaluate government requests for assistance that are aligned with the two outputs. Detailed terms of reference will be formulated for each activity on a case-by-case basis. ADB, through the Pacific Department, will coordinate the overall implementation of the TA activities, working closely with resident missions and other development partners.
3. The proposed TA will finance up to 33 person-months of international consulting services and 16 person-months of national consulting services.<sup>1</sup> Lump sum contracts (LSCs) will be utilized for the recruitment of consulting firm(s), and the content, duration of services and the required output of the consultants will be clearly defined. If consultants are engaged through a firm, the team will be led by a team leader who will assume overall responsibility in delivering the agreed outputs and working with government-assigned staff and other experts engaged by the TA. ADB will engage the consultants following the ADB Procurement Policy (2017, as amended from time to time) and its associated project administration instructions and/or staff instructions.<sup>2</sup>
4. **Output 1: Undertake relevant pre-feasibility work and assessments of critical health issues, including health impact assessments and cross-sectoral support**
5. Output 1 will enable Pacific DMCs to make informed decisions in preparing health sector investments and programs, and formulating strategic, evidence-based actions. A total of 20 person-months of international consulting services will be engaged for this output. ADB will review government requests for technical expertise, and will draw experience from within and outside of the Pacific region. Key activities will include conducting pre-feasibility studies, research, consultations, field surveys, desk reviews, and collection of baseline data from available sources to produce analysis or assessment report as required by the government. Consultations or peer review will be undertaken to ensure the quality of the outputs.
6. The consultant firm(s) is expected to work closely with the Ministry of Health, special taskforces, such as the National Referral Hospital relocation taskforce in Solomon Islands, and other development partners in the health sector. The location of the consultant assignment will be initially in Solomon Islands and Vanuatu, and possibly extend to other Pacific DMCs as requests for assistance arise during implementation. The timeline of the consultant firm assignment is 6 – 10 months, dependent on availability of consultant and government counterpart. The profile of the experts should have relevant expertise in health infrastructure, health economics, impact evaluation, safeguards, business, legal, and/or relevant public health background, with experience working in the Asia & Pacific. Draft reports will be submitted to ADB and the government for review and comments, before finalizing the output.

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<sup>1</sup> Additional person-months may be allocated to international and national consultants depending on available resources and the demand of Pacific DMCs. Person-months includes estimation for both consulting firm and individual consultants

<sup>2</sup> Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

7. Output 1 will include, but not limited to the following activities and products:
- (i) Investment proposals, including Business cases, to identify opportunities and pathways to access international development funds for health sector investments, such as to develop a new National Referral Hospital in the Solomon Islands;
  - (ii) Sector assessments, including health impact assessments, financial & economic analysis, costing studies, demand and needs analysis, capacity assessments, quality and equity assessments, health policy and regulatory guidelines review, geohazard and environmental assessments, and other technical knowledge products;
  - (iii) Analyses of direct, induced, and cumulative environmental impacts associated with proposed health sector investments and proposal of alternative and feasible options;
  - (iv) Analyses of socioeconomic and poverty reduction impacts of health interventions, including affordability assessment and risk mitigation action plans;
  - (v) Analyses of potential gender impacts of health sector investments and opportunities to promote gender equity;
  - (vi) Technical support for potential negotiations or partnerships with service providers in the health sector;
  - (vii) Coordination support with other regional and national development initiatives in health.

**8. Output 2: Identify and replicate innovative and evidence-based approaches for developing and managing health services in the Pacific**

9. Output 2 will support Pacific DMCs to identify, review, and adapt promising areas of health innovation in the Pacific region and internationally that has potential to improving service delivery and sustainable health systems. A total of 13 person-months of international consultant services, and 16 person-months of national consultant services will be engaged for this output. Key activities will include conducting situational analysis and pre-feasibility studies on adapting health innovations for the Pacific context, including but not limited in the area of pooled procurement of essential medicines and medical goods, regional sharing of health workforce during emergencies and outbreaks, innovation in health education and training, adaptation of new or reengineering of existing health information systems, introduction of health technologies, and the potential adaptation of 'block-chains' or other fintech products in the health sector. This output will also facilitate regional workshops to provide a platform for Pacific DMCs to disseminate and share best practices and ideas across the region.

10. A pool of short-term individual consultants will be recruited by a combination of individual consultant selection and indefinite delivery contract. Terms of reference for short-term assignments will be prepared by the executing agency, the Asian Development Bank, with close consultation with the government counterparts requesting for technical assistance. Similar to output 1, the consultant(s) is expected to work closely with the Ministry of Health, special taskforces, and other development partners in the health sector, as well as supporting the consultant firm(s) in output 1 as required. The location of the consultant assignment will be Pacific DMCs, and to be confirmed as requests for assistance arise during implementation. The timeline of the consultant assignments is approximately 2 - 6 months, dependent on availability of consultant and government counterpart. The profile of the experts would depend on the area of health innovation identified, but the consultants should in general have relevant expertise in public health, evidence-based research, outreach and engagement, process reengineering, and experience working in the Asia & Pacific. Draft reports will be submitted to ADB and the government for review and comments, before finalizing the output.