



# Technical Assistance Report

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Project Number: 55228-001  
Transaction Technical Assistance Facility (F-TRTA)  
December 2021

## People's Republic of Bangladesh: Support for Health Care Improvement Projects

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Asian Development Bank

## **CURRENCY EQUIVALENTS**

(as of 14 November 2021)

Currency unit	–	taka (Tk)
Tk1.00	=	\$0.01
\$1.00	=	Tk85.95

## **ABBREVIATIONS**

ADB	–	Asian Development Bank
COVID-19	–	coronavirus disease
NCD	–	noncommunicable disease
PHC	–	primary health care
PPP	–	public-private partnership
RBL	–	results-based lending
TA	–	technical assistance

## **NOTE**

In this report, "\$" refers to United States dollars.

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## TRANSACTION TECHNICAL ASSISTANCE AT A GLANCE

<b>1. Basic Data</b>		<b>Project Number:</b> 55228-001	
<b>Project Name</b>	Support for Health Care Improvement Projects	<b>Department/Division</b>	SARD/SAHS
<b>Nature of Activity</b>	Project Preparation, Capacity Development	<b>Executing Agency</b>	Ministry of Health and Family Welfare
<b>Modality</b>	Facility		
<b>Country</b>	Bangladesh		
<b>2. Sector</b>	<b>Subsector(s)</b>	<b>ADB Financing (\$ million)</b>	
✓ Health	Health system development		1.00
		<b>Total</b>	<b>1.00</b>
<b>3. Operational Priorities</b>		<b>Climate Change Information</b>	
✓ Addressing remaining poverty and reducing inequalities		GHG Reductions (tons per annum)	0.00
✓ Accelerating progress in gender equality		Climate Change impact on the Project	Low
✓ Strengthening governance and institutional capacity			
		<b>ADB Financing</b>	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
		<b>Cofinancing</b>	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
<b>Sustainable Development Goals</b>		<b>Gender Equity and Mainstreaming</b>	
SDG 3.8		Effective gender mainstreaming (EGM)	✓
SDG 5.6			
		<b>Poverty Targeting</b>	
		General Intervention on Poverty	✓
<b>4. Risk Categorization</b>	Complex		
<b>5. Safeguard Categorization</b>	Safeguard Policy Statement does not apply		
<b>6. Financing</b>			
<b>Modality and Sources</b>		<b>Amount (\$ million)</b>	
<b>ADB</b>		<b>1.00</b>	
Transaction technical assistance: Technical Assistance Special Fund		1.00	
<b>Cofinancing</b>		<b>0.00</b>	
None		0.00	
<b>Counterpart</b>		<b>0.00</b>	
None		0.00	
<b>Total</b>		<b>1.00</b>	
Currency of ADB Financing: US Dollar			

## I. THE TECHNICAL ASSISTANCE FACILITY

### A. Justification

1. **Improvements in key health outcomes.** Bangladesh has a pluralistic health system with diverse stakeholders, such as the government, private sector partners, nongovernment organizations, and donor agencies supporting in the development of policies and implementation of health sector initiatives.<sup>1</sup> The health care delivery system in the country covers the entire spectrum of services, from health education and promotion to treatment, care, and rehabilitation.<sup>2</sup> Bangladesh has achieved significant improvements in health service coverage and health outcomes since its independence in 1971. In the last 50 years, life expectancy at birth in the country has improved from 44 to 72 years,<sup>3</sup> while the under-five mortality rate has declined almost tenfold in the same period (from 239.68 to 28.95 deaths per 1,000 live births).<sup>4</sup> As of 2019, infant and maternal mortality ratios have also improved significantly and stand at 21 (per 1,000 live births) and 165 (per 100,000 live births) respectively, compared to the average of 37 per 1,000 live births and 265 per 100,000 live births in lower-middle countries.<sup>5</sup> Since its establishment in 1974, the Expanded Programme on Immunization has achieved notable successes, accomplishing a total immunization rate of 86.00%, and increasing the proportion of fully vaccinated children from 2.00% in 1984 to 83.90% in 2019.<sup>6</sup> Bangladesh is also on track to achieve its 2022 targets for all nutritional indicators (footnote 3). Between 2014 and 2018, stunting of children decreased from 36.10% to 31.00% and wasting decreased from 14.30% to 8.00% (footnote 3). The country has shown great achievements in reducing the threat of communicable diseases before the coronavirus disease (COVID-19) pandemic. Mortality from communicable diseases fell dramatically since 1990, with similar decline in males and females, due to the significant fall in the prevalence of childhood infectious diseases. The country has made several efforts to increase access to health services through a combination of facility, community, and household-level service provision strategies. As a result, Bangladesh has made significant improvement in health and population indicators, and consistent progress towards achieving its Sustainable Development Goal health targets. Although Bangladesh has demonstrated much progress in achieving health-related indicators, there are still many unmet health needs as discussed.

2. **Low government health expenditure.** Bangladesh's domestic general government health expenditure (as percentage of general government expenditure) has steadily decreased from 4.44% in 2010 to 2.98% in 2018.<sup>7</sup> The domestic general government health expenditure as a share of current health expenditure has also continually declined from 21.03% in 2010 to

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<sup>1</sup> World Health Organization and Asia Pacific Observatory on Health Systems and Policies. 2015. [Bangladesh Health System Review](#). Geneva.

<sup>2</sup> A. Islam and T. Biswas. 2014. [Health System in Bangladesh: Challenges and Opportunities](#). *American Journal of Health Research*. 2 (6). pp. 366–374.

<sup>3</sup> MacroTrends. [Bangladesh Life Expectancy 1950–2021](#) (accessed 28 February 2021).

<sup>4</sup> Knoema. [Bangladesh - Under-five mortality rate](#) (accessed 28 February 2021).

<sup>5</sup> Government of Bangladesh, Ministry of Finance, Finance Division. 2020. [Human Resource Development. In Bangladesh Economic Review 2020](#). Dhaka.

<sup>6</sup> N. Sheikh et al. 2018. [Coverage, Timelines, and Determinants of Incomplete Immunization in Bangladesh](#). *Tropical Medicine and Infectious Disease*. 3 (72); S. Luby et al. 2008. [Infectious Diseases and Vaccine Sciences: Strategic Directions](#). *Journal of Health, Population and Nutrition*. 26 (3). pp. 295–310; and Government of Bangladesh, Ministry of Health and Family Welfare, Directorate General of Health Services, Expanded Programme on Immunization. 2020. [Coverage Evaluation Survey 2019](#). Dhaka.

<sup>7</sup> The World Bank. Data. [Domestic general government health expenditure \(% of general government expenditure\) – Bangladesh](#) (accessed 14 November 2021).

16.98% in 2018.<sup>8</sup> In addition, as of 2020–2021, the country's health and social works sector only accounted for 2.09% of its gross domestic product, compared to other lower middle-income countries which allocated an average of 4.09% of their gross domestic product towards health expenditure.<sup>9</sup> Low investment of financial and human resources in the health sector has hindered the improvement of quality and coverage of health services. Moreover, out-of-pocket expenditures on health (as percentage of current health expenditure) in the country is extremely high at 73.88%, compared to the average of 51.23% in lower middle-income countries.<sup>10</sup> High out-of-pocket expenditures heighten vulnerability for large portions of the population as catastrophic health expenditure forces 5.7 million Bangladeshis into poverty.<sup>11</sup> This necessitates the need for health financing measures to be undertaken to provide health security for vulnerable populations.

3. **Health inequality.** Bangladesh has deep-rooted socioeconomic inequalities, which remain among the key development challenges in the country. Inequities, including high poverty rate, large income divide, social barriers, and spatial disparities reflect in the limited availability, access, and utilization of health services. This has been observed in routine immunization coverage, which is unevenly distributed across geographic and socioeconomic groups, with coverage as low as 78% among children in Dhaka slums and with coverage increasing according to income and educational attainment.<sup>12</sup> Similarly, maternal health care and treatment for childhood services remain disproportionate according to income levels.

4. **Emerging noncommunicable diseases.** Bangladesh is facing a double burden of communicable and noncommunicable diseases (NCDs) due to epidemiological and demographic changes. While deaths due to infectious diseases have decreased, the country's disease burden is shifting towards NCDs. As of 2019, cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases accounted for 67% of all deaths in the country.<sup>13</sup> Despite the development of a wide network of primary health care (PHC) facilities, access to quality health services remains far less than expected for large segments of the population. Both urban and rural health care providers have been unable to fully respond to the diverse problems faced by the population. The challenges are further compounded due to rapid urbanization in urban settings which has placed significant pressure on public health facilities in the country.

5. **Health human resource shortage.** Bangladesh also suffers from both an absolute shortage and geographic maldistribution of the health workforces, as well as clustering of health facilities (both public and private) at the district and sub-district headquarters.<sup>14</sup> In 2019, the vacancy rate for Director General of Health Service-sanctioned posts was above 25.0%. There are only less than 20.0% of health workers deployed to rural areas where 62.5% of the total population of Bangladesh are living. The nurse-to-doctor ratio is the reverse of the World Health

<sup>8</sup> The World Bank. Data. [Domestic general government health expenditure \(% of current health expenditure\) – Bangladesh](#) (accessed 14 November 2021).

<sup>9</sup> Government of Bangladesh, Ministry of Finance, Finance Division. 2021. [GDP, Saving and Investment. In Bangladesh Economic Review 2021](#). Dhaka; and The World Bank. Data. [Current health expenditure \(% of GDP\) – Bangladesh](#) (accessed 14 November 2021).

<sup>10</sup> The World Bank. Data. [Out-of-pocket expenditure \(% of current health expenditure\) – Bangladesh](#) (accessed 14 November 2021).

<sup>11</sup> T. Joarder, T. Z. Chaudhury, and I. Mannan. 2019. [Universal Health Coverage in Bangladesh: Activities, Challenges and Suggestions](#). *Psych (Camb Mass)*. 2019.

<sup>12</sup> J. Grundy et al. 2016. [Policy opportunities and limitations of evidence-based planning for immunization: lessons learnt from a field trial in Bangladesh](#). *WHO South-East Asia Journal of Public Health*. 5 (2). pp. 154–163.

<sup>13</sup> World Health Organization. 2019. [Bangladesh adopts multisector action plan for non-communicable disease control and prevention](#). Dhaka.

<sup>14</sup> S. Ahmed et al. 2011. [The Health Workforce Crisis in Bangladesh: Shortage, Inappropriate Skill-Mix and Inequitable Distribution](#). *Human Resources for Health*. 9 (3).

Organization's recommendation of three nurses for one physician, with more than two doctors in practice for every one nurse.<sup>15</sup> Moreover, training of existing human resources to bridge their skill gap continues to be a challenge. These contribute towards poor quality of health services due to unavailability or overburdening of human resources.

6. **Slow digitalization in the health sector.** The Digital Bangladesh campaign by the government has prioritized e-health for delivery of health care services through information and communication technology. E-health initiatives aim to apply technologies to effectively improve the quality and access of health care for populations. However, they are constrained by several barriers such as limited access to internet, lack of equipment and digital e-health tools, skilled and computer trained human resources, provisions for patient data security, etc.<sup>16</sup>

7. **Ongoing coronavirus disease pandemic.** The COVID-19 pandemic has adversely affected the health sector through both demand and supply-side disruptions. Since the first case of the disease was detected on 8 March 2020, the country has confirmed more than 1.57 million cases and over 27,900 deaths as of 14 November 2021.<sup>17</sup> During the pandemic, outpatient consultations have declined by 40% compared to 2019 and facility births have decreased by 29%. Shortages in supplies affected service delivery as 96% of districts in the country reported gaps in reproductive health supplies. Moreover, routine immunization rates fell and over 40% of districts reported less than 50% immunization coverage. COVID-19 also added to the mental health toll. High rates of depression (33%) and suicide ideation (5%) were reported during lockdown.

8. **Asian Development Bank assistance.** The Bangladesh–Asian Development Bank (ADB) partnership started in 1973 when the country was reconstructing from the damage of the War of Liberation. ADB's Bangladesh program evolved in close alignment with the country's priorities, beginning with a focus on infrastructure investments and broadening into other areas over time.<sup>18</sup> ADB has been supporting the government to strengthen urban PHC infrastructure and deliver primary health services to urban population in selected urban areas through public-private partnerships (PPPs) through various health sector projects for more than 20 years. A sizeable portion of the development budget in Bangladesh has been financed through international development partners, including ADB since the 1990s. ADB has also supported the government through the COVID-19 response, including (i) immediate support of \$500 million under the COVID-19 pandemic response option to mitigate immediate effects of COVID-19 on health and economic sectors, (ii) additional support of \$100 million through the COVID-19 Response Emergency Assistance Project to support the health system investments and community response to the pandemic, and (iii) \$940 million through the Responsive COVID-19 Vaccine for Recovery Project under the Asia Pacific Vaccine Access Facility to procure COVID-19 vaccines for the massive nationwide COVID-19 immunization program.<sup>19</sup>

9. **Rationale for technical assistance facility.** Although ADB's interventions have strengthened the government's capacity to provide PHC services, the scope and coverage of support need to be expanded and the service delivery model needs to be reformed, as the country

<sup>15</sup> World Bank. 2015. [The Path to Universal Health Coverage in Bangladesh: Bridging The Gap of Human Resources for Health](#). Washington, DC.

<sup>16</sup> T. Ahmed. 2020. [Opportunities and Challenges of E Health System in Bangladesh](#). *Open Journal of Public Health*. 2 (1).

<sup>17</sup> Our World in Data. [Bangladesh: Coronavirus Pandemic Country Profile](#) (accessed 14 November 2021).

<sup>18</sup> ADB. 2013. [Bangladesh–ADB: 40 Years of Development Partnership](#). Manila.

<sup>19</sup> Government of Bangladesh, Cabinet Division. 2021. *Memo no. 04.00.0000.321.16.005.20-36. Dated 18 January 2021*. Dhaka; and ADB. 2021. [Report and Recommendation of the President to the Board of Directors: Proposed Loans to the People's Republic of Bangladesh for the Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility](#). Manila.



is currently facing more diversified health needs. Key challenges being faced by the country include rapid growth of urban population, the double burden of communicable and NCDs, and the effects of the COVID-19 pandemic. The government is looking for innovative approaches with the support of developing partners, including ADB, to improve the access and quality to comprehensive PHC services, including immunization, strengthening the effectiveness and efficiency of the health system to achieve Universal Health Coverage, and mitigating COVID-19-related adverse impacts through vaccine manufacturing, genomic surveillance and mobile testing capacity, research on vaccine hesitancy and health sector needs, etc. Additionally, there is also the need to focus on the use of information technology tools for efficient health service delivery, PPPs, telemedicine, movement towards electronic health records, World Health Organization compliant vaccine certification, etc.

10. For these reasons, the transaction technical assistance (TA) facility will provide project preparation and implementation support to the ensuing Support for Health Care Improvement Project and the ongoing Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility project implementation, including additional financing in Bangladesh, to ensure quality project preparation and due diligence, and improve the government's readiness for the project implementation. As ADB expands its health sector portfolio in Bangladesh, the proposed transaction TA facility will enable ADB to deepen the policy dialogue and provide technical support to address health sector challenges through locally appropriate and innovative approaches. Both the ensuing and the ongoing projects are in the health sector and require a similar set of technical, safeguard, financial management, procurement, and capacity building supports. The proposed transaction TA facility is listed in ADB's country operations business plan for Bangladesh, 2021–2023.<sup>20</sup>

11. **Support for Health Care Improvement Project (ensuing project).** The ensuing results-based lending (RBL) program aims to improve access to and quality of comprehensive PHC services and strengthen the effectiveness and efficiency of the health system to achieve Universal Health Coverage. According to the consultation meeting with the Ministry of Health and Family Welfare during the human and social development sector portfolio review mission convened from 9 to 12 December 2020, areas of intervention where the ministry requires assistance include (i) strengthening PHC through community-based health care (community clinics); (ii) tackling NCD through community-based approach; (iii) training of human resources including doctors, nurses, paramedics, laboratory, and other technicians for better skills mix in human resource management and to deliver quality health care; (iv) strengthening the capacity of the National Institute of Preventive and Social Medicine to guide policy makers in timely decision-making through education and research; (v) strengthening information technology infrastructure for health through a management information system for shared health record; and (vi) bridging the doctor-patient gap with telemedicine. The TA facility will support a feasibility study or needs assessment to further guide the scope of the ensuing project, in light of learnings during the COVID-19 pandemic. The proposed ensuing project is aligned with ADB's country partnership strategy for Bangladesh, 2021–2025 and several of ADB Strategy 2030 operational priorities: (i) addressing remaining poverty and reducing inequalities, (ii) accelerating progress and gender equality, and (iii) strengthening governance and institutional capacity.<sup>21</sup> The ensuing project will strive for the effective gender mainstreaming category or higher. The proposed project is in ADB's country

<sup>20</sup> ADB. 2020. [Country Operations Business Plan: Bangladesh, 2021–2023](#). Manila.

<sup>21</sup> ADB. 2021. [Country Partnership Strategy: Bangladesh, 2021–2025—Sustain Growth, Build Resilience, and Foster Inclusion](#). Manila; and ADB. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila.

operations business plan for Bangladesh, 2021–2023 (footnote 20).<sup>22</sup>

12. **Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility (ongoing project).**<sup>23</sup> The TA facility will support the ongoing project as required and agreed with the executing and implementing agencies. Continued support from ADB will be crucial particularly in expediting the vaccination campaign and other non-pharmacological interventions e.g., vaccine procurement and safeguards, strengthening cold chain systems, reducing vaccine wastage and vaccine hesitancy. The TA will also be used for strengthening genetic or genomic surveillance and COVID-19 testing capacity (including mobile testing units) in partnership with other available grants. Technical and training support will be provided to the ongoing project to ensure project sustainability, compliance of safeguard requirements, transfer of capacity, knowledge management, and dissemination of best practices, including workshops, etc. for all concerned stakeholders. As the demand of COVID-19 vaccines might further increase due to the rapidly evolving situation of the COVID-19 pandemic on the ground, the executing and implementing agencies may also require support to process and implement additional financing to the ongoing project from the TA facility to ensure that additional doses of live-saving vaccines can be procured and delivered in a timely and efficient manner.

13. The TA facility approach is considered suitable, as it will reduce transaction costs compared to resources required for separate stand-alone transaction TA projects. It will enhance the efficiency of preparation of the ensuing project and implementation of both the ensuing and the ongoing projects, enable the incorporation of lessons from the ongoing project in the ensuing project designs, and improve project implementation readiness by (i) allowing the same experts and consultants to be mobilized for similar due diligence and project implementation and processing support activities, (ii) facilitating learning on project processing and implementation across different projects, and (iii) creating synergies from working with common technical inputs and capacity building opportunities. The TA facility is classified as *complex* because both the ensuing and ongoing loan amounts exceed \$200 million from ADB's ordinary capital resources.

## B. Outputs and Activities

14. **Output 1: Quality of design and readiness of ensuing project strengthened.** The output will provide technical expertise to support the preparation of the ensuing projects for potential ADB financing. The scope of activities under the output covers (i) review and conduct of analytical studies, including, but not limited to, identification of key areas for ADB investment in health, health sector assessment, stakeholder analysis, landscape analysis of demand and supply of PHC services, health financing assessment, health human resource forecasting, health education and research capacity assessment, assessment of impacts of changing climate to human health, health service needs and gap analysis, and project soundness assessment as appropriate for the ensuing projects; (ii) identification of scope and design of activities and implementation arrangement of the ensuing projects; (iii) feasibility studies, including exploring delivering selected activities through PPP approach as required for the ensuing projects; (iv) development of project results framework, and conduct of project results assessment and monitoring and evaluation system assessment for the ensuing RBL program; (v) safeguard

<sup>22</sup> According to the tentative scope described in para. 14, the tentative safeguards categorizations of the ensuing Support for Health Care Improvement Project are B for environment, C for involuntary resettlement, and C for indigenous peoples.

<sup>23</sup> The ongoing project was approved on 24 June 2021 and effective on 5 July 2021. The project closing date is 30 November 2024. ADB. 2021. [Report and Recommendation of the President to the Board of Directors: Proposed Loans to the People's Republic of Bangladesh for the Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility](#). Manila.

assessments, including environment and social safeguards, climate risk and adaptation assessment, assessment on potential impact on workers who will be involved in the ensuing project activities, and gender analysis; (vi) procurement due diligence for the RBL program; (vii) economic analysis and program soundness assessment; (viii) financial analysis; (ix) due diligence in financial management and other institutional arrangements for executing and implementing agencies; and (x) provision of technical inputs to the report and recommendation of the President and linked documents of the ensuing projects.<sup>24</sup> As the demand of COVID-19 vaccines might further increase due to the rapidly evolving situation of COVID-19 pandemic on the ground, the output might also provide processing support, if needed, to the possible additional financing to the ongoing Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility.

**15. Output 2: Project implementation and management capacity of executing and implementing agencies improved.** Technical expertise and capacity building will be provided under this output to executing and implementing agencies of the ensuing and the ongoing projects for successful implementation and sustainability. In addition, the output will also provide non-processing related capacity building and knowledge sharing support to the Ministry of Health and Family Welfare to address technical gaps, challenges, and issues with health sector development and pandemic response relevance. Support will be provided, including (i) provision of human resources with required technical expertise to executing and implementing agencies to support the implementation of the ensuing and ongoing projects, including the preparation of bidding documents; (ii) provision of quality training capacity building to concerned government officials and stakeholders that are closely involved in the project implementation, which will also include the procurement of training equipment; (iii) establishment of effective monitoring and evaluation systems, and ensuring financial management and procurement capacity for timely implementation and sustainability; (iv) knowledge sharing activities between the executing and implementing agencies of the ensuing and ongoing projects, such as seminars and workshops to share lessons learned and best practices across stakeholders; and (v) technical support to address health sector issues, conduct assessments, and initiate policy dialogues, including collaborating with Korea Advanced Institute of Science and Technology and other development partners in supporting the government in mitigating COVID-19 pandemic effects through strengthening epidemiological research, genetic and genomic disease surveillance capacity, mobile testing, etc. to enable better detection of trends for variants and efficiently manage disease prevention and control efforts.

### C. Cost and Financing

16. The transaction TA facility is estimated to cost \$1,100,000, of which \$1,000,000, will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF 7). The key expenditure items are listed in Appendix 1.

17. The government will provide counterpart support in the form of counterpart staff, office and housing accommodation, office supplies, secretarial assistance, domestic transportation, and other in-kind contributions. The government was informed that approval of the transaction TA facility does not commit ADB to finance any ensuing project.

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<sup>24</sup> Procurement due diligence for the ensuing Support for Health Care Improvement Project will follow the RBL guidelines (ADB. 2019. [Mainstreaming the Results-Based Lending for Programs](#). Manila; and ADB. 2013. *Staff Guidance for Piloting Results-Based Lending for Programs*. Manila.).

## D. Implementation Arrangements

18. The Ministry of Health and Family Welfare will be the executing agency. ADB will administer the transaction TA facility. In close coordination with the resident mission, the South Asia Human and Social Development Division will implement the transaction TA facility. The division will carry out transaction TA facility administration, supervision, implementation oversight, coordination with concerned government agencies, and communication with consultants and stakeholders. The TA activities for the ensuing project will start only after ADB approves the project concept paper on the ensuing project.

19. The implementation arrangements are summarized in the table.

Implementation Arrangements			
Aspects	Arrangements		
Indicative implementation period	December 2021–November 2024		
Executing agency	MOHFW		
Consultants	To be selected and engaged by ADB		
	Individual: ICS	International (41 person-months)	\$532,630
	Individual: ICS	National (71 person-months)	\$319,250
Procurement	May use competitive or direct contracting procurement method, as appropriate, and will follow ADB Procurement Guidelines (2017, as amended from time to time).		
Disbursement	The TA resources will be disbursed following ADB's <i>Technical Assistance Disbursement Handbook</i> (2020, as amended from time to time).		
Asset turnover upon TA completion	Assets purchased using TA funds would be turned over to MOHFW upon completion of the TA.		

ADB = Asian Development Bank, ICS = individual consultant selection, MOHFW = Ministry of Health and Family Welfare TA = technical assistance.

Source: Asian Development Bank.

20. **Consulting services.** The transaction TA facility will provide a total of 41 person-months of international consultant inputs and 71 person-months of national consultant inputs to support the design, processing, and implementation of the ensuing and ongoing projects. The consultants will be recruited using the individual consultant selection method. ADB will engage the consultants following the ADB Procurement Policy and Regulations (2017, as amended from time to time) and/or staff instructions.

## II. THE PRESIDENT'S DECISION

21. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$1,000,000 on a grant basis to the People's Republic of Bangladesh for Support for Health Care Improvement Projects, and hereby reports this action to the Board.

**COST ESTIMATES AND FINANCING PLAN**  
(\$'000)

Item	Amount
<b>Asian Development Bank<sup>a</sup></b>	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	482.23
ii. National consultants	309.25
b. Out-of-pocket expenditures	
i. International consultants	50.40
ii. National consultants	10.00
2. Studies, surveys, and reports	30.00
3. Training, seminars, and workshops <sup>b</sup>	45.00
4. Equipment <sup>c</sup>	15.00
5. Miscellaneous administration and support costs	5.00
6. Contingencies	53.12
<b>Total</b>	<b>1,000.00</b>

Note: The technical assistance (TA) facility is estimated to cost \$1,100,000, of which, \$1,000,000 will be financed on a grant basis by Asian Development Bank's Technical Assistance Special Fund (TASF 7). The government will provide counterpart support in the form of counterpart staff, office and housing accommodation, office supplies, secretarial assistance, domestic transportation, and other in-kind contributions. The value of the government contribution is estimated to account for 10% of the total TA cost.

<sup>a</sup> Financed by the Asian Development Bank's Technical Assistance Special Fund (TASF 7).

<sup>b</sup> Trainings or workshops are planned for orienting concerned staff of the Ministry of Finance, Ministry of Health and Family Welfare, Directorate General of Health Services, project management unit, and other relevant stakeholders on project implementation matters, including, but not limited to, project financial management, audit, procurement, environmental and social safeguards, result monitoring and reporting, and providing capacity building support to concerned government officials and health staff on technical thematic areas of the ensuing and ongoing projects relevance. The location is yet to be determined. The TA will cover the cost of rent, workshop materials, food, board, and travel.

<sup>c</sup> Any assets (i.e., office furniture, computer, office equipment, training equipment, consumables, etc.) purchased using TA funds would be turned over to the Ministry of Health and Family Welfare upon completion of the TA.

Source: Asian Development Bank estimates.

## PROJECTS UNDER TECHNICAL ASSISTANCE FACILITY

### Indicative Consultants' Input Allocation (person-month)

Item	Total	Ensuing Project <sup>a</sup> Complex	Ongoing Project <sup>b</sup> Complex
<b>International</b>			
Senior public health experts and Team leaders	10.0	8.0	2.0
Universal health coverage experts	5.0	3.0	2.0
Laboratory diagnostics experts	5.0	5.0	0.0
Health IT experts	4.0	4.0	0.0
Public-private partnership experts	4.0	4.0	0.0
Pool of experts	13.0	5.0	8.0
<b>Subtotal</b>	<b>41.0</b>	<b>29.0</b>	<b>12.0</b>
<b>National</b>			
Health human resource capacity-building experts and Deputy team leaders	6.0	6.0	0.0
Costing, fiduciary and financial management experts	12.0	6.0	6.0
Procurement experts	12.0	9.0	3.0
Environmental safeguard experts	6.0	4.0	2.0
Social safeguard experts	6.0	4.0	2.0
Gender experts	6.0	4.0	2.0
Health economists	5.0	5.0	0.0
Pool of experts	18.0	12.0	6.0
<b>Subtotal</b>	<b>71.0</b>	<b>50.0</b>	<b>21.0</b>
<b>Total</b>	<b>112.0</b>	<b>79.0</b>	<b>33.0</b>

IT = information technology.

<sup>a</sup> Ensuing Project: Support for Health Care Improvement Project.

<sup>b</sup> Ongoing Project: Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility.

Source: Asian Development Bank staff estimates.

**LIST OF LINKED DOCUMENTS**

<http://www.adb.org/Documents/LinkedDocs/?id=55228-001-TARreport>

1. Terms of Reference for Consultants
2. Approved Report and Recommendation of the President: Responsive COVID-19 Vaccines for Recovery Project under the Asia Pacific Vaccine Access Facility