



Technical Assistance Report

Project Number: 55086-002
Transaction Technical Assistance (TRTA)
November 2021

Republic of Maldives: Supporting COVID-19 Response and Vaccination Program

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Asian Development Bank

CURRENCY EQUIVALENTS

(As of 28 September 2021)

Currency unit	–	rufiyaa (Rf)
Rf 1.00	=	\$0.065
\$1.00	=	Rf 15.39

ABBREVIATIONS

ADB	–	Asian Development Bank
APVAX	–	Asia Pacific Vaccine Access Facility
COVID-19	–	coronavirus disease
EMS	–	emergency medical services
HIS	–	health information system
IT	–	information technology
MOH	–	Ministry of Health
RECOVER	–	Responsive COVID-19 Vaccines for Recovery
TA	–	technical assistance
WHO	–	World Health Organization

NOTE

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

Vice-President	Shixin Chen, Operations 1
Director General	Kenichi Yokoyama, South Asia Department (SARD)
Deputy Director General	Manmohan Parkash, SARD
Directors	Thiam Hee Ng, Regional Cooperation and Operations Coordination Division (SARC), SARD Sungsup Ra, Human and Social Development Division (SAHS), SARD
Team leader	Dai-Ling Chen, Young Professional, SAHS, SARD
Team members	Esnerjames Fernandez, Associate Regional Cooperation Officer, SARC, SARD Anne Michelle Mendoza; Financial Management Specialist; Portfolio, Results and Quality Control Unit; SARD Taisuke Miyao; Senior Procurement Specialist; Procurement Division 1; Procurement, Portfolio, and Financial Management Department Aileen Pangilinan, Senior Regional Cooperation Officer, SARC, SARD

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TRANSACTION TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data		Project Number: 55086-002	
Project Name	Supporting COVID-19 Response and Vaccination Program	Department/Division	SARD/SARC
Nature of Activity Modality	Project Preparation Regular	Executing Agency	Ministry of Finance (formerly Ministry of Finance and Treasury)
Country	Maldives		
2. Sector	Subsector(s)	ADB Financing (\$ million)	
		Total	0.00
3. Operational Priorities		Climate Change Information	
✓ Addressing remaining poverty and reducing inequalities		GHG Reductions (tons per annum)	0
✓ Fostering regional cooperation and integration		Climate Change impact on the Project	Low
		ADB Financing	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
		Cofinancing	
		Adaptation (\$ million)	0.00
		Mitigation (\$ million)	0.00
Sustainable Development Goals		Gender Equity and Mainstreaming	
SDG 1.5		No gender elements (NGE)	✓
SDG 3.3			
		Poverty Targeting	
		General Intervention on Poverty	✓
4. Risk Categorization	Complex		
5. Safeguard Categorization	Safeguard Policy Statement does not apply		
6. Financing			
Modality and Sources		Amount (\$ million)	
ADB		0.00	
None		0.00	
Cofinancing		2.00	
Japan Fund for Poverty Reduction (Full ADB Administration)		2.00	
Counterpart		0.00	
None		0.00	
Total		2.00	
Currency of Financing: US Dollar			

I. THE ENSUING PROJECT

1. The coronavirus disease (COVID-19) pandemic has adversely affected Maldives' economic performance, due to the impact of global travel restrictions on the tourism sector, and the population. Maldives was able to adequately deal with previous waves of the COVID-19 pandemic due to the quality of its public health system and timely support of development partners. However, the country is still facing difficulties in responding to the rapid surge of COVID-19 cases, providing treatment, and testing facilities in most of the dispersed islands, and delivering universal COVID-19 vaccination program in a cost-effective and efficient manner. The proposed Responsive COVID-19 Vaccines for Recovery (RECOVER) Project under the Asia Pacific Vaccine Access Facility (APVAX) of the Asian Development Bank (ADB) will provide the Government of Maldives (the government) with timely financing to strengthen its vaccination system and support its long-term national COVID-19 vaccination program.¹ The estimated financing amount is \$10 million under the project investment component of the APVAX. The proposed transaction technical assistance (TA) will support the preparation, readiness, and implementation of the ensuing project.²

II. THE TECHNICAL ASSISTANCE

A. Justification

2. **Epidemiology of the COVID-19 in Maldives.** The first confirmed COVID-19 case in Maldives was recorded on 7 March 2020 while the first local transmission was confirmed on 15 April 2020. Since then, the country has experienced three waves of COVID-19. The first wave from April to June 2020, after a cluster of COVID-19 cases, emerged among the country's migrant workers, and was successfully contained due to the government's quick and early actions. The second wave, from July to October 2020, recorded an increase in the number of new cases by five times higher than the first wave, and was also successfully contained and mitigated due to timely support of development partners, including ADB's COVID-19 Emergency Response projects, countercyclical support facility loan, and regional TA projects.³ These interventions also scaled up the testing and treatment capacity of Maldives, which enabled better response to subsequent small-scale outbreaks and effectively curbed the increase of confirmed cases until mid-January 2021.

3. **Devastating third wave of the COVID-19 pandemic.** The third wave of the COVID-19 pandemic, from 20 January to 6 July 2021, had devastating effects as the number of confirmed cases increased exponentially (from 14,712 on 20 January to 74,585 on 6 July 2021) and the number of deaths also increased at an unprecedented rate (from 49 on 20 January 2021 to 213 on 6 July 2021). The third wave overwhelmed the health care system in Maldives and worsened the existing crisis on the shortage in health care workers to efficiently meet the growing number of COVID-19 patients. The highly transmissible Delta variant has become the dominant variant in

¹ According to consultations with Ministry of Health, the indicative areas of support under the ensuing project include the establishment of central and regional vaccine cold storage facilities, procurement of vaccine cold chain equipment, procurement of sea and land vehicles for vaccine delivery and vaccine safety management, trainings to improve government officials' capacity to plan and implement the vaccination program, and the IT system for vaccine stock management. The tentative safeguards categorizations of the ensuing project are B for environment, C for involuntary resettlement, and C for indigenous peoples. The ensuing project is expected to be approved in Q3 2022.

² Both the TA and the ensuing project are included in the Indicative Country Pipeline and Monitoring Report for Maldives, 2022–2024.

³ ADB. 2020. [Maldives: COVID-19 Emergency Response](#). Manila; ADB. 2020. [Regional: COVID-19 Emergency Response](#). Manila; ADB. 2020. [Maldives: COVID-19 Active Response and Expenditure Support Program](#). Manila; ADB. 2020. [Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases](#). Manila.

Maldives since the third wave of the pandemic, likely causing the massive local transmission. As of 26 October 2021, Maldives had reported a 7-day average of 123 new cases per day, and a total of 86,324 cases and 237 deaths.

4. Aligned with global strategies in COVID-19 response, Maldives launched a nationwide COVID-19 vaccination program on 1 February 2021, as its exit strategy out of the pandemic and in expediting economic recovery. The vaccination program—called “COVID-19 Dhifaau”—was rolled out following the prioritization criteria and management considerations in the National Deployment and Vaccination Plan (NDVP) for the COVID-19 vaccine. Under the program, free COVID-19 vaccination of Maldives’ residents, including foreign workers without official work permits, was provided. As of 24 October 2021, a total of 394,099 people (72.9% of the total population) has received their first dose of the COVID-19 vaccine; and among them, 354,759 people (65.6% of the total population) have also received their second dose of the vaccine.⁴ However, the third wave of the pandemic in Maldives adversely affected the pace and coverage of the national vaccination program due to enhanced mobility restrictions to contain the virus.

5. The third wave of the COVID-19 pandemic revealed the vulnerabilities in the country’s health system capacity that require an urgent need to improve managing emergency medical services (EMS), strengthen coordination between health facilities, and improve the capacity to respond to COVID-19 and future pandemics. Consultations with the Ministry of Health (MOH) and the World Health Organization (WHO) revealed that the weaknesses to be addressed include (i) inefficient EMS for COVID-19 patients; (ii) unintegrated health information system (HIS) across health facilities, which is needed for effective COVID-19 patient information sharing during case referrals; (iii) unavailability of tracking and identifying COVID-19 variants; (iv) inadequate mental health support for COVID-19 survivors and frontline health professionals involved in COVID-19 response; and (v) lack of long-term planning for the COVID-19 pandemic response and vaccination system strengthening.

6. **Emergency medical services for COVID-19 and other health emergencies.** Maldives has a nationwide, state-operated EMS, which provides emergency medical care in pre-hospital settings and during referrals for patients of any health emergency. The EMS also serves as the first point of contact for COVID-19 patients. The EMS is currently managed and coordinated by a national call center operated by only four staff members. This is inadequate in handling the volume of phone calls relating to the COVID-19 pandemic and other emergency medical care requirements. As delayed response to the emergency calls would severely affect pre-hospital services to COVID-19 and other health emergency patients, it is crucial to digitalize the call center by developing an information technology (IT) system that will (i) automatically locate the patient and match them with the nearest ambulance, (ii) dispatch the paramedic team as and when needed, and (iii) provide medical advice that can be taken until paramedics arrive.

7. **Health information system.** The lack of an integrated HIS connecting all health facilities across the country makes the sharing of medical records difficult and inefficient. Currently, patients must bring a hard copy of their medical records to the facility where they are being referred to. The absence of an integrated and interconnected HIS has made it difficult for health workers in atoll facilities to communicate with specialists in regional COVID-19 treatment facilities and tertiary hospitals for required treatments and patient transfers. The unclear understanding of

⁴ Our World in Data. COVID-19 vaccinations status of Maldives. Available at

<https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&pickerSort=asc&pickerMetric=location&Metric=People+vaccinated+%28by+dose%29&Interval=7-day+rolling+average&Relative+to+Population=true&Align+outbreaks=false&country=~MDV> (accessed on 8 October 2021).

the patient's medical history and previous diagnosis causes several challenges in the delivery of a continuum of care including the management of COVID-19 patients. Due to the lack of communication and coordination, health workers make unnecessary referrals of COVID-19 patients, creating additional burden to the country's resource-constrained health care system.

8. With support from WHO, a national integrated HIS is being developed in phases, which will link different entities under the health sector. The integrated HIS will adopt a uniform data framework, providing for interoperability of various operational information systems and aggregation of primary data from operational and external systems. It will (i) allow timely sharing of information and improve the quality of patient care and evidence-based decision-making; (ii) make the operation of health facilities more efficient, including the management of COVID-19 patients, thereby reducing costs; (iii) allow information-based management of key public health programs and the National Health Insurance Scheme; (iv) help manage resources and services provided by health facilities; (v) strengthen coordination between the MOH and atoll health facilities; and (vi) enable better management of inventory and stock of medicines, medical equipment, and vaccines at the health facilities across the country. In addition, the MOH is planning to expand the adoption of the hospital management information system which is currently used in Indira Gandhi Memorial Hospital in Malé, to all atoll health facilities to enable the information sharing between all government health care facilities.

9. **Surveillance capacity for tracking COVID-19 variants.** The COVID-19 virus is evolving with genetic variations, and new variants may be more contagious or fatal. Conducting genomic sequencing will enable early identification of new variants, monitoring the spread of the virus, and better understanding of changes in the characteristics of the virus and its effects. A genomic sequencing facility is also crucial in designing an efficient health system response for future pandemics. Maldives has adequate polymerase chain reaction (PCR) testing facilities; however, it lacks a genomic sequencing facility. Samples are sent to foreign laboratories, which is costly and time-consuming as results are delivered, on average, three months after sample collection. Developing Maldives' capacity to identify the variants in real-time is necessary to improve monitoring of cases, as well as the prevention of deaths. With genomic sequencing and epidemiological investigation facilities, the country's disease surveillance system can detect trends of variants circulating in Maldives and efficiently manage prevention and control efforts, as well as for better response against other diseases such as cancer and anti-microbial resistance. WHO is currently working with the MOH on establishing genomic sequencing service in the country and identifying the required additional laboratory equipment, consumables, reagents, and trainings to laboratory technicians for expanding the service capacity in the future.

10. **Mental health support to COVID-19 survivors and frontline health professionals.** The COVID-19 pandemic has adversely affected the mental health situation of survivors, caregivers, and health professionals responding to the pandemic. It has triggered psychological distress, sleep disorders, anxiety, and post-traumatic stress disorders, which may lead to suicidal tendencies and substance abuse. The government is aware of the importance of providing mental health services; however, it lacks trained mental health professionals in the outer islands. As a response, MOH plans to train health care workers in each atoll on community mental and psychological support to enable the provision of mental health services at primary health care level.

11. **Long-term COVID-19 response and vaccination planning.** Maldives adequately dealt with initial waves of the COVID-19 pandemic due to the quality of its public health system and timely support of development partners. However, the country still faces difficulties in responding to the rapid surge of COVID-19 cases and providing required testing and treatment in the most

dispersed islands. It is imperative to have a comprehensive long-term pandemic response plan to strengthen the health system across the country to ensure a better response to COVID-19 and other health emergencies in the future. One of the main challenges that Maldives faces is the shortage in trained healthcare workers, which not only hinders the country's health system to efficiently meet the needs of the growing number of COVID-19 patients but also affects the pace and coverage of Maldives' national COVID-19 vaccination program. In addition, despite the high COVID-19 vaccination rate, there are many unaddressed issues and challenges in vaccine storage, delivery, deployment, and monitoring. For example, COVID-19 vaccines have significantly increased the load of the existing vaccine cold chain and logistics management system. The existing cold storage equipment and limited storage capacity of the central cold room might not be able to handle larger batches of vaccines if they arrive at the same time, which may delay the completion of the current COVID-19 vaccination program and in achieving sustained herd immunity. Strengthening the existing cold chain system through state-of-the-art modern cold chain facilities both at central and subnational levels is important in enhancing the overall routine immunization program of the country. As COVID-19 is expected to become endemic globally, a cost-effective delivery of the COVID-19 vaccination program in the long run will be critical in ensuring that the resource-limited health care system in Maldives will not be overwhelmed in the future.

12. To address these challenges, the ensuing RECOVER project under the APVAX will be proposed to strengthen the COVID-19 pandemic response and national vaccination program of Maldives. The TA will help in preparing the RECOVER project, particularly in the conduct of due diligence and related technical assessments for improving the country's vaccination system. To supplement the interventions under the ensuing project, the TA will also support capacity building and long-term planning for pandemic response and vaccination, including expanded coverage of COVID-19 vaccination and introduction of new vaccines in the coming years.

13. The TA aligns with the following impacts: (i) health outcomes in Maldives improved, and (ii) access to improved health services increased. The TA will contribute to the following outcomes: (i) Maldives' capacity to contain and mitigate outbreaks of COVID-19 and other communicable diseases strengthened, and (ii) efficacy and timeliness of Maldives' COVID-19 pandemic response improved. The proposed TA is consistent with ADB's Strategy 2030 operational priority (OP) 1: addressing remaining poverty and reducing inequalities, and OP 7: regional cooperation and integration as it will provide timely needed technical support to address the ongoing COVID-19 pandemic and improve health outcomes in Maldives.

B. Outputs and Activities

14. **Output 1: Health information technology systems strengthened.** This output will improve the efficiency and timeliness of emergency medical services to patients with COVID-19 and other health emergencies as well as the delivery of COVID-19 vaccines, medicines, and health care services through transforming and digitalizing key health information systems. Activities under this output include (i) developing a digital EMS information system and procuring required IT software and hardware for the automation of the call center, which aims to efficiently respond to emergency calls, assess the situation of patient for better medical triage, locate and dispatch nearby paramedic team and vehicles, and coordinate with recipient health facilities for timely transfer of COVID-19 patients or those with other health emergencies, (ii) designing a central EMS coordination mechanism and providing trainings to health care workers at all levels of health care facilities who are responsible for public health and medical emergencies, (iii) procuring barcode readers and barcode printers for all atoll health facilities, which will enable the use of digitalized inventory management system of medicine, vaccine, and medical equipment

that is currently developed by MOH at all atoll facilities for both routine health care services and additional COVID-19 related health care services, (iv) extending the adoption of national integrated HIS and other health information systems to the outpatient area of atoll health facilities and to the community outreach setting by procuring required mobile devices (tablets and mobile phones) and software for atoll health facilities for improving the efficiency of COVID-19 patient data collection and case management, improving the decision making of COVID-19 case referral and enabling real-time medical record sharing among health facilities, and (v) developing an action plan for implementing the digital architectural blueprint for the health sector.

15. Output 2: Capacity for disease surveillance and psychosocial support strengthened.

This output will improve Maldives' health systems capacity to manage and respond to COVID-19 pandemic by improving (i) disease surveillance capacity to track and monitor COVID-19 virus mutations and variants of concern as they arise, to enable timely and epidemiological evidence-based decision-making of the pandemic response, and (ii) mental and psychosocial support to health workers, COVID-19 survivors, and caregivers. Activities under this output will include (i) enabling the tracking of COVID-19 variants through providing capacity building support and procuring required laboratory equipment and consumables for National Health Laboratory to expand comprehensive genomics sequencing services in the country, and (ii) supporting the roll out of mental health services at the primary health care level by training at least 1 health staff with mental health skills per atoll health facilities.

16. Output 3: Long-term planning for pandemic response and vaccination improved.

This output will support in improving the ability of Maldives' health systems to better manage the COVID-19 pandemic as well as render a COVID-19 vaccination program that will be cost-effective and efficient in the long run. Activities under this output will include (i) developing a holistic long-term pandemic response plan which covers key areas of health system preparedness for COVID-19 and future pandemics, including but not limited to the strengthening of disease surveillance capacity, enhancing public health laboratory, and capacity building to health human resources, (ii) conducting a vaccine cold chain assessment which will identify remaining gaps and emerging challenges in the vaccine cold storage and delivery, and propose solutions to address gaps and challenges identified, and (iii) providing required support to the processing of the ensuing RECOVER project under the APVAX, which includes required technical assessment and analysis for identifying key areas for ADB investment in vaccination system strengthening, vaccine cold chain, vaccine delivery, detailed design of the project scope. This output will also support conducting due diligence in social and environmental safeguards and other required areas to ensure the project meets all APVAX policy requirements.

C. Cost and Financing

17. The TA is estimated to cost \$2,050,000, of which \$2,000,000 will be financed on a grant basis by the Japan Fund for Poverty Reduction.⁵ The key expenditure items are listed in Appendix 1. The government will provide counterpart support in the form of counterpart staffs, office and housing accommodation, office supplies, secretarial assistance, domestic transportation, and other in-kind contributions. The government was informed that approval of the TA does not commit ADB to finance any ensuing project.

⁵ As per the JFPR Policy Guidelines for Technical Assistance Grant, eligible expenditures include (i) consultant services; (ii) non-consultant costs for local training and workshops, minimal equipment such as computers, and essential operating costs; and (iii) knowledge partnership, if justified. Ineligible expenditures include (i) vehicle purchase, (ii) salaries for civil servants, (iii) foreign travel except when the original proposal has all the justifiable details approved by the Government of Japan and the amount is lower than \$0.1 million or 10% of the amount of the proposal, (iv) scholarships or long internships, (v) detailed engineering design, (vi) civil works and other related expenses, and (vii) those under ADB's Prohibited Investment Activities List.

D. Implementation Arrangements

18. The Ministry of Finance will be the executing agency and MOH will be the implementing agency. ADB will administer the TA. The Regional Cooperation and Operations Coordination Division of the South Asia Department of ADB will carry out the TA administration, supervision, implementation oversight, coordination with government agencies, and communication with consultants and stakeholders. ADB will select, supervise, and evaluate consultants.

19. Implementation arrangements are summarized in the table.

Implementation Arrangements			
Aspects	Arrangements		
Indicative implementation period	December 2021–November 2023		
Executing agency	Ministry of Finance		
Implementing agency	Ministry of Health		
Consultants	To be selected and engaged by ADB		
	WHO through an administrative arrangement ^b	1 agreement	\$520,000
	Firm: QCBS	18 person-months (International) 11 person months (National)	\$350,000
	Individual: ICS	10 person-months (International) 54 person-months (National)	\$257,760
Procurement ^a	To be procured under consultant contracts engaged by ADB and may use competitive or direct contracting procurement method as appropriate ^c	5 contracts	\$848,000
Disbursement	Disbursement of TA resources will follow ADB's <i>Technical Assistance Disbursement Handbook</i> (2020, as amended from time to time).		
Asset turnover or disposal arrangement upon TA completion	TA-financed equipment will be turned over to MOH and MOH-assigned health facilities and laboratories upon delivery.		

ADB = Asian Development Bank, ICS = individual consultant selection, MOH = Ministry of Health, QCBS = quality- and cost-based selection method, TA = technical assistance, and WHO = World Health Organization.

Note: Consultants cost estimates include contract contingencies.

^a Procurement Plan (accessible from the list of linked documents in Appendix 2).

^b Based on the Memorandum of Understanding signed with WHO (2018) and its associated Administrative Arrangement (AA).

^c ADB (Procurement, Portfolio and Financial Management Department). 2020. Updated Emergency Procurement Guidance on Responding to the Coronavirus Disease 2019 (COVID-19). Memorandum. 6 April (internal).

Source: Asian Development Bank.

20. **Consulting services and procurement.** ADB will recruit a consulting firm and eight individual consultants following ADB's Procurement Policy (2017, as amended from time to time) and its associated project administration instructions and/or staff instructions.⁶ The consulting firm will undertake the development of a digital EMS system (output 1). The quality- and cost-based selection method will be followed (quality–cost ratio of 80:20). A simplified technical proposal will be required. Eight individual consultants will undertake tasks related to enabling the digitalization

⁶ Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 2).

of inventory management system and the adoption of health information systems (output 1), enabling the expansion of genomic sequencing service capacity (output 2), and the preparation of ensuing RECOVER project (output 3). TA-financed software, goods, equipment, and consumables will be procured through consultants engaged by ADB, which will be turned over to MOH upon TA completion.⁷

21. **Engagement of the World Health Organization.** The proposed TA activities are complex and require high level of field presence, country know-how, technical expertise, and coordination capacity to integrate the TA support with other ongoing COVID-19 pandemic response and vaccination support provided by major development partners in Maldives. Considering WHO's pivotal role in coordinating foreign aid in Maldives and in technical advisory function on the operationalization of the EMS, the development and adoption of the integrated HIS, the promotion of mental health and the preparation, implementation, capacity building, and monitoring and evaluation of national COVID-19 response plan as well as the national COVID-19 vaccination program, the TA will engage WHO to carry out activities for design and operationalizing the central EMS mechanism and developing digital architectural blueprint for the health sector (output 1), disease surveillance capacity building and psychosocial support (output 2), and long-term pandemic response planning and vaccine cold chain assessment (output 3) to ensure that the implementation can be done in an efficient, expedited and coordinated manner.

22. All disbursements under the TA will be done in accordance with ADB's Technical Assistance Disbursement Handbook (2020, as amended from time to time). The TA will establish an administrative arrangement with WHO and transfer funds from ADB to WHO to carry out selected TA activities.⁸ The government will pay for subscription fee(s) of software application(s), if any, once the TA is completed. The TA will be implemented over a period of 24 months and is expected to be completed in November 2023.

III. THE PRESIDENT'S DECISION

23. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$2,000,000 to the Republic of Maldives to be financed on a grant basis by the Japan Fund for Poverty Reduction for Supporting COVID-19 Response and Vaccination Program, and hereby reports this action to the Board.

⁷ Procurement Plan (accessible from the list of linked documents in Appendix 2).

⁸ ADB will transfer to WHO the required funds for carrying out design of central EMS coordination mechanism and corresponding trainings [output 1(ii)]; action plan for implementing the digital architectural blueprint for the health sector [output 1(v)]; disease surveillance and psychosocial support (output 2); long-term pandemic response plan [output 3(i)]; and vaccine cold chain assessment [output 3(ii)] in lump-sum advance through an administrative arrangement to meet forecast expenditures and commitments that WHO estimates it will incur in connection with the implementation of identified TA activities.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Amount
Japan Fund for Poverty Reduction^a	
1. Consultants ^b	
a. Remuneration and per diem	
i. International consultants	601.1
ii. National consultants	390.4
b. Out-of-pocket expenditures	
i. International and local travel	45.0
ii. Surveys	7.0
iii. Training, seminars, and conferences	45.0
iv. Reports and communications	7.0
v. Others (printing and dissemination of mental health materials)	12.0
2. Goods (rental or purchase) ^c	848.0
3. Miscellaneous administration and support cost ^d	10.0
4. Contingencies	34.5
Total	2,000.0

Note: The technical assistance (TA) is estimated to cost \$2.05 million, of which contributions from the Japan Fund for Poverty Reduction are presented in the table. 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 2.44% of the total TA cost.

^a Administered by the Asian Development Bank.

^b A total of \$0.52 million will be transferred to the World Health Organization through an administrative arrangement to carry out selected TA activities.

^c Procurement Plan (accessible from the list of linked documents in Appendix 2). TA-financed goods and equipment will be turned over to the Ministry of Health (MOH) and MOH-assigned health facilities and laboratories upon delivery.

^d Includes editing, translation, graphic design, other administrative support costs, and Microsoft 365 license for individual TA consultants. It is estimated that around five Microsoft 365 licenses will be purchased under the TA.

Source: Asian Development Bank estimates.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/LinkedDocs/?id=55086-002-TARreport>

1. Terms of Reference for Consultants
2. Summary of Activities and Performance Indicators by Output
3. Procurement Plan