



ASEAN-AUSTRALIA DEVELOPMENT COOPERATION PROGRAM (AADCP) PHASE II

TERMS OF REFERENCE FOR

Readvertisement - Assessment on Strengthening Public Health Security to Prevent Infectious Diseases through the Adoption of Digital Technology in CLMV Countries (Revised)

The ASEAN Secretariat and the Australian Government, through AADCP II, invite applications from consultants for the above-referenced project.

I. Background

The Initiative for ASEAN Integration (IAI) provides a policy framework to support the participation of ASEAN's newer member states (Cambodia, Lao PDR, Myanmar and Viet Nam or CLMV) in the ASEAN integration process. The IAI Work Plan III (2016-2020) as the guiding document for this initiative is in its last year of implementation. ASEAN has developed the successor IAI Work Plan IV (2021-2025), following series of consultations at the regional and national level. Development of the IAI Work Plan IV was led by the IAI Task Force, comprising of the ten Permanent Representatives to ASEAN. The IAI Task Force provides policy guidance and directions in the development and implementation of the IAI Work Plan.

Within each Strategic Area are *Actions*, which are aligned with the commitments in the related ASEAN sectoral work plans. The IAI Work Plan IV also takes into consideration emerging trends, global and regional developments including the COVID-19 pandemic. The final draft of the IAI Work Plan IV was approved by the IAI Task Force on 31 August 2020. This will be submitted to the ASEAN Coordinating Council for endorsement and subsequently to the ASEAN Leaders in November 2020 for adoption.

AADCP II is supporting the development of the IAI Work Plan IV, as part of the "Work Planning Assistance for the Initiative for ASEAN Integration (IAI) 2021-2025" project. Following the completion of the new Work Plan, the project will support preparation of an IAI Implementation Plan to map out IAI Work Plan IV projects against ASEAN's and donors/ Partners' interests. Recognising CLMV countries' need for support in project development, it will also support drafting of up to ten project proposals addressing Actions under the strategic areas.

To provide a deeper understanding of context and challenges, assessments will be undertaken for up to five prioritised Actions, in parallel with the development of the IAI Implementation Plan and the drafting of project proposals. These assessments are to help ensure that project proposals under those five prioritised Actions are backed with evidence, up-to-date information on context, and a detailed understanding of the common issue(s)/problem(s) across CLMV countries (or minimum two countries). The assessments will inform the development of relevant project proposals.

This Term of Reference (TOR) focuses on the conduct of in-depth context assessment and problem analysis on "**Strengthening Public Health Security to Prevent Infectious Diseases through the Adoption of Digital Technology in CLMV Countries**" related to Action 1 under the Health and Well-being Strategic Area of the IAI Work Plan IV. The objective of the action is to promote a more effective and responsive healthcare system.

This action aims to strengthen health security by implementing capacity building programmes on planning, surveillance, detection, and rapid response to emerging infectious disease (EID) outbreaks, and pandemics. This action is aligned with the ASEAN Socio-Cultural Community Blueprint 2025 on fostering a resilient health community and the forthcoming ASEAN Health Work Programme 2021-2025 on increasing the capacity to respond to pandemics. The threat of infectious disease outbreaks in CLMV countries is especially high due to the expansive land borders that the countries share and it is expected to increase as a result of rising connectivity and urban migration. However, CLM countries lack resources and technical capacity to ensure a robust disease outbreak, and pandemic, and health emergency crisis response system. For example, Cambodia and Lao PDR do not have enough resources to train their staff on biosafety and disease outbreak surveillance. Myanmar does not have enough skilled individuals to test samples quickly in the event of an outbreak. Raising public awareness is also crucial to strengthening public health security as cooperation from the public can help to mitigate potential supply stresses during disease outbreaks, and pandemics. Addressing issues in this action would be especially beneficial for women since they account for 70 percent of front-line medical staff globally.

During the national consultations conducted with CLMV in May 2020, feedback from CLMV countries on specific needs and gaps where the IAI can support are as follows:

Cambodia

- Cambodia has developed its policy on infection and prevention control on infectious diseases. This includes activities to strengthen the national laboratory testing capacity, training healthcare workers, and creating an External Quality Assessment Scheme (EQAS). However, the implementation of the policy is facing challenges around training and technical knowledge (e.g. training staff on biosafety, infection prevention and control, testing, and surveillance for hospital-acquired infections). It is also important to develop guidelines that address new emerging diseases, develop standard reporting system which can be administered to both public and private health facilities, and creating a digital database on pathogens which could include clinical guidelines and best-practice treatment measures.

Lao PDR

- Lao PDR has developed its law on infection and prevention control on infectious diseases, which includes screening at various point of entry and creating a health information sharing system. However, there are challenges in implementation due to the lack of technical knowledge (e.g. to develop and localise guidelines that address new emerging diseases as well as guidance on prioritising pathogens to be monitored such as HIV/ TB/ COVID-19).

Myanmar

- Myanmar Law on prevention and control of infectious disease since 1995, and it has been re-modulated in 2020 and it is now under process of waiting for parliament's approval. During COVID-19 pandemic, previously there was one Laboratory (National Health Laboratory) to conduct RT-PCR testing for all the suspected cases and patient under investigation (PUI), later testing and screening for COVID-19 can be done by RT-PCR test in another Laboratory such in Public Health Laboratories, Department of Medical Research, laboratories from Military General Hospitals. Currently there are seven (7) laboratories where RT-PCR testing for COVID-19 can be done in Myanmar. As Myanmar Government has encouraged on prevention and control of COVID-19,

Ministry of Health and Sports has been expanding COVID-19 testing by RT-PCR and also by GeneXpert Machines in nearly 30 general hospitals all over the country. COVID-19 screening was done not only to suspected cases and PUI but also to their primary contacts and even secondary contacts. As the number of COVID-19 detected cases (especially locally transmitted cases) were increased in August 2020, MOHS has decided to do more screening tests in all States and Regions of Myanmar and started to use Rapid Diagnostic Test (RDT) Standard Quality to do further more screening in all district and township level hospitals, including screening at various points of entry all over the country. On the other hand, the number of health care providers in Myanmar is significantly lesser than that of COVID-19 cases and their contacts under quarantined. Ministry of Health and Sports (MOHS) has been trying to provide all the essential equipment to our frontline medical staffs including volunteers as much as possible.

Viet Nam

- Viet Nam has been developing its core capabilities to address infectious diseases. The country has been working with the WHO to enhance its public health system including its public health emergency/crisis response system.

The assessment will further investigate these issues, identify common gaps and problems, and generate clear and practical recommendations for addressing them within the related actions of the IAI Work Plan IV.

II. Needs and Objectives

The objective for this assignment is to provide IAI Task Force, especially CLMV representatives, with a deeper understanding of the current state of public health security and prevention of infectious diseases in CLMV. The assessment will help CLMV prepare well-defined, evidence-backed project proposals, in line with the objectives of the relevant IAI Work Plan Action.

III. Outputs

The expected output is an **in-depth context assessment and problem analysis of each CLMV country on Strengthening Public Health Security to Prevent Infectious Diseases through the Adoption of Digital Technology in CLMV countries** with focus on four main areas: (i) overview and assessment of existing national capacities and policies to respond to a diverse biological threats, disease outbreaks, and pandemics; (ii) identification of areas for improvement on Country's public health capacities in prevention, detection, and response to a diverse biological threats, disease outbreaks, and pandemics. The assessment should consider emerging issues (such as the COVID-19 pandemic) employing multi-sectoral approach, identify the common gaps and problems amongst CLMV, and answer at least the following questions for each CLMV country:

- Overview and assessment of existing national capacities and policies to respond to disease outbreaks, and pandemics.
 - What are the main national policies/guidelines that address biological threats, infectious diseases, outbreaks, and pandemics in each CLMV country?
 - How the national policies/guidelines in CLMV Country serve/facilitate the multi-sectoral response in responding to public health Crisis/emergencies.
 - How is the surveillance for infectious diseases, outbreaks, pandemics done in each country, from the community level to the country level? What technology has been used in the country?

- What is the proportion of medical staff that has been trained on these policies/guidelines? Are women well-represented, given that they account for a significant share of front-line medical staff?
- What is the coverage of training within each CLMV country? Are front line workers in less densely populated areas provided with the same quality of training?
- Referencing international guidelines on managing disease and outbreaks (e.g. WHO's International Health Regulations) (e.g. WHO's Health Emergency and Disaster Risk Management Framework), and results from the Joint External Evaluation (JEE), what are the strengths and weaknesses of public health management capacities for disease outbreaks, pandemics? Are there similar strengths and weaknesses between CLMV countries? How do CLMV countries fare in relation to the ASEAN-6? Please provide a detailed assessment of each country's public health prevention, detection, and response capacities for disease outbreaks and pandemics

b. Identification of areas for improvement on Country's public health capacities in prevention, detection, and response to a diverse biological threat, disease outbreaks and pandemics.

Technology-based approaches

- What existing digital technologies in CLMV Countries and ASEAN as a region to address existing gaps in public health management capacities for disease outbreaks and pandemics (e.g. early detection and disease surveillance through big data, contact tracing, telehealth, open databases)? Please provide examples for each area of prevention, detection, and response.
- What has been the effectiveness of these initiatives to address the gaps identified in international standards set by the WHO? Please provide examples for each area of prevention, detection, and response.
- What are the common challenges encountered during implementation in CLMV countries (e.g. lack of funding to scale, difficulties in reaching remote areas, poor cold-chain logistics to conduct remote testing)? What has been done to mitigate these challenges? Please provide examples to substantiate your assessment in the areas of prevention, detection, and response to disease outbreaks and pandemics.
- What are some potential digital technologies that have been adopted in developing countries to support public health management for disease outbreaks and pandemics? Please provide a detailed analysis of potential technologies that could be adopted based on international best practices and evidence from other countries. This should take into account the local context (i.e. existing resources and capacity of the healthcare system) in CLMV countries. Please also provide a cost analysis of these different technologies.

Non-technology-based approaches

- What existing programmes in CLMV Countries and ASEAN as a region to address existing gaps in their public health management capacities, including surveillance, for disease outbreaks and pandemics? Please provide examples for each area of prevention, detection, and response.
- What has been the effectiveness of these initiatives to address the gaps identified in international standards set by the WHO? Please provide examples for each area of prevention, detection, and response.
- What are the common challenges encountered during implementation in CLMV countries (e.g.

lack of funding to scale, not enough technically trained personnel)? What has been done to mitigate these challenges? Please provide examples to substantiate your assessment in the areas of prevention, detection, and response to disease outbreaks and pandemics

- What are some potential programmes that have been adopted in developing countries to support public health management for disease outbreaks, and pandemics? Please provide a detailed analysis of potential programmes that could be adopted based on international best practices and evidence from other countries. This should take into account the local context (i.e. existing resources and capacity of the healthcare system) in CLMV countries. Please also provide a cost analysis of these different programmes.

An initial draft assessment and a finalised in-depth context assessment and problem analysis will be submitted based on the target completion dates specified in the project work plan.

IV. Tasks/Activities

The following activities will need to be undertaken to achieve the outputs presented above. The bidder should provide details on its approach to each activity in its bid and is free to recommend additional activities.

	Deliverable	Activity	Person working days	Completion Date	Person(s) responsible
1	Project inception report	Conceptualisation of approach, detailed framework, and preparation of project work plan.	3 working days	One week after signing of the Special Services Agreement (SSA)	Consultant IAI & NDG Division
		Preparation of project inception report.			
		Finalisation and submission of project inception report.			
	Approval of project inception report by the ASEAN Secretariat (2 weeks)				
2	Draft assessment report	Data collection, which may include desk review, survey/ questionnaire, focus group discussion, interviews, etc.	45 working days	Week 6	Consultant
		Preparation and submission of initial draft assessment report.	5 working days	Week 7	Consultant
		Feedback on draft assessment report from CLMV countries, relevant division(s) of the ASEAN Secretariat and/or consultants of sectoral work plans/strategies under development.	-	Week 9	IAI&NDG Division and CLMV countries
	Approval of draft assessment report by the ASEAN Secretariat (2 weeks)				
3	Final assessment report	Finalised assessment incorporating feedback from CLMV countries, sector experts, and the ASEAN Secretariat. The draft should be in the agreed format and contain the complete sections i.e. full draft.	5 working days	Week 10	Consultant
		Approval of final assessment report by the ASEAN Secretariat (2 weeks)			

	Output	Activity	Person working days	Completion Date	Person(s) responsible
4	Project Completion Report	Preparation and finalisation of project completion report.	2 working days	Week 13	Consultant
<i>Approval of Project Completion Report by the ASEAN Secretariat (2 weeks)</i>					

V. Reporting

In addition to the project output described in Section III, the Consultant will be expected to submit an Inception Report and a Project Completion Report, according to the timeline set out in Section IV. These reports will be submitted based on AADCP II Guidelines for Contractors in draft format to the IAI & NDG Division of the ASEAN Secretariat, (with a copy to AADCP II) and, following the ASEAN Secretariat approval, in final form. All outputs and reports must be written in a way that is suitable for publication, although the decision on publication lies with the ASEAN.

The contractor will also provide regular (weekly, bi-monthly or as agreed with the ASEAN Secretariat) summation of activities undertaken and issues that have arisen. These will be submitted to IAI & NDG Division and AADCP II via email.

Financial reports will be submitted at invoicing in line with a payment schedule to be specified in the Special Services Agreement (SSA).

VI. Project Management

The project will be funded by the ASEAN-Australia Development Cooperation Program II and managed by the IAI & NDG Division of the ASEAN Secretariat. The consultant should be responsible for organising and conducting the scheduled activities in collaboration with the host countries and the ASEAN Secretariat.

The Program Planning and Monitoring Support Unit (PPMSU) of AADCP II will provide technical support to IAI&NDG Division for the implementation of this project, as required.

VII. Scope of Services

The consultancy will be undertaken over a **continuous effective period of fifteen (15) calendar weeks** with approximately **sixty (60) person days** of professional services. Work will commence immediately after contract signing.

VIII. Qualifications

In its proposal, the bidder should demonstrate:

- A minimum of 8-years work experience (for individual consultant, or the team leader of an entity/consortium) of conducting applied research activities, particularly within the context of designing development project or intervention;
- In-depth knowledge and understanding of public health, public health security, infectious diseases, pandemics, and digital technology related to health in ASEAN and CLMV;
- Evidence of on-the-ground work in public health security, programs or research particularly in CLMV countries;
- Experience in facilitating engagements with government, private sector, academe, and wider civil society;
- Experience in preparing analytical reports of the same scale and nature;
- Understanding of gender and social inclusion dimensions in the issues of public health security;
- Having local offices/associates in CLMV countries will be an advantage;
- Experience working with the ASEAN Secretariat and AADCP II on projects with similar scope and characteristics will be considered added value.

IX. Bidding

Interested consulting firms are invited to submit a proposal in response to these Terms of Reference. This proposal should be in two parts: **Technical** and **Financial components**.

The Technical component should present the following information:

- A brief discussion indicating the bidder's understanding of the needs of the project;
- A brief analysis of key issues;
- A methodological discussion of how the bidder proposes to address those needs including assessment of key issues, analytical strategies that will underlie the project, specific techniques to be utilised including sampling techniques, and practical discussion of possible limitations in carrying out the project;
- A detailed work plan that specifies activities to be undertaken, expected outputs and deliverables, resources to be utilised and timing;
- Staffing and management plan;
- A discussion on how measures to ensure the future sustainability of the outcomes of the project will be addressed;
- CVs of all proposed experts;
- Brief discussion of firm's past experience in undertaking similar work and brief summaries of all projects undertaken.

The Financial component should specify:

- 1) Professional fees of expert(s);
- 2) Management and/or operational fees (if any), which include all costs incurred by the person/entity/company for internal coordination, communication, travels and any other associated project management cost;
- 3) Applicable taxes such as VAT, GST, PPN. See Section IX point 3 for an additional note on tax liability.

Activity costs for experts and participants such as reimbursable expenses for airfare, other travel costs and daily subsistence allowance for workshops, meetings, and all other agreed activities do not need to be included in the Financial Component. These items will be discussed with the preferred contractor during the finalisation of the scope of services. Costs will be based on prevailing ASEAN Secretariat rates.

X. Submission of Application

Applicants should send their application with a cover letter, materials specified in Section IX above and other supporting documents with "***Assessment on Strengthening Public Health Security to Prevent Infectious Disease through the Adoption of Digital Technology in CLMV Countries***" as the subject via email to tender@aadcp2.org, no later than 25 February 2021 at 05:00pm Jakarta time.

For Frequently Asked Questions (FAQ), please <http://aadcp2.org/questions-and-clarifications-assessments-in-support-of-iai-work-plan-iv-project-proposals/>

Any queries on the TOR should be sent to contact@aadcp2.org with the subject line: **Query: "Assessment on Strengthening Public Health Security to Prevent Infectious Disease through the Adoption of Digital Technology in CLMV Countries"**.

IX. Additional Notes on Terms and Conditions of the Project

1. Any future studies/reports/analysis in any form of intellectual property rights (including but not limited to patents, copyright and any related rights) submitted by the Contractor to ASEAN arising out of or in connection to the services performed by the Consultant to ASEAN shall belong to the ASEAN Secretariat under the name of **ASEAN** only;
2. Successful bidder shall agree to be bound and sign the Special Services Agreement (SSA) with all requirements under the terms and conditions provided therein, including but not limited to the AADCP II Guidelines for the Contractors attached to the SSA.
3. As an intergovernmental organisation, ASEAN shall not be responsible for any tax(es), levy, tax claim or any tax liability which may be imposed by any law in relation to any amount payable by the ASEAN Secretariat.