

**TERMS OF REFERENCE**  
**HIGH LEVEL SCOPING STUDY for DESIGN of MULTI COUNTRY PARTNERSHIPS PROGRAM to STRENGTHEN**  
**HEALTH SYSTEMS FOR HEALTH SECURITY**  
**ASIA**

This Terms of Reference (TOR) specifically addresses Australia's investments through partnerships to strengthen health systems and improve health security in the Asian region. One of the challenges facing Australia is how to maximise the effectiveness of investments in terms of their being fit for purpose, effective at both a national and regional level (making an individual country safer as well as contributing to the region's safety) and coherent (so that each activity contributes to a whole greater than the sum of its parts). A rigorous evidence-based investigation of options and clear-sighted analysis will reduce the potential for investments to be scattered, fragmented and low-impact.

This investigation will be a DFAT-led process, managed by the Indo-Pacific Centre for Health Security (CHS). The first phase will comprise a preliminary desk study (described briefly below but to be managed under a separate TOR), and scoping study. The first phase will be followed by a more technical design process, and the development of an M&E framework (both of which are described briefly below but to be managed under separate TOR).

- **Preliminary desk study:** Collation of existing information on health security capacity in target countries; information from posts; existing health program information, provision of key documents, briefing and background papers to consultants (eg JEE reports or IHR self assessments, relevant DFAT evaluations or quality reporting, other studies identified through literature review).
- **Scoping Study:** High-level visits led by a senior consultant with high-level networks of contacts and access to senior members of Government in partner countries. This study is anticipated to include visits to up to seven countries in Asia. It will culminate in a report and a presentation in Canberra with a broad group of staff from different areas to be invited, presenting recommendations for investments.
- **Design Process:** This will be a more detailed exercise designed to generate activities and annual plans, based on the Scoping Study Report. The design team will consist of technical experts from relevant thematic areas, and preferably include one person from the scoping study team to enhance continuity.
- **M&E and Performance Framework:** This should be addressed by the design team and linked to the overall Health Security Initiative (HSI) Performance Framework.

## **A) Background**

The Indo-Pacific region includes many recognised hotspots for rapidly spreading and dangerous emerging infectious diseases, 75 per cent of which originate in animals. A major disease outbreak will have severe health and economic implications for Australia, our neighbours and trading partners – costing lives, disrupting regional trade, tourism, and development. In addition, the region is experiencing growing antimicrobial resistance including in tuberculosis and malaria, which threatens to undo decades of medical advancements in treatment of these high burden diseases.

In June 2016, the Australian Government made a pre-election policy commitment to invest in regional health security to safeguard the health and development of Australia and our region. DFAT's Indo-Pacific Centre for Regional Health Security in Australia is delivering on this commitment under the Indo-Pacific Health Security

Initiative (the Initiative) announced by the Foreign Minister on 8 October 2017. This Initiative contributes to the avoidance and containment of infectious disease threats with the potential to cause social and economic harms on a national, regional or global scale.

With funding of A\$300 million over five years its investments will:

- Promote global and regional cooperation
- Catalyse international responses to countries' identified needs
- Apply Australia's unique strengths in health security
- Accelerate access to new and effective tools.

The Initiative builds on Australia's Health for Development Strategy, 2015-2020, which emphasises the role of strong health systems in improving health security<sup>1</sup>. It aligns with the direction of the Government's new White Paper in positioning Australia to take an active and ambitious role in responding to regional and global challenges. The Initiative specifically addresses Sustainable Development Goal Target 3.d: to "strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks". The indicator for this target is countries' status in relation to the International Health Regulations (IHR) capacity and health emergency preparedness index - measured by self-assessment or through a WHO-led voluntary Joint External Evaluation (JEE). A similar index has been established by the World Organization for Animal Health (OIE) to evaluate the Performance of Veterinary Services (PVS).

The Initiative aims to inform evidence-based planning, help prevent avoidable epidemics, strengthen early detection capacity, and support rapid, effective national and international outbreak responses. It does this by accelerating research on new drugs and diagnostics, expanding partnerships at the national, regional and global level to strengthen human and animal health systems, and deepening people-to-people linkages that build national and regional health security capacity. Funding for the initiative is drawn from Australia's international development assistance program and will be applied to activities eligible to be classified as Official Development Assistance.

In 2017 DFAT's Office of Development Effectiveness commissioned an evaluation of Australia's investments in combatting pandemics and emerging infectious diseases, over the previous decade, with a focus on health systems impact – in both human and animal health. Previous programs have worked bilaterally and regionally. The evaluation found the best outcomes for animal health were: the establishment of a regional disease control model for foot and mouth disease (FMD) in South East Asia; and, the establishment of a digital surveillance program (i-sikhnas) for the use of farmers in Indonesia. Attempts to use a One Health approach (linking human and animal health) presented challenges in working across jurisdictions. Areas with the best results were public health issues with common ground such as rabies, avian influenza and antimicrobial resistance.

Governments in the Indo-Pacific have shown a strong interest in health security with all ten ASEAN member countries having undertaken, committed to or formally expressed interest in undergoing a JEE of their capacities to meet the legally binding International Health Regulations 2005 (IHR) requirements. Pacific leaders have also agreed to develop a new Pacific Health Security Coordination Plan (PAHSEC) to assess and develop their IHR capacities.

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<sup>1</sup> Questions used in the H4D Strategy to identify Health System Strengthening Activities were:

- Do the interventions have cross-cutting benefits beyond a single disease?
- Do the interventions address policy and organizational constraints or strengthen relationships between the different system areas?
- Will the interventions produce permanent systemic impact beyond the term of the project?
- Are the interventions tailored to country-specific constraints and opportunities, with clearly defined roles for country institutions?

## **B) Objectives of the Assignment**

*To investigate the articulated needs of countries and make recommendations for targeted responses that would:*

- provide a clear value add in a crowded global context
- add up to a whole greater than the sum of parts
- have a regional impact as well as a national one
- build on existing, effective DFAT programs where relevant
- demonstrate Australia's comparative advantage
- enable attribution
- have political appeal to partner governments, and our own
- are evidence-based and can demonstrate development outcomes (ie health security institutions and systems improvements)
- leverage resources from other governments and donors

## **C) Scope of the assignment**

### **i) The Geographic Focus**

South East Asia has large populations in high-density areas supported by intensive livestock production industries. Countries share land borders and there is frequent unregulated livestock traffic across these borders, increasing opportunities for the spread of zoonotic diseases. There is a range of capacities in health systems ranging from extremely competent to barely so, this is more pronounced in the case of animal health. Government spending on health is generally low and out of pocket expenses high.

### **ii) The Scoping Teams**

The scoping team will have senior representation and are expected to operate at a strategic level, consulting and communicating with senior government officials in selected countries to promote Australia's new Health Security Initiative, identify the partner country's view of national priorities in this area, and secure the partner country's commitment to participating in potential regional multi-country and whole of region activities.

The scoping team will also meet with country representatives of multilateral organisations, senior DFAT staff at post and where relevant, non-Government and private sector organisations.

### **iii) The Scoping Missions**

The missions will comprise a period of approximately 44 days for South East Asia (29 travel days and 15 other working days) (to be confirmed once travel arrangements are finalised). This will be followed by a report and presentations to DFAT in Canberra at mission's end.

The mission will comprise the following:

- Pre-departure work: document review and finalisation of methodology and planning (estimated 2 days), and pre-departure meetings in Canberra (estimated 3 days).
- Visits to seven countries in the South East Asia mission team (estimated 29 days, indicatively three separate trips between 16 April and beginning of July).
- Post-visits report drafting, workshops and presentation of findings to DFAT in Canberra (estimated 10 days = 3 days for country level reports and 7 days for the final report/workshop)

### **iv) Consultations for each mission team**

Expected Canberra consultations (individual meetings and roundtables)

- Health Policy Branch
- Indo-Pacific Centre for Health Security
- Humanitarian
- Gender, Climate Change, Disability Branches
- Relevant DFAT country desks
- Multilaterals, Banks and Funds
- NGOs & Volunteers Branch
- Scholarships
- Select whole of government partners

#### In-country consultations

- Meet and brief HOM on arrival
- Consult with High Commission/Embassy staff
- Meet with partner government Ministries – Health, Finance/Treasury, Agriculture, Planning
- Meet with in-country multilaterals (WHO, OIE, FAO, ADB, WB)
- Meet with key bilateral donors
- Meet with relevant NGOs and/or contractors

#### v) Reporting

Under the direction of the Strategic Lead, the team will be responsible for preparing and delivering a consolidated regional report drawing on findings from in-country missions and the country reports, the team's technical experience, DFAT's strategic direction, Australia's comparative advantage, and a review of the literature.

The report is likely to take the form of a rapid situation analysis supported by recommendations identifying a limited number of options for Australian multi-country, country-led, and regional investment.

The team will also participate in workshops and presentation of the report and findings in Canberra. This may be with or linked to a similar process for Asia. The final report will be around 15-20 pages long and will be delivered before the presentation.

The scoping study report should identify partner government and other stakeholder priorities, as well as establish their willingness (or otherwise) to commit resources to the investment; significant political economy issues, country needs and capacities, review possible investment areas, and identify areas that require additional inputs or information.

The report should include consideration of key issues/decisions, including:

- Priority areas
- Potential partners for implementation
- Options for resourcing/leverage
- Indicative funding

#### vi) Recommendations

Within the scoping study report, the recommendations should address the following:

- Options for country-led or regional interventions:** identifying evidence-based activities to strengthen health security systems to enable improved prevention, detection and response to communicable disease outbreaks; with a focus on IHR (2005) and OIE/PVS core capacities.
  - **Value for money:** 'best buy' interventions, based on evidence of impact and cost
  - **Achievable and sustainable outcomes:** an assessment of time and effort required to achieve results, and of likely sustainability after program ends.

- **Potential partners:** including national government departments, multilateral organisations (see below), regional bodies, non-Government organisations, private sector organisations, other donors and academic institutions.

b) **Potential entry points for Australian co-financed health security investments** in target countries through partnerships that could include:

- key multilateral partners including WHO, World Bank, ADB, Global Fund, Gavi, and identifying entry points in existing processes (e.g. costed JEE plan implementation, relevant regional implementation plan for health security [e.g WHO PahSEC]; financing assessment and support with World Bank); and
- potential opportunities for collaboration and co-financing from other donors, particularly the US (USAID, USCDC), and possibly China, Korea and Japan.

#### **D) Team composition, duration and phasing**

Up to four team members (all contracted by SHS) comprised of:

- Strategic Lead – up to 44 days
- Technical specialist – epidemiologist/public health – up to 44 days
- Technical specialist – animal health – up to 44 days

Plus DFAT lead and support:

- DFAT lead - Head, Centre for Health Security/Ambassador for Health Security or other senior DFAT officer – 30 days
- Secretariat support – CHS Officer/s – total 30 days input

#### **Duration and Phasing SE Asia**

| <b>Date</b>      | <b>Activity</b>   |
|------------------|---|
| 2-3 April 2018   | Pre-departure reading   |
| 4 – 5 April 2018 | Consultations via teleconference; pre-departure meetings (HPB, CHS, PSS, desks, etc)<br>Draft Methodology/ approach /plan |
| 16-27 April 2018 | Field work – Indonesia (18-21 April), Philippines (22-23 April), Cambodia (24-27 April) Thailand                          |
| 4- 15 June 2018  | Field work – Yangon, Myanmar (5-7 June), Hanoi, Viet Nam (8-12 June), Vientiane Laos (13-15 June)                         |
| TBC              | Draft scoping report memoire for DFAT   |
| 18- 19 June      | Report presentation/ workshop in Canberra   |
| 28-29 June       | Debrief in Canberra   |