

# Terms of reference



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## GENERAL INFORMATION

**Title:** LTA Medicines Pricing Specialist (International Consultant)  
**Project Name:** Access and Delivery Partnership (ADP)  
**Reports to:** ADP focal point in Indonesia  
**Duty Station:** Home Based  
**Expected Places of Travel:** Jakarta, Indonesia  
**Duration of Assignment:** Maximum 30 working days (October 2017 to October 2018)

## REQUIRED DOCUMENT FROM HIRING UNIT

	<b>TERMS OF REFERENCE</b>
	<b>CONFIRMATION OF CATEGORY OF LOCAL CONSULTANT, please select :</b>
	(1) Junior Consultant
	(2) Support Consultant
	(3) Support Specialist
	(4) Senior Specialist
	(5) Expert/ Advisor
	<b>CATEGORY OF INTERNATIONAL CONSULTANT, please select :</b>
	(6) Junior Specialist
	(7) Specialist
(8)	(8) Senior Specialist
X	APPROVED e-requisition

## REQUIRED DOCUMENTATION FROM CONSULTANT

X	Completed CV and P11 form with at least three referees
X	Copy of education certificate
X	Completed financial proposal
X	Completed technical proposal (Including links or proofs to any publication works)

### Need for presence of the consultant in office:

- ☐ partial (explain)
- ☒ intermitent, to coordinate progress report regularly with the Technical Officer ADP
- ☐ full time/office based (needs justification from the Requesting Unit)

### Provision of Support Services:

**Office space:** ☐ Yes ☒ No

**Equipment (laptop etc):** ☐ Yes ☒ No

**Secretarial Services** ☐ Yes ☒ No

If yes has been checked, indicate here who will be responsible for providing the support services:

## I. BACKGROUND

Access to affordable medicines is a key factor in maintaining a healthy population and protecting people from medical impoverishment. It is also vital in maintaining the effectiveness, equity and financial sustainability of Indonesia's universal health coverage, or Jaminan Kesehatan Nasional (JKN). Within the first five years of its implementation (2014-2019), it has been estimated that the JKN scheme will have a budget deficit of approximately IDR 96 trillion, due primarily to the high demand and low premium costs<sup>1</sup>. In addition to increasing the premium rates and strengthening the monitoring system to prevent fraud, it is expected that efforts to reduce the cost of medicines expenditure can make a significant contribution towards controlling the JKN spending.

Indonesians widely believe that medicines prices in Indonesia are higher than in the neighbouring countries of a comparable level of economic development. However, this assumption is not substantiated, due to lack of evidence and analyses. Previous research suggests that there is a need for further assessment and analysis of medicines prices in Indonesia. For example, a study published in 2014 by Anggriani *et al* in the Journal of Generic Medicines found that, even though prices of both originator and generic medicines studied had declined between 2004 and 2010, the prices paid by patients for generic medicines were higher than the maximum prices set by the Ministry of Health. Furthermore, the 2016 Insulin Price Profile by *Health Action International* indicates much higher prices and less affordability of insulin in Indonesia than in the other lower-middle income countries studied. Collection of evidence and analyses of policy implications, within the broader contexts of universal health coverage and SDGs will be necessary to support evidence-informed decision- and policy-making.

Therefore, at the end of March 2017, UNDP under the Access and Delivery Partnership (ADP) organized an expert consultation to discuss strategies and develop an action plan for gathering evidence on the prices of key medicines in Indonesia. The consultation discussed strategies on how address the situation and agreed on the main components of the methodology for the price comparison study. There could be four key components or steps; namely, (1) selection of medicines for the study; (2) determination of the government procurement price (derived from analysis of the e-catalogue); and (3) comparison of prices between Indonesia and selected comparator countries (i.e., international price comparison).

In terms of the selection of priority medicines for comparison study, it was proposed that the focus be on **key medicines for cardiovascular diseases**, including anti-hypertension and **anti-diabetes medicines**, as these currently impose significant financial burdens on JKN. **HIV and Hep C medicines under KPPU's review were also suggested.**

For price comparisons data collection, the use of government procurement price available from existing data sources was proposed, which may include those from MSH, Tamil Nadu, South Africa, GCC, WHO PIEMED, together with potential sources from ASEAN countries such as Malaysia and Thailand. It was agreed that the meeting participants would continue to provide expert inputs as the research progresses, to ensure its scientific rigor and usefulness to inform various policy and programmatic discussions in Indonesia.

It is expected that the study can make contributions towards poverty reduction and improved health through effective, equitable and financially sustainable universal health coverage with improved access to affordable medicines, enhanced government capacity, and greater availability of critical data for evidence-informed decision-making. For this purpose UNDP calls for an independent consultant to provide his/her technical expertise to conduct the price comparison study with tasks and deliverables, as described in Section II - Scope of Work.

### **Note on Long Term Agreement (LTA):**

UNDP Indonesia shall enter into an on-exclusive long term agreement (LTA) with the selected consultant and shall specify deliverables and timeframes for each task. Prospective individuals are requested to take note of the following:

<sup>1</sup> <http://health.kompas.com/read/2016/04/27/150000423/Defisit.JKN.Masih.Akan.Terjadi>.

Long Term Agreement is a mutual arrangement between UNDP and an individual to provide the required services at prescribed prices or provisions over a period of 12 months, with potential extension of one year. UNDP reserves the right to rescind the agreement during that period should performance of the consultant not meet its requirements.

Under a Long-Term Agreement, UNDP does not warrant that any quantity of services shall be purchased during the term of this agreement. Where a request for services arises, UNDP shall directly contract the consultant based on its need to carry out those activities. A specific Term of Reference (TOR) outlining the outputs for each assignment shall be provided and an Individual Contract (former SSA) would be issued to the consultant, detailing the time frame.

## II. SCOPE OF WORK, RESPONSIBILITIES AND DESCRIPTION OF THE PROPOSED ANALYTICAL WORK

### Scope of Work

Provide expert technical assistance to Medicines Pricing Specialist (national post) to ensure scientific rigor of the Medicines Price Comparison study to inform various policy and programmatic discussions in Indonesia by providing:

- Advice on the development of research methodology and study protocol;
- Advice on the analysis of study results to ensure its scientific rigor and usefulness to inform various policy and programmatic discussions in Indonesia;
- Editorial support to the final draft of the study

### Expected Results/Final Deliverables :

- Proof of inputs and availability of advisory documentation;
- Edited final draft report available.
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Deliverables/ Outputs	Estimated number of working days	Completion deadline	Review and Approvals Required
1. Proof of inputs and availability of advisory documentation.	Maximum 15 working days	As requested	The ADP Focal Point in consultation with ADP Programme Advisor in Bangkok Regional Hub.
2. Edited final draft report available.	Maximum 15 working days	As requested	The ADP Focal Point in consultation with ADP Programme Advisor in Bangkok Regional Hub.

### III. WORKING ARRANGEMENTS

- **Institutional Arrangement:**
  1. The consultant will report directly to the ADP Focal Point in UNDP Indonesia, in consultation with ADP Programme Advisor;
  2. The consultant will be given access to relevant information and data necessary for execution of the tasks under this assignment;
  3. Payments will be made on submission of a detailed time sheet and certification of payment form, and approval and confirmation by the ADP Focal Point that the work has been carried out satisfactorily. Each deliverable will be agreed upon with the ADP Focal Point in consultation with ADP Programme Advisor;
  4. The Consultant will be expected to have her/his own laptop and software, and have access to communication facilities (emails, telephone, access to internet, etc.); and
  5. While the consultancy is home-based, the consultant is expected to travel to UNDP Indonesia Country Office and be available for regular teleconferences with ADP Programme Advisor.
- **Duration of the Work**

Maximum 30 working days (October 2017 to October 2018)
- **Duty Station**

Home Based, with expected places to travel such as Jakarta, Indonesia

#### **Travel Plan**

There may be also unforeseen travel that will come up during the execution of the contract which will be agreed on ad-hoc basis.

### IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

- **Academic Qualifications:**

Minimum Tertiary Education in Public Health, Pharmacy and or Medical Sciences.
- **Professional experience:**
  1. Minimum 17 years' combined experience for Bachelor, 15 years for Master, and 6 years for PhD in health-related program or research management with a multilateral or international organization, the private sector, University or governmental bodies;
  2. Experience in medicines and or health policy research; and
  3. Strong publications and writing record on medicines and or health policy development.
- **Language:**
  1. Fluent in English
- **Competency :**
  1. Ability to work in multi-disciplinary and multi-cultural teams;
  2. Ability to work under pressure against strict deadlines;
  3. Ability to present complex issues persuasively and simply;
  4. Ability to think strategically;
  5. Computer literacy in data analysis and good report writing skills

## V. EVALUATION METHOD AND CRITERIA

### Cumulative analysis

When using this weighted scoring method, the award of the contract should be made to the individual consultant whose offer has been evaluated and determined as:

a) responsive/compliant/acceptable, and

b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

\* Technical Criteria weight; 70%

\* Financial Criteria weight; 30%

Only candidates obtaining a minimum of 70 point would be considered for the Financial Evaluation

<i>Criteria</i>	<i>Weight</i>	<i>Maximum Point</i>
<u>Technical</u>		100
<b>Criteria A: qualification requirements as per TOR:</b>	70	70
1. Minimum Tertiary Education in Public Health, Pharmacy and or Medical Sciences.		10
2. Minimum 17 years' combined experience for Bachelor, 15 years for Master, and 6 years for PhD in health-related program or research management with a multilateral or international organization, the private sector, University or governmental bodies.		15
3. Publication record in specifically related to medicines and or health policy development		20
4. Experience in working with government in LMICs (especially with Ministry of Health), development agencies, and/or International NGOs in health;		25
<b>Criteria B: Brief Description of Approach to Assignment</b>	30	
1. Understand the task and applies a methodology appropriate for the task as well as strategy in a coherent manner		10
2. Important aspects of the task addressed clearly and in sufficient detail		10
3. Logical, realistic planning for efficient project implementation		10