

Annex 1
Terms of Reference



GENERAL INFORMATION

Title: Consultant to Develop Technical Guidelines of HIV Services Through Telemedicine
Project Name: Health Governance Initiative (HEART)
Reports to: HEART Project Manager
Duty Station: Home based
Expected Places of Travel (if applicable): None
Duration of Assignment: 45 working days

REQUIRED DOCUMENT FROM HIRING UNIT

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

REQUIRED DOCUMENTATION FROM CONSULTANT

X	Completed P11 or CV with at least 3 (three) referees
X	Copy of education certificate
X	Completed financial proposal
X	Completed technical proposal

Need for presence of IC consultant in office:

- ☒ partial (coordination for program/activity planning, implementation and monitoring)
☐ intermittent
☐ full time/office based (needs justification from the Requesting Unit)

Provision of Support Services:

Office space: ☐ Yes **X No**

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

Secretarial Services ☐ Yes **X No**

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

Arry Lesmana Putra

I. BACKGROUND

UNDP is committed to contributing to overcoming the major health challenges in Indonesia. The expertise built over 15 years is used to support ongoing health system strengthening reforms. The action begins with increasing equity in access to quality basic health services for the poor and most vulnerable. This includes improve access to social services and medicines for excluded groups.

This access, however, is increasingly disrupted in the Covid-19 pandemic situation. Health workers are drawn to get involved in the response to Covid-19 so that other health services are distracted. Face-to-face health services are also avoided to reduce the spread of the virus. The most impacted group on this condition is the poor and marginalized groups. They are the largest consumer of health services but is increasingly unable to access affordable and quality health services.

Concerned with this issue, UNDP assist the Indonesian government in overcoming it. One of the things that has been done is to make a partnership agreement with The Indonesian Telemedicine Alliance (ATENSI). The goal is to contribute to providing access to health services for the community through telemedicine during the Covid-19 pandemic. This partnership will cover three main topics that will be worked on together, which are: (1) Evidence-based practices, (2) Advocacy to Indonesian government, (3) Learning and capacity building.

Several follow-up activities for the partnership have been carried out. First is the assessment of telemedicine service providers under ATENSI to measure the extent to which telemedicine has been beneficial to the community. The results of the study indicate that HIV tele-consultation services are one of the most widely accessed by the community. The next activity is to collaborate with the telemedicine company under ATENSI to increase the knowledge of their health workers regarding prevention, outreach, testing, and treatment of HIV cases through telemedicine.

UNDP together with ATENSI then build communication with the Ministry of Health. This is an initial assessment for efforts to develop HIV services through telemedicine. It is recognized that there has been an increasing demand for these services during the Covid-19 pandemic. The Ministry of Health also realizes that there is a need to strengthen collaboration between the government and the private sector, including telemedicine providers. This is mainly in the effort to provide access to services and to achieve the target of HIV elimination by 2030.

The Ministry of Health, through the Head of the Sub Directorate HIV and PIMS, is interested and approves of the development of HIV services through telemedicine. Access to STOP Program services (Consul, Find, Treat, Maintain) whose implementation has been disrupted due to the pandemic can be done digitally or without face to face. This is very possible because most telemedicine service providers in Indonesia currently have supporting facilities so that they can exacerbate the challenges.

Telemedicine can play a role in the prevention of HIV infection. An example of this is explore the acceptance, use, and adherence of screening efforts among adolescents (men who have sex with transgender, men, and women) aged 15-19 years. In addition, digital platforms allow individuals to consult on sensitive subjects. Telemedicine can then identify those at higher risk of acquiring HIV and schedule a PrEP (pre-exposure prophylaxis) appointment.

Telemedicine is also ideal for those with chronic illnesses. This is particularly for individuals that are well managed and only require regular check-ups, repeated prescriptions, and general monitoring. They are living with HIV on a successful treatment, with an undetectable viral load and stable immune function. Video or telephone consultations can answer their questions and promote retention in care.

Visual assessment in place of physical examination can be conducted. The client is asked to do some self-examination and report certain vital signs. They can also send pictures if needed. Only those who need urgent and important laboratory tests are referred to the laboratory. Meanwhile, those with acute needs can still be seen directly. Those living with HIV with well adherence, suppressed viral load and no comorbidities, can have treatment visits at six-to-12-month intervals.

HIV services via telemedicine need more preparation before being implemented. Legal umbrellas might already exist, such as the Circular Letter No. HK.02.01 / MENKES / 303/2020, Permenkes No. 20/2020, and Perkonsil 74/2020. However, a technical guideline in implementing HIV service via telemedicine is still not available. Guideline in arranging mechanisms, flow, test and treatment management, monitoring, data confidentiality management, and quality standards are crucial currently. The services implemented are also expected to fulfill the 5C concept, which are concern, counseling, confidential, correct to results, and connect to care / services.

This technical guideline is necessary to ensure service quality and risk mitigation. This is because HIV services via telemedicine can disrupt the relationship between existing health care facilities and clients. In addition, telemedicine can be difficult to build relationships and trust through virtual platforms. Key populations often report distrust of the medical system because of experiences of stigmatization. The readiness and expertise of health service providers in providing telemedicine services needs to be considered too so that they do not appear rushed.

Objectives

UNDP in collaboration with ATENSI and the Ministry of Health will initiate this technical guideline development. The first activity that will be conducted is a workshop on making technical guidelines for HIV services through telemedicine. UNDP will recruit an independent consultant to lead this activity until the Technical Guidelines are documented, disseminated, and implemented.

Target beneficiaries

Telemedicine service providers and the Sub-Directorate HIV, Ministry of Health are the main target beneficiaries so that they can increase access to the Consul, Find, Treat, and Maintain services to the public and the key population with HIV.

Timeline

Activities	Month 1	Month 2	Month 3
Workshop with strategic partners to map SWOT and get input on HIV services through telemedicine	x		
Desk review including literature review	x		
Technical Guidelines (Juknis) writing	x		
Dissemination of the Juknis draft to strategic partners to get input on the technical guidelines that have been written		x	
Completion of the Juknis draft		x	
Case study or pilot implementation of Juknis for HIV services through telemedicine to key populations		x	
Revision of the Juknis based on case study evaluation			x
Dissemination of the revised Juknis to strategic partners			x
Production, distribution, and socialization of technical guidelines to the Ministry of Health, ATENSI, and Telemedicine Service Companies			x

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

The general purpose of this ToR is engagement of the technical support that would serve as to support:

1. In cooperation with ATENSI and Ministry of Health preparing technical guidelines (Juknis) for the implementation of HIV services through telemedicine
2. Together with ATENSI and Ministry of Health disseminating and implementing technical guidelines (Juknis) for HIV services through telemedicine.

Expected deliverables/outputs:

Expected deliverables	Estimated number of working days	Completion deadline	Review and Approvals Required
1. Report of Workshops with strategic partners to map SWOT and get input on HIV services through telemedicine	10 working days	March 2021	Project Manager and Head of Sub Directorate of Malaria
2. Draft 1 of Technical Guidelines (Juknis) based on result from workshops and desk review	20 working days	March 2021	Project Manager and Head of Sub Directorate of Malaria
3. Report of Dissemination of the Technical Guidelines (Juknis) draft to strategic partners and telemedicine providers	2 working days	April 2021	Project Manager and Head of Sub Directorate of Malaria
4. Draft 2 of Technical Guidelines (Juknis) based on input from dissemination and case study evaluation	8 working days	April 2021	Project Manager and Head of Sub Directorate of Malaria
5. Final Technical Guidelines (Juknis) that has been approved and disseminated to strategic partners	5 working days	May 2021	Project Manager and Head of Sub Directorate of Malaria
Total Working Days	45 working days	March – May 2021	

III. WORKING ARRANGEMENTS**Reporting**

The Consultant shall report to the Health Governance Project Manager and Head of Sub Directorate of HIV, for any queries and assistance on deliverable based.

Duration of Assignment

The duration of the assignment is 45 working days, renewable subject to availability of funds and daily performance.

Payment The consultant will be paid on a daily rate (based on the number of days worked) and on the approved report and Certificate of Payment.

Travel

In the event of unforeseeable travel not anticipated in this TOR, payment of travel costs including tickets, lodging and terminal expenses will be reimbursed by UNDP.

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS	
I. Academic Qualifications:	<ul style="list-style-type: none"> Minimum Master's degree in Infectious Disease, Health System Management, Health Policy, or other related fields
II. Experience:	<ul style="list-style-type: none"> A minimum of ten years of relevant work experience in the field of HIV/AIDS Hands on experience in designing and writing technical guidelines for HIV/AIDS services An excellent understanding of the linkage between HIV/AIDS services and telemedicine would be advantage. Good knowledge of policies, programs, and priorities of government in HIV and AIDS response including the strategy and target goals in Indonesia would be an advantage
III. Language:	<ul style="list-style-type: none"> Strong written and spoken in English
IV. Others	<ul style="list-style-type: none"> Preferably have extensive knowledge in collaboration, learning, and adapting concepts for health projects and telemedicine Creative problem solving and ability to work in a team with positive attitude Ability to communicate and give a good presentation, report, and able to work independently and in a team

I. EVALUATION METHOD AND CRITERIA		
Individual consultants will be evaluated based on the following methodology:		
<u>Cumulative analysis</u>		
<i>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:</i>		
<i>a) responsive/compliant/acceptable, and</i>		
<i>b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.</i>		
<i>* Technical Criteria weight; 70%</i>		
<i>* Financial Criteria weight; 30%</i>		
<i>Only candidates obtaining a minimum of 70 point would be considered for the Financial Evaluation</i>		
Criteria	Weight	Maximum Point
<u>Technical</u>	70%	100
Criteria A: qualification requirements as per TOR:		70

1. Minimum Master's degree in Infectious Disease, Health System Management, Health Policy, or other related fields		20
2. Minimum of ten years of relevant work experience in the field of HIV/AIDS		20
3. Hands on experience in designing and writing technical guidelines for HIV/AIDS services		10
4. Has an excellent understanding of the linkage between HIV/AIDS services and telemedicine		10
5. Has a good knowledge of policies, programs, and priorities of government in HIV and AIDS response including the strategy and target goals in Indonesia		10
Criteria B: Brief Description of Approach to Assignment		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