

**AusAID**

**Health Resource Facility**

**Concept Document**

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## Acronyms

ADG	Assistant Director General, AusAID
AusAID	Australian Agency for International Development
CSG	Contract Services Group
CV	Curriculum Vitae
DfID	Department for International Development (UK)
GFATM	Global Fund Against AIDS, Tuberculosis and Malaria
HHTG	Health and HIV Thematic Group, AusAID
HIV	Human Immunodeficiency Virus
HLSP	Health & Life Sciences Partnership
HRF	Health Resource Facility
M&E	Monitoring & Evaluation
ODE	Office of Development Effectiveness
OPMU	Operations Policy Management Unit
PAP	Performance Assessment and Evaluation Framework
QA	Quality Assurance
QAI	Quality at Implementation
TKS	Thematic Knowledge Services (AusAID)
TOR	Terms of Reference
WHO	World Health Organization

## Definitions

**Contractor** Means the lead organisation with which the eventual contract for the implementation of the HRF is signed. This may be a single organisation or may be a lead organisation representing a consortium or other form of association.

## Executive Summary

1. The Australian Government is committed to increasing and improving the quality of its development assistance, including in health and in its response to HIV. In 2006 the *Delivering Better Health Initiative* was established representing an additional four (4) year commitment of \$585.2m. A major focus of this new initiative is to improve health outcomes of people in the Asia-Pacific region by strengthening the delivery of basic health services and supporting the systems that underpin it.
2. In response to this substantial scaling-up of the aid program in health and HIV, and the subsequent increase in demand for a range of short-term health and HIV expertise and knowledge, the Australian Agency for International Development (AusAID) will establish the **Health Resource Facility (HRF)**. The main function of the HRF will be to *source and mobilise health and HIV expertise* (approximately 80% of HRF work) and to support the *compilation of information* on health and HIV by conducting literature searches, undertaking analysis and synthesis of material into short reports, and providing briefings on requested topics (approximately 20% of HRF work).
3. The HRF will be a *demand driven* facility, managed by a contractor, which will apply appropriate technical and administrative skills in support of AusAID requests for advice, technical expertise and assistance. The HRF Contractor must have (or demonstrate a capacity to develop) both strong specialist health and HIV knowledge and project management competencies. It will also have *established links* within the health and HIV sectors both in Australia and internationally and be able to identify and mobilise a broad range of health and HIV expertise. The HRF Contractor may be a single organisation, or one working within a linked network, or a Consortium/Association. With a focus on effectiveness, the HRF will be responsible for assuring the quality of all of its outputs, including contracted expertise.
4. The contract term for the HRF is planned to be three (3) years, commencing mid to late 2008, linked to the *Delivering Better Health* initiative budget, with the possibility to extend the contract for up to an additional three (3) years subject to performance and AusAID approval.
5. The HRF contract will be managed by an AusAID HRF program manager from the HHTG. The program manager will be the focal point for liaison between the HRF Contractor and AusAID, and will ensure coherence and consistency of HRF activities with AusAID policies.
6. The HRF Steering Committee, chaired by a member of the HHTG, will be established to guide and review HRF performance and evaluate its effectiveness and efficiency in operationalising AusAID requests for health and HIV expertise and information. The Steering Committee will meet three (3) times each year.
7. In addition to this ongoing review function, the Steering Committee will be responsible for deciding whether an annual performance incentive will be awarded (and if so, how much), based on an assessment framework which will include the quality of services provided by the HRF. To do this the HRF will draw on various sources of information including the results of HRF four-monthly reports, results of quality assurance measures including client satisfaction and Quality at Implementation (QAI) assessments. The performance incentive payment, if awarded, will be applied on a graduated scale, subject to Steering Committee satisfaction.
8. As a new facility, AusAID envisages that a Late-Term Review will be conducted at around 28-30 months to evaluate HRF achievements against the stated goal and objective, and inform decisions about any amendments that should be made to the design or management of the HRF and future contracting, including extension of the HRF contract. Various sources of information, including the results of HRF four-monthly reports, quality assurance measures and Quality at Implementation (QAI) assessments will feed in to this review. In addition, AusAID will commission an independent Impact Survey that will also feed into the Late-Term Review. This survey will inform AusAID and the HRF on the perceived impact of the HRF - including contracted personnel and interventions - according to development partners

(including Australian government departments, partner governments, international development organisations and institutions, and civil society).

## A - Analysis and Strategic Context

### A-1 Issues for AusAID in Providing Sector Support

9. AusAID is operating in a new policy and funding environment. While some development successes have been achieved, significant development challenges remain, particularly in the Asia-Pacific region. Many people continue to live in poverty, experience poor health, and do not have access to even basic health and HIV services.
10. The Australian Government is committed to contributing to the achievement of Millennium Development Goals 4 (reduce child mortality), 5 (improve maternal health) and 6 (combat HIV, malaria and other high burden diseases) with a particular focus on improving health service delivery for the poor and vulnerable.
11. The *Delivering Better Health Initiative* is outlined in *Australia's Overseas Aid Program 2007-08* and represents a commitment of \$585.2m over four (4) years, commencing in 2007-08. This initiative will help achieve national health goals in partner countries, focusing in particular on:
  - strengthening health systems, through improving health policy, accelerating reform and working towards sustainable financing;
  - addressing priority health needs of women and children, including reproductive health, nutrition and preventive and care measures for childhood diseases;
  - tackling diseases in the Pacific, helping partner governments better manage the burden of non-communicable diseases; and
  - funding global health partnerships to engage the expertise and scale of effective international partners to address priority health and HIV concerns.
12. The *Delivering Better Health Initiative* also puts into place arrangements to support a significantly scaled-up health and HIV program, focussing on:
  - engaging a broader range of domestic and international partners;
  - improving the evidence base for health and HIV program policy directions and implementing activities;
  - enhancing AusAID's ability to access and manage expertise and knowledge; and
  - using performance payments to drive improvements in health and HIV service delivery.
13. AusAID also recognises the need for improved access to expertise and knowledge as a means of enhancing (and measuring) performance in Australia's development assistance in health and HIV. Of particular importance will be the role for international and regional collaboration, knowledge sharing and linking policy and practice to evidence and lessons learned.
14. AusAID is committed to supporting Paris Declaration<sup>1</sup> goals and actively seeks to use appropriate regional and country expertise to support the health and HIV aid program whenever possible. To support this approach, close liaison and relationship building are needed across a wide variety of stakeholders. At country level, health and HIV programs will require strong competencies in all aspects of the program cycle from sector appraisal, design and formulation, through to performance review.

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<sup>1</sup> *The Paris Declaration on Aid Effectiveness*

15. In 2007 the AusAID Health and HIV Thematic Group (HHTG) was established to support the scaling-up of the aid program and as part of broader AusAID corporate reforms (as outlined in the *Director General's 2010 Blueprint*). The HHTG is responsible for development of policy and ensuring its consistent and quality application across health and HIV programs. By doing this, the HHTG supports the delivery of a high standard and expanded health and HIV aid program that continues to contribute to improving health and HIV services - and thereby the health outcomes of men, women and children in partner countries. In the context of improving and expanding its health and HIV programs, AusAID is in need of additional knowledge and resources to undertake its responsibilities.
16. The HHTG consists of Australian Public Servants and specialist health and HIV advisers. At present, three (3) advisers are located in Canberra, supplemented by overseas-based advisers attached to the specific country/regional programs. HHTG is responsible for:
  - providing high level policy advice to the Minister, Executive and Government, including other government agencies;
  - supporting program implementation for bilateral, regional and global health aid programs through providing guidance and quality checking, and thereby contributing to lasting development results; and
  - promoting staff development and expertise through the Health and HIV Thematic Networks.
17. The ongoing demands of substantially scaling-up the level of Australian aid, alongside strengthening health system fundamentals, tackling specific health burden issues and the entry of new donor funding agencies, will make considerable additional calls (both in scale and scope) on technical and operational capacities of AusAID's relatively fixed human resources.

## **A-2 Problem Analysis**

18. The HHTG has concluded that it does not have the in-house capacity or contracting arrangements to meet all the health and HIV expertise and knowledge sourcing requirements generated by a significantly scaled-up program.
19. Demands on the HHTG have emphasised the need for AusAID to develop and expand its knowledge and expertise in health and HIV issues and so improve the overall performance of the health and HIV aid program. A key factor in achieving performance improvements will be AusAID's capacity to source and manage a more diverse range of quality health and HIV expertise. AusAID will require experts to provide specialist advice to contribute to both the policy development and activity implementation objectives of the health and HIV aid program. This is most likely to be achieved by an organisation with strong program management skills and experience, and with excellent and extensive links to a wide range of local and international individuals and institutions with expertise in health and/or HIV.
20. The HRF will be established in the financial year 2008/09 to support the expansion of health and HIV resources and expertise. The HRF will be an essential tool for AusAID to bring about improvements in the performance of the scaled-up health and HIV aid program. As the HRF will be responsive to AusAID needs, it is expected that its role will require adjustment and redevelopment over time.
21. AusAID has health and HIV programs in approximately 20 countries as well as regional and global health programs. Based on an analysis of the requirements for technical assistance across AusAID's health and HIV programs, an indicative number and

description of consultant days required over a 12 month period is provided below. It should be noted that these figures are indicative only, and that demand on the HRF for technical assistance could exceed or be less than that outlined below.

<b>Focus of Technical Input Required</b>	<b>Estimated Number of Consultant Days in a 12 month period</b>
Reviews	140
Designs	210
Appraisals	21
Technical Support	
- <i>Health Systems (human resources and health financing)</i>	250
- <i>Maternal and Child Health</i>	185
- <i>HIV</i>	125
- <i>Non-Communicable Diseases</i>	40
- <i>Disability</i>	35
<b>Total</b>	<b>1006</b>

#### ***Demand for the HRF from AusAID program areas***

22. Alongside the requirement for ongoing programs to have access to specialist health and HIV expertise, the scaled-up funding will continue to trigger additional levels of demand for analysis/synthesis of technical information and preparation of policy advice across the Australian health and HIV aid program. It is expected there will be an increasing need for skills across a range of issues including but not limited to:

- basic service delivery at national and sub-national levels;
- health sector planning;
- health workforce planning, training, and management;
- health sector financing, including social health insurance and other financing schemes;
- health sector performance assessment (including specific monitoring & evaluation approaches);
- public health policy analysis; and
- medical procurement and distribution of medical supplies; as well as
- child and maternal health;
- HIV
- country-specific high burden diseases such as malaria and non-communicable diseases; and
- disability.

23. Another potential source of demand for HRF support will be from AusAID program areas not directly involved in the delivery of the health and HIV aid program. This could take the form of impact analyses and information to inform policy decisions. Possible sources of request include:

- Office of Development Effectiveness (ODE) in determining the impact and effectiveness of health programs;



- Operations Policy Management Unit (OPMU) in determining best practice for health programs; and
  - Humanitarian and Emergency Section in shaping and planning for critical responses to health aspects of crises.
24. In addition, AusAID's engagement with global and regional health and HIV programs funded by multilateral organisations, International Financial Institutions and any new funding entrants is also likely to generate demand for HRF expertise. This requirement signals that the HRF Contractor will need to have a strong understanding of and experience in dealing with a range of health development financing mechanisms, for example the Global Fund Against AIDS, Tuberculosis and Malaria (GFATM).
25. Further, AusAID whole-of-government partners, partner governments and regional institutions may come forward with requests for health and/or HIV expertise on particular issues. The HRF could be tasked/funded to support these requests by either AusAID or by the requesting government/department/institution (with HHTG approval).
26. Finally, in some limited circumstances AusAID may also approve access to HRF services by managing contractors (on a fee for service basis) when seeking particular health and/or HIV expertise to support AusAID funded activities that they are managing.

#### ***Demand for HRF through AusAID country/regional offices***

27. Devolution of activity management to AusAID country/regional offices requires that identification of most program resourcing requirements (including identification of expertise) will be the responsibility of these offices.
28. These country/regional office responsibilities sit alongside the ongoing activity management tasks that need to be performed for the established country/regional program portfolio, and any one-off analysis/synthesis, policy formulation and expertise sourcing requests made by the partner government or development partners in country. Portfolio management tasks include, but are not limited to:
- providing information on up-to-date policy solutions to key issues in health and HIV development;
  - providing technical advice on Terms of Reference (TOR), Scope of Service or other program/activity documentation;
  - activity identification and feasibility studies;
  - undertaking program/activity designs;
  - undertaking technical appraisals, monitoring, reviews and evaluation;
  - undertaking Late-Term Reviews and AusAID Quality at Implementation (QAI) Reviews; and
  - completing Independent Completion Reports.

#### ***Continuing Professional Development***

29. The HRF design investigations revealed a high level of demand at country/regional offices for continuing professional development in the form of seminars on specific health and HIV topics that are a good fit with the country/regional programs.
30. The HRF Contractor will need to have the capacity to deliver these professional development activities and support them with strategic information papers. The target groups for these seminars will include AusAID staff, partner government personnel, development partners and community groups.

### ***Need for improved approaches to knowledge management in HHTG***

31. AusAID's Thematic Knowledge Service (TKS) performs up to 150 specific literature searches annually, based on requests received from AusAID staff. TKS also prepares over 40 monthly abstracted, full-text thematic and country/regional updates and a monthly "Hot Topics" service, scanning the latest literature relating to development issues. Given the technically specialised nature of health and HIV, the services of TKS do not fully meet AusAID's health and HIV policy and programming needs.
32. As such, AusAID will establish the HRF to provide specialised health and HIV support. The HRF will be tasked to compile short reports and briefings based on literature searches as well as analysis and synthesis of information. This role will be demand driven and responsive to specific needs in AusAID programs. It is expected that this will account for approximately twenty per cent (20%) of the HRF's total work.
33. AusAID has a number of existing and planned online vehicles for storing and disseminating electronic documents. As such there is no added value in the HRF establishing and managing another web-based storage mechanism. The HRF will be responsible for producing information resources and the HHTG will be responsible for its appropriate dissemination, using AusAID's existing mechanisms.

### **A-3 Lessons Learned**

34. AusAID's initial concept to support the expansion of resources and knowledge was to consider the model developed by the United Kingdom's Department for International Development (DfID). From 1994 onwards, DfID established and then redefined the services and funding methods for what is now the DfID Health Resource Centre.
35. DfID originally established five health-related resource centres in 1994, and these became the main mechanisms available to meet DfID's health expertise and knowledge management requirements. They provided short term technical assistance across the aid program and developed health technical content relevant to program areas (e.g. technical briefs, best practice guidance, summaries of topic specific evidence) which was then stored in a specialist repository that could be accessed by DfID staff. The administrative cost of this approach was significant, and the five centres were eventually rationalised and merged into the single Health Resource Centre now operating in the United Kingdom.<sup>2</sup>
36. The DfID model of procuring health expertise is of interest, but does not fully inform the funding and contracting model for the HRF.
37. The AusAID approach for the HRF will be to test the international marketplace for contractors and encourage value for money competition amongst these to deliver a high-quality, but smaller volume of services than DfID's Health Resource Centre.
38. Of great interest to the HRF design is the positive impact of the DfID Health Resource Centre on health programs, in terms of program staff and advisory cadre time saved, higher quality of expertise located, and the quality assurance steps that were applied to expert documentation. DfID's internal monitoring and evaluation (M&E) processes have rated these impacts favourably.
39. Recent analyses of AusAID's needs for supplementary health and HIV expertise and knowledge indicate that the optimal role for the HRF is not as a new activity or program,

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<sup>2</sup> An analysis of the DfID Health Resource Centre experience was prepared for this design. It contains background information only. If desired, tenderers may request a copy of this paper from the AusAID contact officer.

or a specialised repository of health and HIV information in one physical location (which may be inferred from the term “centre”), but more a “facility” that supports the existing AusAID health and HIV program. The term “facility” as used by AusAID denotes a modality that is flexible and responsive to demands for support from a wide variety of sources from within and possibly outside AusAID, and that is able to rapidly deploy required expertise.

***Health Period Offer as a possible response to the need for additional skills***

40. AusAID previously established a system of Period Offers to develop umbrella contract conditions to facilitate timely mobilisation of any additional skills and short-term inputs needed by its programs. These forms of Period Offers are intended to respond to emerging, or ongoing skill requirements in the aid program but are limited to a fixed number of individuals and organisations that meet the selection criteria. AusAID established a Health Period Offer for 2005 to 2008 to meet what were perceived to be the emerging health and HIV expertise requirements at that time.
41. In 2006, AusAID’s then Contract Services Group (CSG) conducted a review of all Period Offers, including those in the health, education and infrastructure sectors. The principle findings for the Health Period Offer were:
  - the period offer database is not regarded as a primary source of potential expertise;
  - there is a concentration of utilisation around a limited number of specific contractors;
  - the availability of expertise under Period Offers frequently did not match up with the timing of AusAID needs; and
  - quality assurance over subcontractors work is not consistent, calling into question the additional cost of subcontracting under this form of Period Offer arrangement.
42. AusAID considers that the 2006 review findings remain valid in 2008. These review findings are complemented by HHTG’s experience that the current form of Health Period Offer is not sufficiently diverse, flexible or responsive to needs and emerging situations. In general terms, the current form of Period Offers were regarded by CSG as expensive to establish and need to properly meet AusAID’s skill mobilisation requirements if this cost is to be justified. CSG advised that the overall assessment of the current form of Period Offers in the health and education sectors was not as positive as in the infrastructure sector, and governance and organisational development fields.
43. The existing form of Health Period Offer is deemed to be insufficiently responsive to meet the contemporary needs of emerging health issues, or the demands of supporting major donors in the international health field. In addition, the current Health Period Offer includes Australian expertise only. As AusAID has untied its aid, the current arrangements are inadequate. It is intended that the current form of Health Period Offer will not be renewed once it expires in November 2008.
44. Instead, it is envisaged that the sourcing of health and HIV experts through the AusAID Health Resource Facility (a new and innovative form of period offer arrangement) would replace the current form of Health Period Offer as a more dynamic and diverse source of health and HIV expertise to support bilateral, regional and global activities. The HRF Contractor will be required to demonstrate that it is sourcing and engaging the most appropriate expertise from a diverse range of sources on an ongoing basis.

## **A-4 Consistency with Existing Programs**

45. The establishment of the HRF will support the substantial scaling-up of the health and HIV aid program over the three (3) years between 2008-2011 by:
- strengthening the aid program's analytical capacity, knowledge and expertise in health and HIV;
  - providing AusAID officers with specialised health and HIV support; and
  - enabling AusAID to act as a resource for all Australian Government agencies delivering ODA-eligible expenditure.
46. The need for the services provided by the HRF will be exacerbated by new and ongoing challenges in the Asia-Pacific region, such as:
- the compelling need for greater progress with women's and children's health and other regional health burdens where poverty and gender inequality remain;
  - infectious diseases (including emerging and re-emerging infectious diseases), such as tuberculosis and malaria;
  - the spread of HIV;
  - the threat of trans-boundary pandemics such as influenza;
  - increasing prevalence of non-communicable diseases; and
  - health systems issues, including human resources, health financing and service delivery.

### ***Relationships with other AusAID funded activities***

47. One significant point of departure between the DfID Health Resource Centre experience and AusAID's present circumstances is the many avenues for research/information sharing that already exist within AusAID and through other activities. The design of the HRF is intended to harmonise with and complement these existing activities.
48. **Annex 1** provides a summary of current activities funded by AusAID that have coverage of health sector areas and that will be of interest to the HRF. In undertaking its functions the HRF will need to establish effective contacts with these activities as appropriate to support its knowledge synthesis and sharing role.

## **B Program Description**

### **B-1 Goal, Purposes and Objectives**

#### ***Goal***

49. To contribute to improving the performance of Australia's international development activities in health and HIV programs in partner countries and thereby contribute to improving the health of their citizens.

#### ***Objective***

50. To assist staff to make the highest quality, well informed policy and operating decisions in supporting the performance of the health and HIV aid program in partner countries through:
- (i) prompt access to quality assured expertise from diverse Australian and international sources across a wide range of health and HIV sector topics; and

- (ii) access to analysis/synthesis of research, knowledge and experience.

## **B-2 Expected Outputs**

51. Effective functioning of the HRF is expected to realise the following outputs:

- AusAID will have prompt access to a diverse and broad range of quality health and HIV expertise from Australia and globally; and
- AusAID will have prompt access to high-quality analysis/synthesis reports and policy advice on a wide range of health and HIV topics.

## **B-3 Expected Outcomes**

52. The changes that AusAID seeks to effect will be measured by:

- observed positive changes in health and HIV program design and implementation quality; and
- a judgement that advice and decision making regarding Australia's international development health and HIV program is better informed based on the expertise and information obtained through the HRF and applied by AusAID in its range of activities for health and HIV program support.

## **B-4 Form of Aid Proposed**

### ***Managing contractor model***

53. The proposal is to outsource the tasks to a contractor that can identify and mobilise a broad range of health and HIV sector expertise through diverse industry contacts. The successful Contractor will need to be able to demonstrate the following attributes if it is to add value to AusAID's objective of better performance in the scaled-up health and HIV aid program:

- strong specialist health and HIV links and a proven understanding of contemporary health issues, both in the region and globally;
- an established network of country/regional/global expert health and HIV organisations/institutions and individuals that can be called on to provide a diverse range of expertise on a broad range of health and HIV topics;
- an ability to quickly identify and mobilise appropriate expertise from a wide range of Australian and international sources;
- an ability to manage a variety of health and HIV experts and to contract, mobilise and support consultants in the field;
- expertise in analysis/synthesis of technical material and supporting professional education opportunities;
- strong program management and monitoring skills in an environment that calls for flexible and timely responses to client requests;
- sound management systems and experience including financial management, human resource management and quality assurance skill sets;
- an ability to manage a wide range of internal and external relationships with associated AusAID and other activities;
- a clear understanding of AusAID activity management roles and responsibilities; and
- a committed client focus.

54. The HHTG has determined that a managing contractor is the most appropriate approach to adopt in order to obtain the services desired. The Contractor may be a single organisation, or one working within a network, consortium or association arrangement that provides the range of competencies required.
55. The Contractor will be expected to source the most appropriate expertise for each task, from a range of sources, both nationally and internationally. To this end, it is expected that the Contractor or Consortium will source experts from beyond its own institution/s to ensure that the most appropriate expertise is provided to AusAID. A key performance indicator will be demonstrated diversity in expertise sourced.

## **B-5 Program Components**

56. The HRF will have three (3) key activity areas, which will be integrated in operational practice. These are represented as the following components:
- 1) A ***Help-Desk service*** to AusAID HHTG, country/regional program staff (based in Canberra and overseas), other program areas and external clients as required. The Help-Desk will be the initial contact point for all requests for HRF support and will refer tasking to the appropriate expertise.
  - 2) ***Identification and mobilisation of health and HIV expertise.*** HRF will source a broad and diverse range of expertise from within Australia and globally, and manage all contractual arrangements and mobilisations for assignments.
  - 3) ***Knowledge synthesis and professional development.*** HRF will undertake literature searches, prepare analysis/synthesis of relevant information, and prepare appropriate professional development activities to inform current and new policy and program challenges in health and HIV.

### ***Guiding principles***

57. The HRF should:

- be demand driven at all times;
- have a simple and light administrative requirement for AusAID staff and other users;
- have a minimal and sustainable management requirement for HHTG;
- be responsive to the needs of each request, both in terms of technical content and its timeliness;
- offer excellent quality assurance measures over searches for and outputs of health and HIV expertise and for analysis/synthesis work or advice provided; and
- be performance evaluated, to ensure that it adds value by offering AusAID timely access to a diverse range of appropriate health and HIV expertise and quality knowledge articles, as requested.

### ***Operational details***

#### ***The Help-Desk***

58. The Help-Desk will have two main functions.

- (i) It will be the first point of contact for all requests.
- (ii) It will ensure that an appropriate response is made to all requests by either arranging for the HRF staff to fulfil the request directly or identifying another appropriate source to undertake the task.

59. The HRF will be expected to be accessible and responsive to all tasking requests received. Help-Desk services will be required to be operational between 8.00 – 18.00 hrs Australian Eastern Standard Time (AEST).
60. The Help-Desk will make initial assessments of requirements, and determine the most appropriate staff to assume responsibility to clarify and confirm details of the request. Initial determinations need to be made about whether any literature searching and analysis/synthesis are required and whether this can be undertaken by HRF staff directly or requires referral to an external technical expert. The Help-Desk is expected to have the technical capacity within its staff to respond to most requests for health and HIV information under the knowledge synthesis function (see additional detail below on this function).
61. Where necessary or requested, assistance will be made available to the AusAID client to refine Terms of Reference (TOR) to support the sourcing of expertise for specific assignments.
62. The Help-Desk will be expected to respond to requests in a rapid and reasonable time-frame. This will be determined during the establishment phase in consultation between AusAID HHTG and the Contractor, taking into consideration a case-by-case basis. The responsiveness of the Help-Desk will be reviewed by the Steering Committee on a regular basis. The HRF will be expected to assure the quality of all of its outputs, including advice and services provided by the Help-Desk.

#### Identification and quality assurance of health and HIV expertise

63. One of the most significant comparative advantages of the HRF will be its capacity to rapidly identify and assure the quality of candidates for each expertise request received from AusAID.
64. The HRF will be required to manage a pool of appropriate and quality assured health and HIV expertise. A pre-qualification process is to be undertaken (by the HRF staff) on each potential candidate before being recommended to the requesting AusAID or other client. The pre-qualification process will require referee checks and peer reviews of experience (as detailed in Curriculum Vitae (CVs)).
65. It is expected that the Contractor will maintain up-to-date records of all quality assured experts that it has recommended and contracted for requested activities. It is envisaged that the Contractor might draw on these records as a source of expertise for future requests where this represents the most appropriate expertise in response to a particular request.
66. The following details (at a minimum) should be recorded for each expert:
- contact details, CV and details from the pre-qualification check;
  - daily consulting rates (to apply in each financial year of HRF operation);
  - history of the work undertaken by each consultant through the HRF, including number of times they have been short-listed and contracted, and outcomes of peer reviews; and
  - results of quality assurance assessments undertaken on the consultants' deliverables, including measures of client satisfaction surveys.

#### Selection and mobilisation of experts for requested assignments

67. The HRF management of requests for supply of health and HIV experts will include:
- initial discussions with the AusAID (or other) client regarding requests for expertise;

- reviewing/drafting/supporting the development of TOR based on these discussions as required;
  - identifying appropriate expertise from a diverse range of sources to meet the specific needs of AusAID health and HIV programs;
  - identifying and presenting an appropriate short list of up to three (3) experts for selection by the client;
  - arranging contracting and mobilisation of the expert selected;
  - providing support to experts and/or teams while in operation; and
  - following up on technical issues until the assignment is completed and signed off by the client.
68. As part of the HRF quality assurance function, the HRF expert staff will offer support to clients to develop or refine the TOR for all requested activities as appropriate.
69. Each TOR must be formally agreed in writing by the requesting client area before submission of the short-list of potential experts.
70. The short-list of experts is to be provided to the AusAID requesting area. HRF must obtain the requesting area's written agreement to the preferred expert, and to the daily rates and total cost of the assignment to be paid before contracting is undertaken. Appropriate records of the approval trail will be maintained by the HRF.
71. Once finalised and agreed, a copy of the TOR and the names of the recommended experts and the expert contracted will be sent to the AusAID HRF program manager for information and filing.
72. The HRF will prepare budgets and organise logistics for mobilisation of experts, including (but not limited to) entering into contracts; conducting security briefings, arranging insurances, visas and travel (as appropriate); monitoring completion of activities; arranging for quality assurance measures, including client satisfaction surveys; and making payments to the experts. It is envisaged that the technical and administrative sides of HRF will work closely together using their complementary skills. This close collaboration will produce the quality assurance both in technical and administrative management issues that AusAID is seeking from the HRF.
73. The Steering Committee will regularly consider the value of identifying up to three (3) candidates for each TOR. The cost-benefit of this comprehensive approach to identifying and recording health and HIV expertise will also be considered as part of the Late-Term Review.
74. The Steering Committee will review the records of expertise engaged by the HRF at its regular meetings to ensure that the most appropriate expertise is being recommended to and engaged on AusAID health and HIV activities. The diversity and quality of experts recommended and contracted during each four month period will also need to be reported by the HRF Contractor to the Steering Committee. This will allow AusAID to monitor the use of the HRF by AusAID programs and to ensure that contemporary and relevant expertise is being provided.

*Quality assurance and performance review of deliverables*

75. AusAID expects the HRF to undertake a Quality Assurance (QA) process on all outputs, including the deliverables of all experts at the completion of each assignment. It is envisaged that QA on the outputs of deployed experts shall include:
- (i) the independent review of written deliverables (before final submission); and



(ii) a measurement of client satisfaction with the services provided by individual experts and the HRF including:

- the extent to which assistance provided by the HRF met the client's needs and expectations;
- the appropriateness, quality and timeliness of the work produced / support provided by the HRF or deployed expertise;
- the extent to which services provided by the HRF were in accordance with the agreed Terms of Reference or Service Order;
- ease of use of the HRF;
- the effectiveness and clarity of communication between HRF staff, deployed experts and AusAID/ other clients;
- the professionalism of the HRF staff or experts deployed by HRF; and
- information on whether clients would use the particular expert or services again and an overall indication of satisfaction.

76. QA information will form a major component of HRF regular reporting to the Steering Committee.

### ***Knowledge synthesis and professional development***

#### ***Knowledge synthesis***

77. The HRF will research and compile knowledge synthesis papers that will offer AusAID increased access to relevant information to address issues of immediate concern, or to inform on important emerging issues. The HRF will undertake these searches and analysis/synthesis at the request of clients to meet specific needs.

78. Usually this will involve an informed database/literature search including published and unpublished information. Responses will always be tailored specifically to the questions posed by the requesting area.

79. The HRF will undertake information searches using the wider sources of literature available to the Contractor/Consortium. In some instances this will be complemented by credible, appropriately peer reviewed, "grey" material from unpublished AusAID documents and other sources. AusAID staff will be expected to work cooperatively with the HRF to identify and locate relevant AusAID documents, including feasibility study reports, design documents, country/regional program analyses, Activity Completion Reports and other relevant material. The HRF will then analyse and synthesise this material into short reports, focussing on the relevance of the information to the tasking request and health and/or HIV aid program challenges.

80. The HRF will submit the material produced to both the requesting area and the AusAID HRF program manager in HHTG. It is envisaged that the HRF will manage and store all material it produces in a manner which provides ease of access and broader dissemination as appropriate.

#### ***Professional development***

81. The HRF will be required to support the development and running of a number of professional development activities to enhance dissemination of knowledge and to up-date the knowledge of AusAID officers and personnel from partner governments and development partners. The HHTG will liaise with program areas and country/regional offices to identify issues where professional development would be beneficial. The HRF will commission the preparation of professional development materials and presentations

(including seminars) by HRF staff or external experts. All professional development activities must receive prior approval from the HHTG as they will be funded by the HHTG, rather than the program area. The Steering Committee will also consider the options for a forward plan for any knowledge seminars at their regular meetings.

## **B-6 Estimated Program Timing**

### ***Duration and funding coverage***

82. The HRF Activity will be funded initially for three (3) years to ensure a reasonable time for an informed evaluation of demand for services, and to link it to AusAID's funding allocation for the *Delivering Better Health* initiative. At AusAID's discretion, the initial Contract may be continued for up to an additional three (3) years. AusAID's decision to exercise the option to extend the contract shall be informed by (amongst other things):
- (i) the Late-Term Review finding that it is a cost-effective and beneficial way to source the quality expertise required by AusAID for health and HIV activities; and
  - (ii) the continuing availability of funding.
83. If funding for the activity is continued, AusAID will also consider the performance of the Contractor and determine if the existing contract will be extended for a further three (3) years or if the provision of the services will be re-tendered.
84. Funding will be provided for:
- fixed management costs, including the employment costs of the HRF staff and a management fee (including operational costs, overheads and profit). Guaranteeing these costs is intended to encourage the recruitment of high-calibre staff for HRF activities because little working capital risk will be attached to providing HRF staff.
  - variable costs of mobilising health and HIV expertise. Variable (demand-driven) costs of the HRF include professional fees, travel and associated costs of experts requested by HHTG and other AusAID programs (and external clients) for the provision of HRF advisory, analytical, knowledge analysis/synthesis and learning and development services. Variable costs will be funded by the requesting AusAID program area. At the discretion of HHTG, activities requested by program areas (and external development partners) may be funded by the HHTG. A management fee shall also be payable on the professional fees of health experts not covered by fixed costs.
  - an annual performance incentive payment may be available to the Contractor, payable in graduated levels based on an assessment of the quality of service provision.
85. Tenderers will be expected to submit their financial proposal as part of their tender submission (separately to the technical proposal). This will be a detailed cost breakdown of the technical proposal. This will be included in the competitive assessment of bids. Bidders are also invited to nominate alternative funding mechanisms and arrangements in a separate annex to their financial proposal which will be addressed in the contract negotiations with the preferred tenderer.
86. All staffing requirements are to be outlined by tenderers, including the number and configuration of technical and administrative staff. The staffing costs proposed will be competitively assessed in a financial (value for money) assessment in the tender process.

87. The staffing structure of the HRF will need to be flexible, contingent on the use of the HRF, and be able to be modified as the HRF evolves in accordance with AusAID needs and budgetary imperatives. If the demand for the HRF increases, the staffing structure may need to expand quickly, or could be reduced if demand is consistently low. The ongoing monitoring will be an essential tool in determining HRF personnel requirements. AusAID may agree to or request variations to the contract for staffing levels in the event that the HRF demonstrates significant movements (in either direction) in the demand for the services. The fixed costs for the HRF will be reviewed regularly by the Steering Committee.

Source of payment for HRF expert days

88. The HHTG will pay for services of experts, including where the HHTG:

- (i) commissions the work directly;
- (ii) agrees that a specific knowledge synthesis task is not able or appropriate to be done by HRF staff;
- (iii) agrees that services usually undertaken by HRF staff are more appropriately undertaken by external consultants, for example commenting on/providing assistance with drafting TORs or quality assuring HRF outputs;
- (iv) agrees that an assignment initially sought by a program area or other client is of broader programmatic relevance for aid activities in health and/or HIV; or
- (v) where country/regional program funding is unavailable and a beneficial activity would not proceed if not funded by HHTG.

89. In all other cases where tasks are requested by an AusAID or external client, the HRF will invoice the relevant client for the professional fees and deployment cost of each expert. Deployment of each expert is to be treated as a single assignment in terms of HRF costing, accounting and reporting. Email or facsimile requests from AusAID are acceptable, provided that the task assigned to HRF is clearly identified.

90. Where non-AusAID third parties seek to utilise HRF services (for example partner country governments, whole-of-government partners, development partners, civil society, or managing contractors) the HRF can assist with sourcing and contracting services, subject to prior approval by HHTG. The HHTG may, at its discretion, agree to cover the costs of such assignments. If not, the HRF shall invoice the external client the full cost of the services. The HRF will show details separately of third party assignments and income derived from them in the reports to the Steering Committee. AusAID may limit use by third parties if the volume draws unreasonably on the HRF fixed cost resources or affects the quality and timeliness of the services provided to AusAID.

91. For all assignments commissioned by AusAID a request (in the form of a Service Order or Tasking Note) must be drafted by the client and agreed to by the HRF. Service Orders and Tasking Notes must be signed by the requesting client in AusAID. Service Orders will be short and simple and will include as a minimum the name of the expert to perform the service, the duration and the total cost payable to be invoiced at the end of the service.

92. For assignments commissioned by other Australian Government Departments (with the prior written approval from AusAID) a Service Order must be drafted by the client and agreed to by the HRF. Service Orders from other Australian Government Departments must be signed by that Department. Australian Government Departments will be responsible for all payment relating to their Service Orders (unless HHTG agrees to fund the activity).

93. AusAID must agree in writing to any utilisation of or services to be provided through the HRF for non-Australian Government Department third party clients. At AusAID's discretion, HHTG may agree to fund services requested by development partners (such as multilateral institutions and civil society groups) In all other cases (where AusAID grants approval for a third party to use HRF services but does not agree to fund those activities) commercial arrangements based on a fee for service basis will be agreed between the Contractor and the third party. The third party shall be responsible for all payment relating to their utilisation of services provided by the HRF as a result of their tasking. All responsibilities and arrangements shall reside with the HRF Contractor and the third party (not AusAID).

Value for money

94. Costs charged to AusAID and third party clients must represent value for money. The daily fee for each expert will be negotiated between the HRF and AusAID prior to the first agreed assignment. Once agreed the HRF should record the fee rate for each expert. Costs for accommodation and travel will be linked to standard allowance rates, either those of the Contractor or AusAID, depending on which represents better value for money.
95. Most assignments for experts are expected to be relatively short. It is anticipated that the majority will be up to 14 days in length (with a maximum of 12 months).

Performance incentive

96. A discretionary performance incentive payment may be awarded for excellence in service provision. The performance incentive payment will be additional to the fixed and variable costs (including management fees if applicable). The level of the incentive payment will be fixed at up to a maximum of \$100,000 per annum. Performance will be assessed and the incentive paid once annually (if awarded) at the end of each operational year of the contract.
97. The purpose of the performance incentive is to encourage the Contractor to maintain the highest level of service and quality of the deliverables. The quality of services will be assessed using information from two sources:
- (i) cumulative assessments on the quality of expert services and deliverables; and
  - (ii) an assessment made by the Steering Committee on the overall standard of management and operation of the HRF, based on all available information including four-monthly reports and informal and formal feedback from development partners on the effectiveness of AusAID interventions where HRF services are provided.
98. The Steering Committee will determine the level of performance and of the incentive payment to be awarded (if at all) using six (6) criteria. The amount will be graded according to the assessed level of excellence. Further details about the performance incentive are provided in draft Service Order 1.

## C – Implementation Arrangements

### C-1 Management Arrangements and Structure

99. Management arrangements should be kept as simple and streamlined as possible. AusAID welcomes tenderer's suggestions for alternative approaches to governance and management arrangements where appropriate.

#### *Management and governance arrangements and structure*

##### HRF Steering Committee

100. It is envisaged that activity coordination will be organised through HRF Steering Committee meetings three (3) times a year. The Committee will be chaired by HHTG with a core membership of up to four (4) AusAID personnel determined by HHTG (which may include Health Adviser, HIV Adviser, Director of HHTG and representatives from program areas at Director, Assistant Director General [ADG] or Adviser level). Representatives from three (3) of AusAID's country/regional offices may sit as members on a rotating member basis. Committee decision making will operate on a consensus basis, however the Chair of the Committee will make the final decision in the case of a dispute. The Contractor will provide secretariat services for Steering Committee meetings.
101. The first Steering Committee meeting will take place after the HRF establishment phase to assess the key outputs of the establishment phase. The duration of the establishment phase should be nominated by tenderers in their submission. Required outputs are expected to include:
- HRF systems and procedures in place, including for identification and mobilisation of expertise and for responding to all other requests for support;
  - initial records of experts recommended and engaged by HRF;
  - QA procedures established;
  - the HRF performance assessment plan (including M&E approaches) detailed;
  - an HRF Operations Manual prepared and agreed with HHTG ready for dissemination to all AusAID Programs, including country/regional offices; and
  - the Communications Strategy detailed and ready for implementation. It will cover all actions appropriate for the HRF to assist in raising awareness of HRF technical and administrative capacities and advantages to the AusAID health and HIV program. As a minimum it will include a 'road show', taking information about how to use the HRF and its benefits to its main clients, namely AusAID staff in Canberra and at country/regional offices. The communication strategy will need to be developed by the Contractor in consultation with the AusAID HRF program manager.
102. Each subsequent HRF Steering Committee meeting will review performance of the HRF for the prior period, based on four-monthly reports provided by the HRF and results of client satisfaction surveys.
103. At the end of each operating year, the Steering Committee will meet for the third time. At this meeting they will undertake a more detailed annual review, including the AusAID QAI process. This meeting will be used as the basis for determining whether the performance incentive payment is to be awarded and if so, the amount payable. Information that will feed into this decision includes results of client satisfaction surveys, four-monthly reports, feedback from development partners, and the Steering Committee assessments of service standards.

104. A formal annual plan will not be necessary as the activities will be determined by health and HIV policy and technical needs arising from AusAID health and HIV programs. However, it is expected that each Steering Committee will consider forecast requirements for known significant health and HIV assignments over the next six months to inform likely levels of demand, including any planned professional development activities such as seminars. The effectiveness and efficiency of the HRF's ability to operationalise AusAID requests for health and HIV expertise and information will be analysed at each Steering Committee meeting.

### ***HHTG role and responsibilities***

105. HHTG will have overall accountability and managerial responsibility for the HRF. HHTG will Chair the HRF Steering Committee and manage the HRF contract on behalf of AusAID. HHTG also has a clear mandate to ensure policy coherence and consistency across the AusAID health and HIV programs, while improving overall performance in these areas. HHTG will nominate a staff member to be the AusAID HRF program manager to be responsible for liaison with the HRF and to manage the HRF contract on behalf of AusAID.
106. As part of HHTG's responsibility to ensure that policy consistency is maintained within AusAID, the HRF will advise HHTG of any tasking requests received (at the time of receipt) that may give rise to matters of policy or that may need further consideration. In the event that any policy issues are identified, the HHTG will take responsibility for addressing them directly with the AusAID requesting area. Following these internal AusAID consultations the requesting client will either confirm or withdraw their request to HRF.
107. This approach is intended to ensure that the HRF activity does not over-reach into matters of program policy determination. However, the HRF may be called on to advise HHTG as part of the deliberations on the policy issue.

### ***AusAID country/regional program roles and responsibilities***

108. AusAID country/regional programs will be expected to identify program, policy or activity management issues that would benefit from HRF assistance (either through the provision of information or the engagement of expertise) and formally seek that assistance by email, facsimile or phone.
109. Program staff will be expected to feed into HRF QA processes, including on client satisfaction. They will also be required at times to contribute to other performance assessment activities, including participating in Steering Committee meetings and the annual QAI process.

### ***HRF roles and responsibilities***

110. HRF's primary role is to assist AusAID with the sourcing and engaging of quality assured expertise. HRF's secondary role is to undertake literature searches and prepare knowledge synthesis papers at the request of AusAID (and other) clients and to support special professional development activities as requested by HHTG. To provide these two major functions, a responsive Help-Desk will be an important first contact point for receiving requests and to offer quick information responses where appropriate. HRF is not intended to engage in program policy or activity management determination; these remain the responsibility of AusAID. However the HRF may be called on to advise AusAID on aspects of health and HIV policy and programming where expertise will contribute to the quality of decision making.

111. The HRF will be expected to be accessible and responsive to all tasking requests received. It must also comply with all requirements to support the monitoring and performance assessment undertaken by AusAID internally, and auditing and evaluation undertaken by independent persons (it is envisaged that, as needed, these will be commissioned by HRF and paid for by AusAID). Details of management and operational activities are given above under 'program components'.

### ***HRF reporting requirements***

112. The HRF will provide four-monthly reports to AusAID. AusAID welcomes proposals for alternative approaches to reporting. At a minimum reports will include:

- HRF records of expertise recommended and engaged, lists of all requests and of assignments commenced and completed in each four month period, any staffing changes and any other managerial issues of interest to AusAID;
- quality reporting;
- performance assessment data reports (including client satisfaction surveys and specific M&E activities);
- four-monthly financial reports including details of invoices and receipts for assignments for AusAID program areas, country/regional offices or other approved clients; and
- exception reports outlining key emerging and/or urgent issues to be considered by AusAID.

## **C-2 Performance Assessment and Evaluation**

### ***Performance Assessment Framework***

113. It is critical that the HRF is responsive in sourcing quality personnel and information, and ensures ease of access through good administrative management. The 'value-added' of the HRF will be measured by resourcefulness in finding a diverse range of health and HIV expertise to undertake requested tasks across a wide range of topics, the level of initiative that is demonstrated in locating materials to support a broad view of each topic of analysis requested, and ease of using the HRF by clients (primarily AusAID staff).

114. The HRF Contractor will be expected to prepare a detailed Performance Assessment and Evaluation Plan (PAP). The HRF will then manage the implementation of the PAP (except for those aspects to be covered by independent Impact Survey and Late-Term Review).

115. The PAP is intended to provide information that will allow the HRF and AusAID to evaluate the effectiveness in meeting the goal and objectives of the HRF, the efficiency and value-for-money of the services provided (in terms of demand for facility services alongside the fixed cost of providing these services), and the effectiveness of HRF management. The PAP will detail performance indicators, methods for obtaining data, frequency of data collections and will include preparation of the forms and questionnaires to be used by the HRF and AusAID.

116. An outline of a performance assessment approach will be submitted in the tender proposal, and the details of the PAP will be prepared during the establishment phase and agreed with AusAID.

117. The following data items and measurements are indicative of what might be included in the PAP:

#### Sub-objective 1 - Access to quality assured expertise

- Demand – Number of requests to the Help-Desk; number, duration and total cost of health and HIV expert placements made in a four month period - analysed by country/regional, source of request and gender of expert (country/regional Programs making no requests of the HRF also to be noted).
- Management - Average days taken for main response to Help-Desk enquiries for information; average time to complete expert placements in a four month period, from tasking to placement (including separately identifying the average time taken by AusAID to agree to TOR and expert selection); number of experts short-listed for placement in a four month period; number, diversity and quality of expertise recommended and contracted by the HRF in a four month period.
- Quality – In accordance with QA measures determined by the Contractor and including client satisfaction and independent appraisal of written outputs by contracted experts.

#### Sub-objective 2 - Analysis/synthesis of health and HIV knowledge articles

- Demand - Total number of knowledge articles prepared by HRF in a four month period; number of seminars conducted.
- Management - Average time taken to develop new knowledge synthesis papers.
- Quality – In accordance with QA measures determined by the Contractor and including client satisfaction with prepared written material/advice.

118. The HRF Contractor will develop appropriate systems and assign personnel to capture and analyse this data so that it can be incorporated into four-monthly reports to AusAID.

#### ***Late-Term Review and Impact Survey***

119. After approximately 26 months of operation AusAID will commission an independent Impact Survey to feed into a Late-Term Review to be conducted between the 28<sup>th</sup> and 30<sup>th</sup> month of implementation. The Survey and the Review may be undertaken by one contractor or by separate contractors if appropriate.

120. The Impact Survey will consider the impact of Australia's provision of technical assistance through the HRF in broader health and HIV development terms. Information and assessments will be sought from relevant stakeholders involved with the implementation of, or who have good knowledge of Australia's international development activities in health and HIV, and who have a capacity to judge the effectiveness of expertise engaged by AusAID, in terms of development impact. These stakeholders may include but are not limited to Partner Government officials, bilateral and multilateral development partners, international financial institutions, civil society groups, other Australian government departments and AusAID staff.

121. The Late-Term Review will focus on assessing the overall HRF performance and effectiveness over the first 28-30 months of implementation to inform decisions about the possible extension of the activity (including extension of the existing Contract by up to three (3) years and regarding the scope and budget for the HRF into subsequent years). This review will take into account and be informed by the regular monitoring data, the results of client satisfaction surveys, the previous assessments by the Steering Committee for award of the performance incentive and the information and conclusions from the Impact Survey.



122. The minimum overarching key performance indicators to be used for the final assessments in the Impact Survey and the Late-Term Review will be the appropriateness of expertise and information provided by the HRF, and the impact HRF services have had on the effectiveness and performance of Australia's development assistance in health and HIV.
123. In addition, on an ongoing basis HHTG will monitor the effectiveness of all of AusAID's health and HIV interventions, including the HRF, in contributing to improvements in key areas. To do this the HHTG will establish regular monitoring of reported outcomes from partner government systems, including:
- (i) rates of maternal, child and newborn health;
  - (ii) incidence of infectious disease and cause of deaths;
  - (iii) prevalence of non-communicable diseases; and
  - (iv) life expectancy.
124. HHTG will also monitor the effectiveness of health systems in our partner countries, in particular improvements in service delivery.

### **C-3 Sustainability Issues**

125. Given that the HRF is an extension of the program enabling function of the HHTG, it is not of itself financially sustainable without some form of direct funding. The HRF is financially sustainable in the short term due to being funded out of the already approved *Delivering Better Health Initiative* budget up to June 2011. Continuation of HRF beyond this three-year timeframe (and whether this model should be revised) will be considered by AusAID following the Late-Term Review. The Late-Term Review and Impact Evaluation will also consider the long-term benefits arising from improved health advising and capacity for service delivery in partner countries.

### **C-4 Cross-cutting Issues**

126. Gender and HIV are mainstreamed throughout AusAID programs at country, regional and global levels. The HRF will ensure that experts engaged are fully apprised of the priority given to cross-cutting issues in AusAID. Pre-engagement briefings of consultants by HRF and quality assurance of their reports must comply with AusAID requirements concerning crosscutting issues.
127. AusAID's Corporate Environment Policy states that AusAID will ensure that the environmental impact of a tendered activity is a factor considered in determining procurement outcomes. The HRF Contractor should be mindful of the potential negative environmental and climatic impact of the HRF and seek to ameliorate this where possible, for example by managing the facility and its resources in an environmentally responsible way and considering the environmental impact of travel associated with the deployment of experts (in particular air travel) and using alternative approaches such as videoconferencing as appropriate.
128. HRF recruitment practices are expected to reflect gender equity.

### **C-5 Critical Risks and Risk Management Strategies**

129. A risk management framework should be developed by tenderers and submitted as part of their bid. The main risks identified by AusAID and as indicated in this Concept Paper include:

- potential lack of demand which may be affected by inadequate engagement with and use of the HRF by AusAID program areas and country/regional offices;
- quality assurance risks which may be affected by the HRF's ability to identify high quality experts or by inadequate processes for pre-qualification and post-completion quality assurance by the HRF;
- probity risks and poorly managed potential conflicts of interest in sourcing experts for assignments or for tendering for implementation of future significant activities that have been designed by HRF experts; and
- operational efficiency risks.

### ***Conflict of Interest***

130. Regarding the potential probity risks, AusAID will be vesting significant responsibilities with the HRF Contractor by empowering it to both identify/recommend and pay for health and HIV expertise. In addition, AusAID will also afford the Contractor potential market advantage through access in advance to detailed knowledge about AusAID health and HIV policies and programs. This concept incorporates a number of features that are intended to manage probity risk in HRF. These include:

- AusAID pre-approval of consultant fees to be charged to ensure use of reasonable and competitive market rates and appropriate value-for-money decisions;
- undertaking a HRF Impact Survey to inform the Late-Term Review; and
- tri-annual Steering Committee meetings, including an annual QAI review.

131. AusAID intends to afford transparency to the market where possible by the timely posting of relevant information (for example in summary format) that the Contractor (and any consortium partners) has access to, due to their position in managing the HRF. AusAID may task the HRF to assist with this.

132. Responsibility for disclosure and for highlighting potential risks or conflicts of interest lies with the Contractor. In cases where there may be a commercial conflict of interest in an activity that has been tasked by AusAID, the HRF must bring this to the immediate attention of the AusAID HRF program manager in the first instance, for a decision to be made by AusAID on the potential conflict and (subsequently) the suitability of individual development experts being nominated.

## **Annexes**

**Annex 1 – AusAID Health and HIV  
Related Activities**

**Annex 2 – Terms of Reference for  
HRF Steering Committee**

## AusAID Health and HIV Related Activities

Name of facility	Role
<b>AusAID Health and HIV Thematic Group</b>	
<b>Health Thematic Network</b>	Email alert operated by the Canberra-based Health Advisers. Operates on a “push” basis to approximately 130 participants. Not rated as particularly effective as a dissemination/knowledge sharing tool.
<b>HIV Network</b>	A “push” basis mailing list to AusAID country/regional program staff (in Canberra and overseas) working in HIV. Approximately 100 participants.
<b>Health Period Offer Contracts</b>	To provide a pre-qualified body of health technical expertise for use by AusAID. Rated by both CSG and HHTG as not achieving this objective.
<b>AusAID Intranet SharePoint – HIV and Health</b>	Yet to be developed; due in 2008. Intended to be the main forum to facilitate information sharing and collaboration on HIV and health policy and programs across AusAID. Contains information on programming, policy, conferences and events, and training resources.
<b>Emerging Infectious Diseases Facility (AusReady)</b>	Commenced in June 2007, but not yet fully operational. Has a multi-sectoral focus for pandemic preparedness planning and identifying experts who can undertake preparedness type work. Accessible for Australia Commonwealth agencies to contract experts. Contractor is the Australian National University, based in Canberra.
<b>Malaria Initiative Support Centre/Resource Centre</b>	The Pacific Malaria Initiative Support Centre (PacMISC) will coordinate technical expertise required to assist PacMI participating countries (Solomon Islands, Vanuatu, and PNG from 2008). Activities will be demand driven and take into account Global Fund Round 7 Malaria Rolling Continuation Channel. Will draw on expertise available in Australia and the region through partnership with local and regional organisations active in the implementation of malaria control, analyse and synthesise contemporary materials as well as policy advice and implementation.
<b>HIV/AIDS Asia Regional Program (HAARP)</b>	Addresses HIV harm reduction associated with drug use in five South East Asian countries and China. Will create a framework to promote regional cooperation among other international agencies, Community Based Organisations and Non Government Organisations. Located in Bangkok, the HAARP Regional Technical and Coordination Unit is the central coordinating and managing body. HLSP Limited is the managing contractor.
<b>China Australia Health and HIV Facility (CAHHF)</b>	To improve China’s capacity to address HIV, emerging infectious diseases and health system strengthening through capacity development at all levels. Also provides opportunities for cooperation between Australian and Chinese agencies and promotes cross sectoral cooperation.
<b>AusAID – Other research and knowledge management facilities</b>	
<b>Strategic Partnerships for Health Initiative</b>	Universities and institutions will bring internationally recognized expertise and networks with teaching, scientific, analysis and synthesis of contemporary materials as well as policy advice and peak health organizations into a partnership with AusAID to provide a stronger evidence base in the following health areas: health policy and financing, human resources for health, health information systems and women’s and children’s health. Outputs will include: strategic papers, policy notes, outreach/dissemination activities, visitorship program, fellowship, in-house seminars series, participation in AusAID quality assurance processes.

Name of facility	Role
<b>Australian Development Research Awards (ADRA)</b>	Competitively awarded research grants to meet pure and applied research needs in the four (4) priority thematic areas for health and HIV. This facility is being designed and is expected to implement in mid-2008. Will improve the evidence base of the health and HIV aid program, but will take time to develop both process and materials as it involves a consortium of education organisations with health and HIV professional services expertise.
<b>Thematic Knowledge Service</b>	Supports an online library catalogue, electronic journals and Proquest social science database. Conduct demand driven searches for journal articles, books, reports, etc. p.a. and attaches abstracts to the top 10 analysis and synthesis of contemporary materials as well as policy advise articles.
<b>Capacity Building SharePoint</b>	The central location for ideas, definitions, lessons learned, approaches and resources for capacity building activities. Provides AusAID specific documents. It is planned to migrate this to the internet so that those external to the agency can benefit.
<b>AusAID Internet</b>	Health page includes topics such as major diseases: HIV, Malaria, Pandemics, Avian Influenza and other emerging infectious diseases. Has links to AusAID's health development policy framework, to AusAID health publications and knowledge articles as well as policy advice; and to related health development websites: e.g. HIV Insite, World Health Organization (WHO), Indonesia Family Life Survey.
<b>Australian Development Gateway</b>	A low bandwidth, knowledge sharing website for Asia-Pacific countries, not focused solely on AusAID. It is a mechanism to contribute knowledge, develop policies and programs, analysis and synthesis of contemporary materials as well as policy advice issues, and from alliances. Health topics are grouped under subheadings: Alcohol, Tobacco and Drugs; Disability and Injury; Mental Health, but are not up to date. Netreturn and Hassalls are managing contractors.
<b>UNAIDS Technical Support Facility (TSF) South East Asia and the Pacific (located in Kuala Lumpur, Malaysia)</b>	Improve country partner access to timely and quality assured technical assistance. Strengthen the capacity of country partners to manage technical assistance. Assist in the professional development of national and regional consultants. Encourage a harmonised and collaborative approach to the delivery of technical assistance in support of country owned and led action plans. In special circumstances there is access to a Technical Assistance Fund (TAF), a small and flexible fund available with the TSF in each region. Managed by existing regional organizations or consortia.
<b>Global Implementation Support Team (GIST), a GFATM support forum led by WHO</b>	Undertakes joint rapid analysis of major implementation bottlenecks to GFATM grants. Specific GIST actions have include provision of governance related, technical and management support, with the close involvement of country, regional and international partners.

## Annex 2

### Terms of Reference for HRF Steering Committee

Position	HRF Steering Committee
Role & Responsibilities	<ul style="list-style-type: none"> <li>(a) HRF Steering Committee will be responsible for the following:</li> <li>(b) Reviewing usage of the HRF including services delivered and usage of the Help-Desk over the past month (4) month period;</li> <li>(c) Ensuring alignment of services with AusAID policies and strategies;</li> <li>(d) Assessing whether the pre-qualification process is effective in ensuring the quality of Consultants;</li> <li>(e) Assessing whether a diverse and appropriate range of health Consultants are being short-listed and deployed for activities;</li> <li>(f) Reviewing the facility's financial and budgetary performance over the previous four (4) month period;</li> <li>(g) Assessing the capability and capacity of the Contractor's facility management and any Consultants to deliver facility services and whether any HRF staff numbers should be increased or decreased;</li> <li>(h) Reviewing the effectiveness and efficiency of the HRF's ability to operationalise AusAID's requests for health and HIV expertise and information;</li> <li>(i) Reviewing the responsiveness of the Help-Desk Service;</li> <li>(j) Planning and discussing key services to be delivered over the next 4 month or 6 to 12 month period, including any continuing professional development or knowledge seminars;</li> <li>(k) Performance assessment monitoring and evaluation of the operational aspects of the HRF and its management;</li> <li>(l) Addressing any financial management and contractual issues;</li> <li>(m) Addressing any recruitment or other issues relating to Consultants;</li> <li>(n) Reviewing performance assessment and evaluation and risk management frameworks as required;</li> <li>(o) Reviewing any plan/costed proposal for future services that may be requested by HHTG;</li> <li>(p) Discussing performance of the HRF staff and consultants, in terms of availability and timeliness of response based on results of quality reporting (including client satisfaction) as well as documentation, outcomes and quality;</li> <li>(q) Discussing any other issues the HHTG considers worthy of discussing, particularly in relation to the management and operation of the facility;</li> <li>(r) Considering risks and how these will be addressed; and</li> <li>(s) Addressing any other high level pertinent issues.</li> </ul>