



**REQUEST FOR EXPRESSION OF INTEREST (EOI)
FOR A SHORT TERM CONSULTANT "STC" ASSIGNMENT
FOR
BUILDING INSTITUTIONAL/HUMAN CAPACITY TO REVITALIZE HEALTH
MARKETS FOR REGIONAL COOPERATION AND TRADE
(PROJECT CODE: 10F198220)**

December 2020

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INVITATION FOR EXPRESSION OF INTEREST (EOI)

Date: 10th December 2020

SHORT TERM CONSULTANTS “STC” ASSIGNMENT FOR BUILDING INSTITUTIONAL/HUMAN CAPACITY TO REVITALIZE HEALTH MARKETS FOR REGIONAL COOPERATION AND TRADE (PROJECT CODE: 10F198220)

The Islamic Development Bank Group (IsDBG) and Developing 8 Health and Social Protection Secretariat (D8 HSP) have approved an administrative budget for financing consulting services for building institutional and human capacity to revitalize health markets for regional cooperation and trade within and across selected member countries.

The Terms of Reference (TOR) of the Services is attached in Appendix A. The services will be provided by individual consultants who may be self-employed professionals or an employee of a consulting firm. IsDB and D8 HSP will select and engage the consultants in accordance with the IsDBG and D8 Corporate Procurement Policy (Policy).

IsDB and D8 HSP invite Expression of Interest (EOI) and proposals from individual consultants for consideration to advance the recruitment process.

Applicants who wish to submit an EOI should complete the EOI and technical proposal form in Annex B and submit it through email by 17:00 pm (West Africa Time), the 22nd December 2020 to the following authorized representative of D8 HSP:

Mr. Dayo Lomuwagun
Consultancy Service Unit
Finance, Procurement and General Services Department
Developing 8 Health and Social Protection Secretariat (D8 HSP)
E-mail: Dayo@d-8healthandsocialprotection.org

Annex A: Terms of Reference

Annex B: EOI and technical proposal form

Annex C: Evaluation criteria

ANNEX A

TERMS OF REFERENCE

Overview of the project

The Islamic Development Bank Group (IsDBG) and Developing 8 Health and Social Protection Secretariat (D8 HSP) are jointly developing an initiative that seeks to support IsDBG/D8 member countries – starting with eight (D8) focal member countries including Pakistan, Bangladesh, Indonesia, Malaysia, Turkey, Iran, Nigeria and Egypt – to revitalize and shape their respective therapeutic goods (TG) health markets, in order to build more sustainable and integrated health systems that are accessible, equitable and affordable to populations; thereby improving the delivery and uptake of quality health care to effectively contribute to universal health coverage (UHC) goals.

The study is designed to emphasize market-led growth, innovative approaches, private sector engagement and regional partnerships for trade and development; with a view to strengthening the competitiveness and capacities of member countries in the strategic industries in which they have a comparative advantage, by creating local value chains, leveraging innovative blended financing instruments and building the human capital base for sustainable economic growth.

Problem statement

IsDBG/D8 member countries (MCs) face health market failures that undermine the quality, access and affordability of health care (services and supplies) delivery; and subvert fundamental human rights related to universal access to quality health care and social protection, particularly for the poor and vulnerable.

Given the diversity of health markets across the eight focal member countries, these challenges differ within and across countries; and range from market fragmentation, policy and regulatory constraints, information asymmetry, to the weak financial management capabilities of healthcare Small and Medium sized Enterprises (SMEs) and the high cost of capital alongside widening financing gap in achieving the SDGs in some of the countries.

In addition, findings from the IsDB health sector technical study and D8 HSP rapid health diagnostic assessment of member countries highlighted underlying supply, demand and governance health system challenges including;

- Serious leadership and governance challenges that include weak public health management; inadequate health-related legislations and their enforcement;

horizontal and vertical inequities in health systems; and weak national health information and research systems;

- Unreliable supply chain systems, mismanagement in medical products and technology procurement systems, wide variance in quality and safety standards amongst others;
- Limited adoption of innovation and technology in health care delivery, a dearth of information and communications technology (ICT) and mass Internet connectivity, compounded by a paucity of ICT-related knowledge and skills, limiting capacities of national health management information systems (HMIS) and relevant staff to generate, analyze and disseminate information for use in decision-making and performance management;
- Suboptimal health financing schemes in Least Developed Countries (LDCs) including majority of IsDB and D8 MCs, which is characterized by low investment, lack of comprehensive health financing policies and strategic plans, extensive out of pocket (OOP) expenditure, lack of social safety nets to protect the poor, weak financial management, inefficient resource use, and weak mechanisms for coordinating partner support;

The COVID-19 crisis will stand out as a point of inflection and discontinuity for member countries. The COVID-19 pandemic exploited weaknesses across health markets, cumulatively creating the conditions for a preventable economic, social and health catastrophe. Manufacturing, trade and supply chain disruptions as well as insufficient stockpiling, contingency planning, and coordination across national and regional health markets led to shortages of essential therapeutic goods and equipment. As the world recovers from the COVID-19 crisis, health markets in Islamic Development Bank (IsDB) and Developing-8 (D8) member countries must adapt to a new paradigm, with the private sector and revitalized health markets at the fore; as critical enablers of sustainable health systems.

Consistent with the mandates of IsDB Group's US\$ 2.3 billion strategic preparedness and response program and the recently launched D8 COVID Financing Facility, there is a focus on going beyond immediate emergency response to concurrently supporting member countries back on the path of economic recovery through restoring livelihoods, building resilience and tailoring support to build strong health markets, starting with trade and cooperation in therapeutic goods (TGs)¹ markets within and across MCs.

Background and rational

The private sector plays a significant role in delivering, financing and investing in healthcare, across the healthcare value chain, including pharmaceuticals, consumables,

¹Therapeutic goods are broadly defined as products for use in humans in connection with: preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury. influencing inhibiting or modifying a physiological process

vaccines and bioscience; distribution, supply chain and retail; medical device; health insurance and health service provision market segments.

IsDB and D8 member countries have demonstrated different archetypes of private sector value propositions, supply and demand health market dynamics, trade relations and industry expertise - and are in different cycles in their respective health market value chain. The COVID-19 pandemic offers a window of opportunity for member countries to reimagine and reposition their health market ecology and production inputs (such as in therapeutics, consumables, medical devices, vaccines amongst others) to build more sustainable, resilient, and integrated health markets that are fit-for-purpose in the modern era, with potentially huge knock on economic and trade benefits within and across member countries.

Although there is limited data on how much investment is needed for the therapeutic goods and services value chain infrastructure in D-8 focal member countries, there is a case for harnessing private capital markets, whether by direct government borrowing against future project revenues, or blended finance public private partnerships that build large scale regional capital project development pipelines.² In addition, a huge gap also exists between actual and potential funding to deliver on the sustainable development goals (SDGs). For example, the SDGs will require additional spending in 2030 of US\$0.5 trillion (15% of GDP) for low-income developing countries and US\$2.1 trillion (4% of GDP) for emerging market economies.³ For the eight D-8 member countries, this implies an investment of USD\$290 – 350 billion.⁴ It is estimated that developing countries will need to increase private sector funding by 2-3x to bridge the development financing gap.⁵

There is a compelling opportunity for the D-8 and IDBG to create the conditions to tap into the 2030 global addressable market in therapeutic goods and services, (estimated at US\$680 – 1,250 billion⁶) and offer a triple-win value proposition from significant 'returns on equitability' in capital preservation, regional security and human dignity.

² "Better Business, Better World, The Report of the Business & Sustainable Development Commission." *Better Business, Better World | UN Global Compact*, Business and Sustainable Development Commission, Jan. 2017, sustainabledevelopment.un.org/content/documents/2399BetterBusinessBetterWorld.pdf.

³ Gaspar, V, et al. "Fiscal Policy and Development : Human, Social, and Physical Investments for the SDGs." *IMF Staff Discussion Notes*, International Monetary Fund, www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2019/01/18/Fiscal-Policy-and-Development-Human-Social-and-Physical-Investments-for-the-SDGs-46444. [Accessed 2 Oct 2020].

⁴ Gaspar, V, et al., World Bank national accounts data, and OECD National Accounts data files. Current US\$.

⁵ *The Road to the SDGs: The President's Programme, A New Business Model for a Fast-Changing World*

⁶ "Better Business, Better World".

Aim and objectives of the study

Islamic Development Bank Group and D-8 member countries have committed to achieving the targets within the 2030 Sustainable Development Goals (SDGs). Among these Goals, SDG 3, “ensure healthy lives and promote wellbeing for all at all ages” includes targets related to the progressive provision of Universal Health Coverage (UHC), research and development, trade, intellectual property rights, health financing of therapeutic goods and services, and capacity strengthening for early warning, risk reduction and management of national and global health risks⁷. For the eight D-8 member countries, reducing mortality rates – or increasing life expectancies by an average of 3 years – could create an additional US\$2.7 trillion in GDP over 10-20 years⁸ – creating transformative conditions of socio-economic prosperity for 1.4 billion people.

The purpose of this study is to develop preliminary readiness assessments for D-8 Therapeutic Goods and Services Global Value Chain (selection analysis) that aligns and balances health policy benchmarks with economic, social and market needs. The aim of this assignment is to; (i) identify the institutional, human and market capacity constraints that impede the growth, viability and integration of therapeutic goods health markets in MCs, and (ii) propose strategic, market-led, private-public partnership capacity building interventions to revitalize health policy and market outcomes, and foster regional cooperation and trade within and between MCs using Islamic blended finance facilities.

To achieve this aim, a strategy focusing on four objectives is outlined;

- I. To undertake an exploratory / formative study of the D8 MCs to determine the situation of TGs markets for the purpose of improving UHC through sustainable and affordable TG supply chains; identify opportunities for trade and regional cooperation and innovative blended financing mechanisms.
- II. To co-develop capacity building programs of action and strategic interventions that address identified health market, capacity and trade barriers within or between member countries and revitalize therapeutic goods health markets in MCs with innovative financing mechanisms.
- III. To develop relevant knowledge products related to the study including consultation papers, policy briefs and study reports for publication and or dissemination.
- IV. To identify key recommendations, best practices and lessons learnt to establish Health 4.0 global value chains aligned with health policy benchmarks and principles of responsible investment.

⁷ “SDG 3: Ensure Healthy Lives and Promote Wellbeing for All at All Ages.” *World Health Organization*, World Health Organization, 3 Feb. 2017, www.who.int/sdg/targets/en/. [accessed 2 Oct 2020]

⁸ *D-8 Health and Social Protection Programme: Concept Note*. 10 Dec. 2018, developing8.org/wp-content/uploads/2019/03/D-8-Secretariat-Health-and-Social-Protection.pdf. [accessed 2 October 2020]

Tasks and activities

It is envisaged that the following tasks and work streams will be carried out as part of study;

- I. Conduct rapid diagnostic of the health markets in selected MCs to characterize health markets and assess strengths, weaknesses, threats and opportunities;
- II. Review gaps in institutional, business, trade, policy, technology and human capacity in selected MCs to deliver therapeutic goods to their health systems;
- III. Examine the role and modality for private firms, institutional investors in MCs (focal countries) to create Therapeutic Goods Value Chain and highlight potentials for regional cooperation and market integration;
- IV. Identify incumbent and emerging supply chains related to IsDB 5 industry champions into which TGs can be integrated – and market factors deterring or determining this integration;
- V. Assess the key considerations for developing a market-specific approach to de-risking emerging health businesses and technologies, and highlight potentials for regional financing, and financing from the IsDBG and other sources;
- VI. Review the spectrum of operational deliverables needed to support successful non State actor (NSA) input into a Health Markets' revitalization strategy and identify critical priorities behind each of those operational deliverables;
- VII. Align health policy measurement and assessment frameworks with market economics for progressive universal health care initiatives;
- VIII. Construct a Therapeutic Goods and Services GVC Selection capacity building roadmap for scalable public private partnerships and capital project pipeline development.

The study will focus on three stakeholder groups that deliver results in:

- I. **Regional trade** – formulate demand side analytical products, policy frameworks, and risk assessment tools to assess TG market infrastructure and value chain readiness with 5 industry champions, emerging players and entrepreneurs;
- II. **Islamic blended finance** – map data, transaction comparables, legal and commercial models for Islamic blended finance facilities with institutional investors, member countries and non-state actors for commercial scale market rate opportunities, aligned with principles of responsible investment and relevant impact investment metrics;
- III. **Health 4.0 infrastructure** – evaluate strategies, evidence, core metrics, and resources required to build therapeutic goods and trade-in-services infrastructure for scalable delivery of universal health care.

Study outputs and outcomes

The primary outputs of the study will include;

- Three (3) regional studies for reference purposes.
- One (1) study report for publication and printing.
- Three (3) detailed policy briefs.
- One (1) consultation paper.

- Virtual consultative workshops.
- Capacity building programme of action and strategic engagement proposal.

Findings of the study will contribute to the following study outcomes; i) increasing UHC coverage in D8 countries ii) increasing TG trade and regional cooperation in D8 MCs through engagement with the private sector and iii) improving TG financing through blended and innovative financing mechanisms.

Approach, methodology and scope

For the purpose of the study, the eight D8 member countries will be clustered into 3 regions including; i) Asia – Pakistan, Bangladesh, Indonesia and Malaysia ii) Middle East – Turkey, Iran iii) Africa – Nigeria, Egypt. Three regional consultants (that focus mainly on Turkey, Nigeria and Indonesia) will be engaged to provide the overall technical analysis and strategic support for the study – and will be supported by local country data consultants that work with regional consultants to cover Bangladesh, Egypt, Iran, Malaysia and Pakistan. Institutionally, the process will be led by a study secretariat and facilitated by a joint core project team comprising of representatives from IsDBG and D8 HSP to guide the process.

The **regional consultants (RC)** will focus on one region each (Turkey, Nigeria and Indonesia) and be responsible for;

- Managing and conducting related regional/country TG health market diagnostic and summarizing main recommendations and proposals;
- Executing primary stakeholder engagement, consultations and interviews for respective regions;
- Developing well informed regional reports, analysis and recommendations at the granular level, from which summative inputs will be incorporated to inform the aforementioned main study report.

As part of the consulting engagements, data will be collected through qualitative and quantitative methods including documentary research, semi-structured interviews and on-line surveys. Specifically, the consulting engagements will involve the following methodologies:

1. **Document review and development of tools:** Targeted analytical work including development of data collection tools as well as desk review of existing policies, legislations, programs, country strategies and other relevant documents;
2. **Key informant interviews, questionnaire surveys and consultations** through in person or telephone interviews as well as on line surveys (if required) with member countries, partner organizations, and various other stakeholders for the purpose of primary data collection, triangulation and data validation;

3. **Analysis** of key findings using several theoretical and analytical tools (including market analytic tools) to inform recommendations as well as the framework and proposal development;
4. **Report writing** of key findings and recommendations; and finalization of strategic framework and capacity building proposals based on feedback from the core project team and member countries for dissemination.
5. Engagement with private sector, non-state actor stakeholders to secure letters of support, expressions of interest or other relevant memoranda.

Deliverables and reporting format

The expected primary deliverables from the assignment are;

- An inception report.
- Study tools and study protocols to guide coherent regional engagement.
- A professionally written main study report of 15,000 words in length (excluding tables, figures, maps, footnotes, appendices, and references). The main study report will be prepared by a lead consultant for the entire study drawing collectively from the regional reports for publication. Each regional study report will provide details and serve as reference - no word count. The draft report should adhere to the following:
 - Text in A-4 size paper, font size of 12 cpi, spacing of 1.5, and 1" (2.5 cm) margins on all sides;
 - All illustrations (maps, figures, tables, graphs, pictures, etc.) employed in the paper to be duly referenced and appropriate authorizations secured;
 - All references cited in the text to be appropriately captured in the list of references.
- Organization of a virtual D8 workshop for validation of the study findings and analytics for the purpose of development of capacity building framework/operational strategy with selected MCs to ensure their ownership.
- A final Capacity Building Programme/Strategic Intervention to Revitalize Therapeutic Goods Health Markets in selected MCs – revised in line with the stakeholder feedback and suggestions.
- Three regional policy briefs on the situation of health markets in the D8 MCs; and implications for health market growth in the region.
- A separate document containing the underlying data in excel for all figures and tables in the report.

Duration, reporting and indicative schedule for deliverables

The selection process will be jointly undertaken by a selection committee set up by the IsDBG and D8 HSP. The duration of the assignment is 21 working days for the regional consultants. The study will be carried out over a 6- 8-month period. Majority of the tasks will be conducted in the first five months of the project, thereafter, occasional touchpoints and revisions incorporating the feedback of the stakeholders would occur over the subsequent months. The regional consultant(s) will be managed by a lead consultant,

report to a study secretariat and be guided by a joint core project team comprising of representatives from D8 and IsDBG (SID, Health, and the Country Strategy and Cooperation departments). All deliverables are expected to be finalized through rigorous consultative meetings and in-depth discussions with key partners and relevant stakeholders. The final draft report will be submitted to the study secretariat for their feedback and clearance. The deliverables and tentative timeline are presented in the table below.

| No. | Milestones | Indicative high level timeline |
|-----|--|--------------------------------|
| 1 | Submission of inception report including draft outline | Week 2 |
| 2 | Health market diagnostic and issues diagnostic paper | Week 6 |
| 3 | First draft report on the development of a capacity building framework and an operational strategy | Week 10 |
| 4 | Organization of the virtual workshop | Week 13 |
| | Submission of the draft proposal and knowledge/policy briefs | Week 15 |
| 5 | Feedback from study secretariat | Week 17 |
| 6 | Submission of final revised report, cost model, briefs and private sector memoranda | Week 22 |
| 7 | Dissemination workshop | Week 27 |

Table 1. Proposed timeline for key deliverables

Location and working arrangements

The consultant(s) will work remotely and undertake in-depth desk reviews of relevant national documents using his or her own networks and affiliations. The consultant(s) will be supported with any relevant information necessary for execution of the tasks under this assignment. The consultant will be responsible for providing her/his own working station (i.e. laptop, internet, phone, scanner/printer, etc.) and access to reliable internet connection. Consultants should indicate which of the consulting regional roles they want to cover as part of the assignment.

Qualifications and experience

The selection criteria to assess the technical capacity of the consultants is included in Annex C.

The Consultant should have the following qualifications and experiences;

- I. At least a masters' degree in health economics or any related discipline;

- II. Cognate experience in capacity assessment, framework and programme design, policy reviews and analysis and a good knowledge of developing markets within the global economy;
- III. At least 10 years of relevant experience in public health field with preference to related research and analytical work;
- IV. Experience in writing case studies with significant publications in books, reports and/or journals; and
- V. Strong (written and oral) command of English. Knowledge of French will be an added advantage;
- VI. Strong interpersonal skills and ability to dialogue with diverse stakeholders to create consensus around issues and capable of working in multi-cultural environments;
- VII. Effective time management and organizational skills to ensure qualitative outputs under strict deadlines.

Cost of the consultancy and budget

The total cost of the consultancy assignment is US\$ 42,000 (forty-two thousand United States Dollars). Lump-sum contract will be used for this assignment and payments will be linked to pre-agreed milestones and deliverables. Advance payment in the amount of 75% of the contract price will be paid upon receipt of the acceptance letter and signed contract by relevant parties while 25% will be paid upon receipt and written acceptance of the final report by the study secretariat and joint project team.

| Item | Unit (days) | Unit Cost US\$ | Subtotal US\$ |
|--|-------------|----------------|---------------|
| Professional fees for regional consultant | 21 | 600 | 12,600 |
| Professional fees for regional consultant | 21 | 600 | 12,600 |
| Professional fees for regional consultant (with additional leadership/management role) | 28 | 600 | 16,800 |
| Sub-total | | | 42,000 |

Table 2: Detailed cost breakdown of the available budget for the assignment

Application process and contract arrangements

- **How to apply:** Submit the expression of interest indicating the project title, code, D8 region of interest and proposed technical approach in annex B alongside a comprehensive curriculum vita, to Dayo@d-8healthandsocialprotection.org, by 22nd November 2020, 17:00 pm (West Africa Time).
- The contract will be on lump sum basis, and the consultant will be entitled to remunerations upon meeting milestones or submission of the deliverables as per agreed schedule. Payments will be based on the schedule to be stipulated in the contract. The contractual details of the assignment will be reflected in the contract to be signed between the consultants and the D8 HSP.
- For further clarification, you may contact: Haydar Daudu at: haydar@d-8healthandsocialprotection.org

ANNEX B

EXPRESSION OF INTEREST AND PROPOSAL FORM

Consulting services for building institutional and human capacity to revitalize health markets for regional cooperation and trade; project code: 10F198220

Date: _____

Region: _____ (Middle East / Africa / Asia)

Dear, Mr. **Dayo Lomowagun**, Developing 8 Health and Social Protection Secretariat (D8 HSP).

I have read carefully your Invitation for Expression of Interest (EOI) for the captioned assignment/project and find the Terms of References (TOR) and Scope of Work match my skill mix and experiences for providing the services required in the TOR. I would like to express my interest to be considered for the assignment. I understand that D8 HSP and IsDB do not have an obligation that I must be selected.

I have attached to this EOI and Curriculum Vitae (CV) for your consideration. Some of the key information is highlighted below:

I. Personal Profile

| |
|--------------------|
| Nationality: |
| Date of Birth: |
| Permanent Address: |
| Phone No.: |
| Email: |

II. Past consultancy assignment references

[Notes to consultant: Please select most relevant consultancy assignments you have recently completed to demonstrate your technical qualifications and experience.]

| Period | Client | Project | Country | Your role (as a lead consultant or as a member of a team?) | Value of the contract |
|--------|--------|---------|---------|--|-----------------------|
|--------|--------|---------|---------|--|-----------------------|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
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| | | | | | |
| | | | | | |

III. Please provide a brief description of your proposed technical approach, methodology and work plan for the study

IV. Availability

I shall be available for the services from _____ to _____.

V. Eligibility Declaration

I, the undersigned, certify to the best of my knowledge and belief:

- I have read terms of reference (TOR) and Scope of Work (Appendix A), for this assignment.
- I confirm that the project references submitted as part of this EOI accurately reflect the experience of myself.
- I confirm that I have never been convicted of an integrity-related offense or crime related to theft, corruption and fraud.
- I understand that any misrepresentations that knowingly or recklessly mislead, or attempt to mislead may lead to the automatic rejection of the proposal or cancellation of the contract, if awarded, and may result in further remedial action, in accordance with D8 and IsDB Integrity and Anti-Corruption Policy.

Signature:

Name of the Applicant

ANNEX C
EVALUATION CRITERIA

| Criteria | Scores |
|---|---------------|
| General Qualification | 30 |
| ▪ Academic Qualification | 20 |
| ▪ English Language Proficiency | 10 |
| Adequacy for the Assignment | 50 |
| ▪ Similar Assignment report prepared before | 10 |
| ▪ Area of Expertise / Technical approach related to the assignment mentioned in the ToR | 40 |
| Experience in the Sector | 20 |
| ▪ Specific Experience related to the assignment mentioned in the ToR | 10 |
| ▪ Multi-lateral/International Organization | 5 |
| ▪ National Exposure | 5 |
| Technical Scores | 100 |

SAMPLE CURRICULUM VITAE (CV)

Position Title and No.: ----

Name of Expert: ---

Date of Birth: ---

Country of Citizenship/Residence: ---

Contact information: ---

EDUCATION

Education: *{List college/university or other specialized education, giving names of educational institutions, dates attended, degree(s)/diploma(s) obtained}*

ADDITIONAL COURSE WORK

EXPERIENCE

Employment record: *{Starting with present position, list in reverse order. Please provide dates, name of employing organization, titles of positions held, types of activities performed and location of the assignment, and contact information of previous clients and employing organization(s) who can be contacted for references. Please mark if the assignment is considered relevant to the assignment.}*

1.

2.

3.

OTHER SHORT-TERM CONSULTING

PAPERS/PUBLICATIONS

Membership in Professional Associations and Publications:

Skills (language, technical, computer, others):

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience, and I am available to undertake the assignment in case of an award. I understand that any misstatement or misrepresentation described herein may lead to my disqualification and/or sanctions by the Bank.

Name of Expert:

Signature:

Date: