



Terms of Reference – National Vaccination Policy and Plan Consultant

1. Context

On 30th January 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus COVID-19 as a Public Health Emergency of International Concern (PHEIC) according to the International Health Regulations. COVID-19 is an infectious disease caused by the coronavirus SARSCov-2.

On March 11, 2020, the WHO characterized COVID-19 as a Pandemic. On March 10, 2020, Jamaica recorded its first imported case of COVID-19 in Kingston. The COVID-19 Pandemic has already caused the loss of hundreds of thousands of lives and disrupted the lives of billions more. In Jamaica, as of March 1, 2021, there have been over 25,000 confirmed cases and 460 deaths. The impact of the COVID-19 pandemic on the Country's fragile economy has been and continues to be severe.

It is against this background, that the Ministry of Health and Wellness has formulated a comprehensive vaccine implementation plan that aims to vaccinate at least 65% of the country's population by March 31, 2022. The Interim Vaccination Plan presented to Parliament in January 2021 outlined the development of the national vaccination policy as one of the operational components. This component of the plan will be critical to the sustainability of the COVID-19 Vaccine Implementation Programme (COVID-19 VIP) and will serve to streamline the various vaccination initiatives and programmes across the Ministry of Health and Wellness.

Jamaica has had a very strong record of vaccination success among children. The Expanded Programme on Immunization (EPI) was established in Jamaica in 1977, to achieve >95% coverage for all nationally recommended vaccines. Due to the strength of its immunization programme, Jamaica was able to successfully eliminate poliomyelitis in 1982; measles in 1991; rubella in 2000; while the last case of congenital rubella syndrome was recorded in 1998. The EPI is executed by the Family Health Unit of the MOHW.



In 2019, Jamaica's immunization schedule offered vaccination against 12 vaccine-preventable diseases as recommended by the World Health Organization. The majority of these vaccine doses are delivered in the first year of life, along with measles-mumps-rubella (MMR) vaccine and booster doses of polio vaccine in the second year of life. A booster dose of polio and diphtheria-tetanus-pertussis (DTP) vaccines is administered to children aged 4 - 6 years and the human papillomavirus (HPV) vaccine to 11 - 12-year-old girls. Since 2010, the Child Health Passport is issued at birth and is the individual's record of vaccination. Older children may have an earlier version of this book or a vaccination card.

Since 1986, the Public Health (Immunization) Regulations of the Public Health Act of Jamaica (hereafter referred to as Public Health Immunization Regulations) has specified that all children under the age of seven years must be adequately immunized before school entry. The person authorized to admit pupils to any daycare, nursery or basic school shall not admit any child, or if already admitted, shall not permit any child to continue attending the school, unless the child or their parent produces a certificate of immunization for the child issued by a public immunization officer or a medical practitioner. Children with a medical contraindication to vaccination, as documented by a public immunization officer or medical practitioner, are exempted. The Public Health Immunization Regulations also state that every caregiver must have their child vaccinated as recommended by the Ministry of Health and Wellness. In 1986, anyone (caregivers, school staff or health care workers) violating the Public Health Immunization Regulations was subject to a fine of 500 Jamaican dollars; defaulting on the fine payment could result in up to 30 days in prison. In 2013, these penalties were increased to a fine of 1,000,000 Jamaican dollars and imprisonment not exceeding 12 months.

At the national level, oversight of the Public Health Immunization Regulations is the responsibility of the MOHW, the Ministry of Education, Youth and Information (MOEYI) and the Early Childhood Commission (ECC). Operationally, it is the responsibility of the school principal to ensure each school adheres to the Public Health Immunization Regulations, with school staff responsible for checking the school medical form (completed by a clinician) upon registration, including checking the vaccination status of all children. When children are missing vaccine doses, health care providers are responsible for providing these, including

routine vaccines in line with the national immunization programme schedule, and catch-up doses where applicable. However, there is currently no process at the national or sub-national level to monitor the number of schools implementing the strategy, nor the number of children found to be incompletely vaccinated. Similarly, there has not been any consolidated documentation of successes, challenges and lessons learned from the perspective of those implementing the strategy.

The latest available data indicates that Jamaica continues to enjoy high levels of vaccine coverage as indicated in the table below:

Table 1: Immunization Coverage 2020

Antigen	Target Population		Jan – Dec 2020 Target	Prelim. Coverage*		Deficit
BCG	0 – 11 months	33788*	95 – 100%	33703	99.9%	Target met
Polio3				32267	95.5%	Target met
DPT3				32298	95.6%	Target met
HepB3				32253	95.5%	Target met
HIB3				32292	95.6%	Target met
MMR1	12 – 23 months	34862	95 – 100%	32455	93.1%	1.9 - 6.9%
MMR2				29994	86%	9 – 14%

Vaccine hesitancy can be a challenge, with some parents refusing vaccination for their children predominantly due to their religious beliefs. In most cases, school and health staff can convince these parents to vaccinate their child, but this can be a recurring issue. Furthermore, the recent introduction of the HPV vaccine was met with resistance by some families, who may have not been adequately sensitized before the rollout. Health care staff noted that some families obtained misinformation via social media or online and better efforts to obtain their buy-in ahead of school vaccination would improve chances of acceptance of this vaccine.

The COVID-19 Vaccination Implementation Programme (VIP) started vaccinating the population with the COVID-19 AstraZeneca Vaccine on March 10, 2021. As of May 10, 2021, 145,684 persons have been vaccinated with the first dose, representing 8% of the target of 1,924,759 (65% of the population). 22% of the persons receiving the first dose were in the 60-



69 age group, representing the largest number of persons vaccinated for any given age group. 5,641 persons had received their second dose up to May 10, 2021.

With the mass rollout of adult vaccination necessitated by the introduction of the COVID-19 Vaccine, several gaps have been identified in the policy environment and there is generally a need to harmonize the Expanded Programme on Immunization (EPI) with the COVID-19 VIP. Furthermore, Jamaica has no specific policy on adult vaccination and is in the process of developing regulations specific to the use of the COVID-19 and other vaccines offered through the life course.

2. Objective and scope of the work

The main objective of the consultancy assignment is to support the Jamaican Ministry of Health and Wellness (MOHW) in the development of a National Vaccination Policy and Plan, which is in line with international standards, and appropriate for its COVID-19 VIP. The required technical support for the development of this policy will build on a review of the existing policies, regulations, and practices. To support the sustainability of the EPI and COVID-19 VIP, the consultant will provide technical guidance on a suitable policy framework for both children and adult vaccination in Jamaica. Finally, the consultancy will include Disaster Risk Management (DRM) considerations in the identification of infrastructure, capacity and regulatory needs to achieve a more resilient and sustainable vaccination programme management in Jamaica, which will enhance capacity to respond to future pandemics.

3. Tasks to be carried out by the consultant

Task 1 – Evaluate current policies, procedures and practices of the EPI and COVID-19 VIP

The first task is to establish baseline information on the status of vaccine programme implementation in Jamaica through an environmental scan and review of the literature. Therefore, the consultant will prepare a review of the existing national regulations, policies, guidelines, protocols and standards on vaccination and any documentation on the application concerning COVID-19. The consultant will also analyze if the regulatory framework on



vaccination already includes DRM considerations. Additionally, the consultant will conduct a literature review of global best practices in adult immunization policies and provide appropriate benchmarks and suggested models suited for Jamaica's policy environment. The consultant will document the findings in a comprehensive report.

Task 2 - Formulate recommendations in consultations with stakeholders/experts

The Consultant will conduct broad-based consultations with stakeholder groups to formulate recommendations and contextual recommendations based on effectiveness and other key issues – costs, feasibility, values, and preferences of users, vaccine hesitancy and equity. The consultations should provide a forum for setting the national vaccine priorities- vision, goals and objectives, exploring the development and manufacture of vaccines in Jamaica, discussing issues relating to vaccine supply and vaccine diplomacy in the context of COVID-19, identifying responsibilities and establishing parameters for monitoring and evaluation, cost-benefit analysis, ICT, data management and financing of a national adult vaccination programme. The consultations should also focus on producing an adult immunization schedule by vaccine and age group, coverage targets and practice standards for adult immunization practices. The MOHW will facilitate the stakeholder engagement process in coordination with the consultant. Meetings and consultation sessions will be conducted in keeping with COVID-19 Protocols.

Task 3 – Prepare Draft National Vaccination Policy and Plan

The MOHW will use the experiences gained during the COVID-19 VIP to implement a broader programme to build its capacity and address issues concerning vaccination, in particular, adult vaccination. This will involve setting out a comprehensive policy framework, which strengthens the adult immunization infrastructure and integrates it with the EPI, improves access to adult vaccines, increase local demand for adult immunizations and fosters innovation in adult vaccine development and vaccination-related technologies. To this end, the consultant will utilize the findings of the environmental scan and the stakeholder consultations to develop a detailed and comprehensive Draft National Vaccination Policy and Draft National Adult Immunization Plan.



4. Deliverables

Each of Tasks 1-3 will also have specific deliverables, as follows:

- Preliminary: Detailed work plan. To be delivered 10 days after contract signing.
- Task 1: Report on the findings of the assessment of current situation and practices, environmental scan and literature review. The first draft of the report shall be delivered to the MOHW no later than August 31, 2021.
- Task 2: Stakeholder consultations report and presentation. A presentation of the consultation report and findings shall be given to the executive management team of the MOHW no later than November 23, 2021. A final consultation report, incorporating feedback from the presentation, shall be delivered to the MOHW no later than November 31, 2022
- Task 3: The first draft of the National Vaccination Policy and Draft National Adult Immunization Plan shall be delivered to the MOHW no later than January 30, 2021.

Each of the deliverables shall be provided in Draft form, to which MOHW will revert comments within 2 weeks. The Final versions of each deliverable will then be provided taking into account and addressing the consolidated comments provided.

5. Period of assignment

The assignment is anticipated to last for a period of 6 months (from July to January 2022).

The MOHW will arrange and coordinate access to all relevant information (e.g. reports), arrange requested interviews, and respond promptly to data requests to facilitate the assignment.

The MOHW will provide comments to Draft deliverables within two weeks of receipt. The Consultant shall ensure that he/she is adequately supported and equipped in terms of personal technical equipment (transportation, laptop, software, and field tools). Daily, the Consultant will report to the Director, Family Health Unit or his/her designate.



6. Qualifications and Experience

Education

- Graduate degree in public health, health care management or epidemiology would be desirable and at least five years of relevant professional experience or a Bachelor's degree with a minimum of seven years of relevant professional experience;

Professional Experience

- Managerial experience in the field of public health;
- Expertise in policy development, strategic planning and capacity building;
- Proven ability to produce high impact policy documents and plans;
- Proven experience working with Government, civil society, international organizations and donors;
- Experience with vaccination programs or policy is highly desirable.

Key Competencies

- Effective planning, problem-solving and analytical skills;
- Strong interpersonal, team building and team leadership skills and excellent networking abilities;
- Sound decision-making and time management skills;
- Results orientation and ability to meet strict timelines for outputs;
- Excellent communication skills including solid command of both oral and written English and mastery of public speaking;
- Ability to travel island-wide;
- Good working knowledge of MS Office applications (Word, Excel), Microsoft Outlook and Microsoft Project;
- Ability to analyze and evaluate policy and to devise effective methods of evaluation;
- Skills in policy and programme planning and implementation;

7. Payment Schedule

No.	Deliverable	Payment
1	Detailed work plan with timeline, program of facility visits, list of proposed meetings with MOHW national, regional and local staff	10% of contract value
2	Report on environmental scan and review of literature	20% of contract value
3	Stakeholder consultation report	30% of contract value
4	Draft National Vaccination Policy and Draft National Adult Immunization Plan	40% of contract value

8. Evaluation Criteria

Criteria	Score
<ul style="list-style-type: none"> Graduate degree in public health, health care management or epidemiology would be desirable and at least five years of relevant professional experience or a Bachelor's degree with a minimum of seven years of relevant professional experience. 	20
<ul style="list-style-type: none"> Managerial experience in the field of public health. 	10
<ul style="list-style-type: none"> Expertise in policy development, strategic planning and capacity building; experience with vaccination programmes and policy. 	40
<ul style="list-style-type: none"> Proven ability to produce high impact policy documents and plans. 	20
<ul style="list-style-type: none"> Proven experience working with Government, civil society, international organizations and donors. 	10
Total	100

