ANNEX II: TERMS OF REFERENCE

**Consultancy for the Development of the Regional Health Security (RHS) Pathway**

1. BACKGROUND INFORMATION 2

1.1. Partner country 2

1.2. Contracting authority 2

1.3. Country background 2

1.4. Current situation in the sector 2

1.5. Related programmes and other donor activities 3

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS 3

2.1. Overall objective 3

2.2. Main Purpose 3

2.3. Results to be achieved by the Contractor 4

3. ASSUMPTIONS & RISKS 4

3.1. Assumptions underlying the project 4

3.2. Risks 4

4. SCOPE OF THE WORK 4

4.1. General 4

4.2. Specific work 4

4.3. Project management 5

5. LOGISTICS AND TIMING 6

5.1. Location 6

5.2. Start date & period of implementation of tasks 6

6. REQUIREMENTS 6

6.1. Staff 6

6.2. Office accommodation 7

6.3. Facilities to be provided by the contractor 7

6.4. Equipment 7

7. REPORTS 7

7.1. Reporting requirements 7

7.2. Submission and approval of reports 8

8. MONITORING AND EVALUATION 8

8.1. Definition of indicators 8

# BACKGROUND INFORMATION

## Partner country

The principal beneficiaries are the twenty-six (26) CARPHA member states (CMS) namely, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Belize, BES Islands (Bonaire, St. Eustatius, Saba), British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago, Turks & Caicos Islands

## Contracting authority

Caribbean Public Health Agency (CARPHA)

## Country background

CARPHA’s mission is to provide strategic direction, in analysing, defining and responding to public health priorities of Member States in an effort to prevent disease, promote health and respond to public health emergencies. The outbreaks of Chikungunya and Zika regionally and the global COVID-19 pandemic and Mpox outbreaks confirm to the need for increased surveillance. Additionally, with increased travel due to domestic and international tourism in the region, the potential for such threats to have a pandemic potential is great.

## Current situation in the sector

Travel and tourism are crucial to tourism dependant Caribbean economies. However, high and increasing numbers of visitors, who bring so many economic benefits also increase the health, safety, and security risks to local and visitor populations, as evident through the introduction and spread of SARs, Norovirus, H1N1, Chikungunya, Zika, and COVID-19. Effective core surveillance systems should detect public health issues in real time, in local and transient populations and provide information that allows for a timely, coordinated response. The Region has been affected by many epidemics which continue to cause illness and death and incur significant burdens on vulnerable and marginalized individuals and communities, imposing enormous financial burdens and highlighting the fragile nature of public health and emergency response infrastructure in the Region, especially in laboratory, surveillance, and workforce capacities. Additionally, climate change poses a grave challenge to the small islands of the Caribbean, shown by an increase in the frequency and intensity of tropical storms and hurricanes in the past five years and changes the distribution of mosquito borne vector borne diseases and outbreaks of Chikungunya in 2013 and Zika virus in 2016. Changing temperatures also influence the transmission of foodborne pathogens with outbreaks, such as non-cholera *Vibrio spp.,* showing correlations with increasing air and sea surface temperatures. The revised IHR 2005 regulations have been a key driver in international efforts to strengthen global health security. However, the success of the IHR 2005 relies on the capacity and performance of national and regional public health systems to address public health threats before they become global health emergencies.

These complex challenges faced with the myriad of infectious diseases in the Caribbean Region necessitate multi-faceted, integrated, sustained, and harmonized efforts across multiple sectors, with regional and international partners, public health agencies, and other key stakeholders supporting CMS to advance towards strengthening public health systems, capacity, and security. Weakened and inefficient public health systems broaden the gap in responding to public health concerns in a timely and effective manner. Similar challenges are faced, including lack of human resources, under-resourced laboratories, inadequate health technologies, insufficient information and financial resources. Furthermore, the absence of critical surveillance, epidemiological and geographic information systems, operational real time surveillance, cohesive communication networks, and optimal participation of non-health actors worsen the performance of public health systems within CMS. These factors leave the Region vulnerable to public health threats, especially infectious disease outbreaks, that jeopardize regional and global health security.

**Regional Health Security (RHS)** describes the capacities required for Caribbean countries to prepare for and respond to public health threats, issues, and concerns that transcend national boundaries and potentially impact on economic and political stability, trade, tourism, and access to goods and services. CARPHA, as the sole regional public health agency and an expression of Caribbean Cooperation in Health (CCH) is uniquely positioned to shepherd the Region into an era of improved health security, to prepare and respond to regional public health threats that transcend national boundaries with the potential to impact economic stability, trade, tourism, and access to goods and services.

With this in mind, the Regional Coordinating Mechanism for Health Security (RCM-HS) was established in 2015 to oversee the coordinated planning and implementation of the regional response to threats to RHS. The Mechanism is also charged with addressing challenges CMS have with achieving compliance with the revised IHR (2005) and overseeing the implementation of the Caribbean Region Global Health Security Agenda (GHSA). The RCM-HS is an evolution of the Regional Coordinating Mechanism on Ebola (RCME) adopted by the CARICOM Heads of Government in 2014 and expanded to address broader issues of RHS for the Caribbean

To strengthen systems and capacity to improve Regional Health Security (RHS) in the Caribbean region, CARPHA developed an RHS framework and conducted a series of stakeholder consultations with CARPHA Member States (CMS), Agencies and International Development Partners (IDPs) from July 19-21, 2022 . The key outcomes of the consultations were consensus for the RHS framework, and a documentation of the current needs and priorities for building the Region’s capacities to prevent, detect, and respond to public health crises by Agencies, IDPs, CMOs, CARICOM and CMS, and an agreement of developing the RHS pathway as the next step and adding information technology digitalization and capacity building across each area.

The key next step is the development of a sustainable regional RHS pathway, using the stakeholder approved RHS framework and priorities identified by CMS, Agencies, IDPs, CMOs and CARICOM. This pathway would provide a detailed mapping out of how the wide scope of regional coordination, laboratory, biosafety, GHSA, early warning and response surveillance systems, and workforce development would be conducted to achieve the desired objectives at regional and CMS level, inclusive of a mapping out of the various methodologies and outcomes and areas of collaboration and coordination with the various Agencies and IDPs.

## Related programmes and other donor activities

The July 2022 Stakeholders Consultation on RHS “The Way Forward” was funded by US Centers for Disease Control and Prevention, Agence Française de Développement (AFD), and the Government of Canada through the Global Affairs Canada.

# OBJECTIVE, PURPOSE & EXPECTED RESULTS

## Overall objective

The overall objective of the project of which this contract will be a part is as follows:

To achieve Regional Health Security, through the building of capacity to prevent, detect, respond to and control infectious disease outbreaks, strengthen border security and mitigate Public Health Emergencies of International Concern (PHEICs).

## Main Purpose

The purpose of this contract is as follows:

To protect and improve Health in the Region by strengthening RHS, through the building of capacity, strengthening health systems and developing mechanisms to “prevent, detect, respond to and control infectious disease outbreaks, and strengthen border security”.

More specifically, a Consultant will be engaged to develop the RHS Pathway through coordination and collaboration with CARPHA, CMS, Agencies, IDPS and other stakeholders that can provide accurate, timely and relevant information for the various aspects of the RHS pathway , that will trigger early warning and timely response to public health threats, decision-making, action and policy for CMS and other stakeholders for enhanced RHS

## Results to be achieved by the Contractor

The Contractor is expected to deliver the following results:

* **Result 1**: Inception Report, including a workplan, , developed and submitted for approval of the Project Manager
* **Result 2**: Mapping Exercise conducted to coordinate countries’ and agencies’ priorities in developing the RHS Pathway at the RHS Pathway Planning Meeting
* **Result 3**: Draft RHS Pathway developed and presented **Result 4**: Draft Final Report developed and submitted in accordance with the reporting requirements in Section 7.1 of these Terms of Reference
* **Result 5**: Final Report developed based on feedback from submission of the draft final report,submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.

# ASSUMPTIONS & RISKS

## Assumptions underlying the project

* Content required by the Consultant will be available from CMS, agencies and other relevant stakeholders.

## Risks

* If there is a lack of proper consultation, the content of the RHS pathway developed may not uniformly meet all of established needs of CMS, agencies and other relevant stakeholders, which can prevent agreement on RHS priorities.

# SCOPE OF THE WORK

## General

### Description of the assignment

The Contractor will be tasked with (i) the development of the RHS Pathway, and (ii) collaborating with CMS, Agencies, CARPHA’s technical officers and other relevant external stakeholders to obtain priorities for the RHS Pathway.

### Target groups

Chief Medical Officers, National Epidemiologists, National Laboratory Directors, Chief Environmental Health Officers, Technical Officers, Public Health Agencies, International Development Partners, CARICOM and other regional entities

## Specific work

The project will include the specific work tasks:

**Result 1: Inception Report, including a workplan developed and submitted for approval of the Project Manager**

1.1 Engage in an initial briefing with the designated Project Manager and other relevant CARPHA personnel to discuss the scope of the work to be undertaken, the methodology, approach and any other issues pertaining to the Project upon the commencement of the Consultancy.

1.2 Conduct a detailed review of the current RHS framework and international and regional strategic documents available for the development of the RHS Pathway.

1.3 Prepare and submit for the approval of the Project Manager, an Inception Report which includes as a minimum:

 -Detailed timeline for the specific project activities/workplan and the methodology for completion of the activities.

 - Draft schedule of interviews/consultations with stakeholders.

 - Potential risks and strategies to mitigate risks.

* **Result 2: Mapping Exercise conducted to coordinate countries’ and agencies’ priorities in developing the RHS Pathway at the RHS Pathway Planning Meeting**

2.1 Participate in the RHS Pathway Planning Meeting, carded for August 2023

2.2 Conduct a mapping exercise at the RHS Pathway Planning Meeting where the CMS, Agencies and other relevant stakeholders can discuss their priorities as it related to Regional Health Security

2.3. Prepare and submit for the approval of the Project Manager, an Interim Progress Report which will include as an Annex, the results of the mapping exercise.

* **Result 3: Draft RHS Pathway developed and presented**

3.1 Engage in discussions with the designated Project Manager and other relevant CARPHA personnel to further finetune the methodology and approach following the mapping exercise with external stakeholders.

3.2 Engage in review of documentation and ordering with activities identified in the RHS framework for the Pathway

3.3. Prepare and present the Draft RHS Pathway to the Project Manager and other relevant CARPHA personnel

* **Result 4: Draft Final Report developed and submitted in accordance with the reporting requirements in Section 7.1 of these Terms of Reference**

4.1. Incorporate the comments of the Project Manager and other relevant parties on the Draft RHS Pathway and, prepare and submit for the approval of the Project Manager, a Draft Final Report which includes as a minimum:

* Summary of general progress with implementation including challenges encountered and action taken to address challenges.
* Lessons learnt.
* Clearly identified gaps and recommendations.
* **-** Draft Final version of the RHS pathway document
* **Result 5:**  **Final Report developed based on feedback from submission of the draft final report,submitted and approved in accordance with the reporting requirements in section 7.1 of these Terms of Reference.**
* 5.1 Prepare a Final Report with the same specifications as the draft final report, incorporating any comments received from the Project Manager and other relevant personnel on the draft report.

## Project management

### Responsible body

The Surveillance, Disease Prevention and Control (SDPC) Division of CARPHA will be responsible for the strategic management and coordination of the Project.

### Management structure

Project management organisation will consist of the following structures:

The Director of SDPC, CARPHA, will be the Project Manager and will have overall responsibility for the Project. The Project Manager will retain oversight for the consultancy and will also be responsible for the day-to-day supervision of project activity. The Director of SDPC will be supported by the Head of Health Information, Communicable Diseases and Emergency Response (HCE), CARPHA,

The Project Manager shall be responsible for approving all reports and invoices.

### Facilities to be provided by the contracting authority and/or other parties

CARPHA shall:

* Provide the Contractor with any relevant documentation and information to assist in the development of the RHS Pathway.
* Assume responsibility for logistical and administrative arrangements for the RHS Pathway Planning Meeting in August 2023

# LOGISTICS AND TIMING

## Location

The operational base for this consultancy is Port of Spain, Trinidad (CARPHA POS Campus). The Consultant will work remotely.

## Start date & period of implementation of tasks

The intended start date is July/August 2023 and the period of implementation of the contract will be three (3) months from this date.

# REQUIREMENTS

## Staff

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

### Key experts

All experts who have a crucial role in implementing the contract are referred to as key experts. The profiles of the key experts for this contract are as follows.

**Key expert 1: Team leader**

**Qualifications and skills**

* Advanced level degree (Masters level or above) in Epidemiology or Public Health, or a related field

General Professional Experience:

* At least five (5) years’ experience working in the areas of public health and/or health security and/or policy frameworks in health sector, regional and international principles and best practices, namely toward enhanced health security.

Specific Professional Experience:

* Experience conducting outbreak investigations and emergency response. A sound understanding of public health issues along with the cultural and political challenges faced by Caribbean territories as demonstrated by involvement in projects treating with public health issues.
* Experience of design and implementation of international and regional best practices in the area of health security.
* Experience in coordinating multi-stakeholder activities.
* Experience working in the Caribbean region, or a similar region.

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

**6.1.2 Other experts, support staff & backstopping**

CVs for experts other than the key experts should not be submitted in the tender but the tenderer will have to demonstrate in their offer that they have access to experts with the required profiles. The contractor shall select and hire other experts as required according to the needs. The selection procedures used by the contractor to select these other experts shall be transparent, and shall be based on pre-defined criteria, including professional qualifications, language skills and work experience.

The costs for backstopping and support staff, as needed, are considered to be included in the tenderer's financial offer.

## Office accommodation

Office accommodation for each expert working on the contract is to be provided by the Contractor.

## Facilities to be provided by the contractor

The Contractor shall ensure that all staff are adequately supported and equipped. In particular, the contractor must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

In addition, the Contractor shall be required to provide his/her personal computer (e.g. laptop or tablet) and Internet connectivity for use during this project.

Any costs associated with travel and hotel accommodation that may be required by the Contractor during the execution of this contract shall be borne by the Contractor.

## Equipment

**No** equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

# REPORTS

## Reporting requirements

The contractor will submit the following reports in English in one original and one e-copy:

* **Inception Report** of maximum 12 pages to be produced **two (2) weeks** from the start of implementation. In the report the Contractor shall describe initial findings, progress in collecting data, any difficulties encountered or expected in addition to the work programme. More specifically, the Report will include a detailed workplan with the timelines for the specific project activities and the methodology for the activities, as well as an outline of the proposed course.
* **Interim Report** of maximum 12 pages (main text excluding annexes) to be produced to be submitted in accordance with the timeline set out in the Inception Report as approved by the Project Manager. . This report will consist of a detailed summary of progress with implementation of the specific work, set out in Section 4.2, including challenges encountered and action taken/proposed to address challenges. More specifically, the report will consist of a summary of progress with the implementation of Result 2, including the results of the mapping exercise.
* **Draft final report** of maximum 20 pages(main text, excluding annexes). This report shall be submitted no later than **two (2) weeks** before the end of the period of implementation of tasks. The submission must be a comprehensive report comprising the work conducted in respect of section 4.2.
* **Final report** with the same specifications as the draft final report, incorporating any comments received from the parties on the draft report. The deadline for sending the final report is **seven (7) days** after receipt of comments on the draft final report. The final report must be provided along with the corresponding invoice.

## Submission and approval of reports

The report referred to above must be submitted to the Project Manager identified in the contract. The Project Manager is responsible for approving the reports.

# MONITORING AND EVALUATION

## Definition of indicators

Implementation performance will be measured by:

 • Quality of output documents: These will be judged by content, clarity, and readability.

* Compliance with the schedule for the submission of reports on the outputs of the Project as outlined in Section 7.1.

**8.2. Special requirements**

There are no special requirements