ANNEX II: TERMS OF REFERENCE

Consultancy to support the update of Guidelines for the clinical management of Hypertension in the Caribbean

1. BACKGROUND INFORMATION

1.1. Partner country

Twenty-six (26) CARPHA Member States (CMS): Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Belize, 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 and the Grenadines, Suriname, Trinidad & Tobago, and Turks & Caicos Islands.

1.2. Contracting authority

The Contracting Authority is the Caribbean Public Health Agency henceforth referred to as CARPHA.

1.3. Country background

CARPHA was legally established as the regional public health agency in July 2011 by an Inter-Governmental Agreement of the Caribbean Community (CARICOM) Heads of Government. Grounded in the philosophy and principles of regional cooperation as outlined in the Treaty of Chaguaramas (1973), CARPHA was created to oversee the implementation of the regional strategy for cooperation in health as a vital element of regional human, social and economic development and resilience. The Agency merges and rationalises the operations of five previous Regional Health Institutions, with an enhanced scope and depth of support to Member States:

- Caribbean Environmental Health Institute (CEHI);
- Caribbean Epidemiology Centre (CAREC);
- Caribbean Food and Nutrition Institute (CFNI);
- Caribbean Health Research Council (CHRC); and
- Caribbean Regional Drug Testing Laboratory (CRDTL).

The Agency's services to its Member States are guided by the functions established by the Inter-Governmental Agreement and the Caribbean Cooperation in Health (CCH) framework, which establishes health priorities for the Region. These are aligned with the essential public health functions to assess needs, develop policy and assure quality. In collaboration with regional and international Agencies and Development Partners, CARPHA provides technical evidence-based guidance and support to Member States in alignment with the six (6) main objectives of its mandate:

1. To promote the physical and mental health and wellness of people within the Caribbean.
2. To provided strategic direction, in analysing, defining and responding to public health priorities of the Caribbean Community.
3. To promote and develop measures for the prevention of disease in the Caribbean.
4. To support the Caribbean Community in preparing for and responding to public health emergencies.
5. To support solidarity in health, as one of the principal pillars of functional cooperation in the Caribbean Community; and
6. To support the relevant objectives of the CCH as approved by the Council for Human and Social Development of CARICOM.

1.4. Current situation in the sector

Cardiovascular diseases are the leading causes of death and disability in CARPHA Member States. The Caribbean (including Haiti) Region has the highest mortality rates due to cardiovascular disease in the

Americas accounting for 418 per 100,000 population. Hypertension, or raised blood pressure, is the most common preventable cause of cardiovascular disease in the Caribbean. This sub-region has the highest prevalence of raised blood pressure in the Americas.

Whilst prevention is important, there are several missed opportunities to control blood pressure. Blood pressure control in CARPHA Member States is poor, with only 17.5% of persons having controlled hypertension blood pressure in a CARPHA study of 10 Caribbean countries.

In 2007, at the world's first-ever summit of Heads of government on Non-Communicable Disease (NCD) prevention and control, the CARICOM Heads of government committed to the ***Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic Diseases*** with a target that, by 2012, 80% of people with NCDs would receive quality care and have access to preventive education based on regional guidelines. This was followed by global commitments to reduce premature mortality due to cardiovascular disease by 25% by 2025 (World Health Organization) and by 1/3 by 2030 (Sustainable Development Goal 3.4).

Strengthened health systems in the Caribbean, using evidenced based clinical guidelines aimed at reducing unjustified variability in clinical practice, from early detection, prevention, diagnosis, treatment, rehabilitation, or palliative care, are required to achieve these targets. A 2017 study in Jamaica reported a 15-year return on investment at 1.9, predicting that every single Jamaican dollar invested in the treatment of cardiovascular disease could expect to see 1.9 dollars in return (*UNIAFT, UNDP, and PAHO 2018*).

The Caribbean has had a tradition of developing clinical care guidelines: "***Managing Hypertension in Primary care in the Caribbean***" clinical guidelines were produced in 1995, 1998 and 2006 by CAREC now subsumed under CARPHA. The last guideline is over fourteen years old and there is an urgent need for updated guidelines.

With the support of the Agence Française de Développement (French Development Agency in English), the Caribbean Public Health Agency is seeking to develop updated evidenced-based clinical guidelines for the management of hypertension in the primary care setting using the GRADE guideline adaption approach.

1.5. Related programmes and other donor activities

Related work undertaken by the CARPHA include a programme of support for implementing the ***CARPHA Guidelines for Management of Diabetes in Primary Care in the Caribbean***.

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

2.1. Overall objective

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

To improve Caribbean public health programmes that influence morbidity and mortality and improve the resilience of populations facing climate changes.

The specific objective of the relevant project component is:

To implement evidence based clinical guidelines for hypertension and diabetes to support implementation of the chronic care model.

2.2. Purpose

The purpose of this contract is *to develop clinical guidelines for the management of hypertension in primary care in the Caribbean*.

2.3. Results to be achieved by the contractor

- **Result 1:** Inception report developed and submitted for the approval of the Project Manager.
- **Result 2:** Hypertension Guideline Committee Members trained in the development and adaption process.
- **Result 3:** Report of complied scientific evidence, formulated clinical questions and ranking of outcomes developed and submitted to the Project Manager for review.
- **Result 4:** First draft of clinical guidelines for the management of hypertension in primary care in the Caribbean developed and submitted to the Project Manager for review.
- **Result 5:** Advance draft of clinical guidelines incorporating agreed changes developed and submitted to the Project Manager for approval.
- **Result 6:** Stakeholder consultation Report developed and submitted to the Project Manager.
- **Result 7:** Final draft clinical guidelines for the management of hypertension in primary care in the Caribbean developed and draft contractor report submitted to the Project Manager for review.
- **Result 8:** Final clinical guidelines for the management of hypertension in primary care in the Caribbean and Report developed and submitted to the Project Manager for approval

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project

- Available evidence to develop hypertension guideline
- Available experts to participate on the Hypertension Guideline Development Committee (HGDC).

3.2. Risks

- Lack of consensus on the guideline recommendations by experts on Hypertension Guideline Development Committee (HGDC).
- Inadequate Caribbean scientific evidence clinical evidence on hypertension
- Guideline Development Committee members may not contribute fully to the process due to competing priorities.

4. SCOPE OF THE WORK

4.1. General

4.1.1. Description of the assignment

The Contractor shall develop a guideline for the management of hypertension in primary care in the Caribbean. This will be addressed primarily by using the rapid adaptation or adaptation of updated GRADE guidelines methodology under the oversight of the Hypertension Guideline Development Committee (HGDC). The Contractor will be expected to attend all Guideline Development Committee meetings unless otherwise indicated by CARPHA or Chair HGDC.

4.1.2. Geographical area to be covered

CARPHA Member States.

4.1.3. Target groups

CARPHA Member States health sector.

4.2. Specific work

The project will include the specific work tasks:

Result 1: Inception report developed and submitted for the approval of the Project Manager

1.1. Engage in an initial briefing and follow-up engagement as required with the Project Manager and Hypertension Guideline Development Committee to discuss the scope of the work to be undertaken, the approach and any other issues pertaining to the Project upon commencement.

1.2. Prepare and submit for the approval of the Project Manager an Inception report which includes the scope of work, a detailed workplan with timelines and methodology on how scope of work will be undertaken throughout the Project, including a proposed template for weekly progress updates, and planning for attendance at all Hypertension Guideline Development Committee meetings unless otherwise indicated by CARPHA.

Result 2: Hypertension Guideline Development Committee Members trained in the guideline development and adaption process.

2.1 Submit for the approval of the Project Manager a proposed detailed methodology for the delivery of this training.

2.2 Conduct training on guideline development and adaption process for the Hypertension Guideline Development Committee and relevant CARPHA staff.

Result 3: Report of complied scientific evidence, formulated clinical questions and ranking of outcomes developed and submitted to the Project Manager for review.

3.1 Support the formulation of clinical questions and ranking of outcomes.

3.2 Search and compile the required scientific evidence.

3.3 Evaluate the strengths and weakness of the evidence.

3.4 Prepare and submit for the approval of the Project Manager report on compiled scientific evidence, formulated clinical questions and ranking of outcomes.

Result 4: First draft of clinical guidelines for the management of hypertension in primary care in the Caribbean developed and submitted to the Project Manager for review

4.1 Prepare First draft of clinical guidelines for the management of hypertension in primary care in the Caribbean in accordance with the outline/structure approved by the Project Manager

4.2 Submit first draft of guideline to the Project Manager for dissemination to the HGDC for review.

4.3 Meet with HGDC to review and discuss first draft of guidelines including comments received.

Result 5: Advance draft of clinical guidelines incorporating agreed changes developed and submitted to the Project Manager for approval.

5.1 Compile list of proposed changes to guidelines based on feedback and comments from HGDC and key experts for review by HGDC.

5.2 Revise and update draft clinical guidelines incorporating agreed feedback and comments from Hypertension Guideline Development Committee and other key experts.

5.3 Submit Advance draft of clinical guidelines for the management of hypertension in primary care in the Caribbean to the Project Manager for approval.

Result 5: Advance draft of clinical guidelines incorporating agreed changes developed and submitted to the Project Manager for approval.

5.4 Compile list of proposed changes to guidelines based on feedback and comments from HGDC and key experts for review by HGDC.

5.5 Revise and update draft clinical guidelines incorporating agreed feedback and comments from Hypertension Guideline Development Committee and other key experts.

5.6 Submit Advance draft of clinical guidelines for the management of hypertension in primary care in the Caribbean to the Project Manager for approval.

Result 6: Stakeholder consultation report developed and submitted to the Project Manager

6.1 Submit for the approval of the Project Manager a proposed detailed methodology for the conduct of a virtual consultation of key stakeholders from CARPHA Member States and other stakeholders identified in collaboration with HGDC and the Project Manager.

6.2 Conduct virtual stakeholder consultation on the Advance draft of clinical guidelines for the management of primary care in the Caribbean.

6.3 Prepare and submit to the Project Manager a report on the stakeholder consultation, including the contact list of stakeholder attendees, feedback received, and proposed changes to guidelines based on feedback.

Result 7: Final draft clinical guidelines for the management of hypertension in primary care in the Caribbean developed and draft contractor report submitted to the Project Manager for review.

7.1 Revise and update Advance draft clinical guidelines incorporating agreed feedback and comments from stakeholder consultation.

7.2 Prepare and submit Final draft clinical guidelines for the management of hypertension in primary care in the Caribbean for review of the Project Manager.

7.3 Prepare and submit draft contractor report documenting progress including training of HGDC against the agreed workplan including any challenges, successes, and recommendations for review of the Project Manager.

Result 8: Final clinical guidelines for the management of hypertension in primary care in the Caribbean and Report developed and submitted to the Project Manager for approval.

8.1 Prepare and submit final clinical guidelines for the management of hypertension in primary in the Caribbean, based on feedback from Project Manager in one (1) Microsoft Word editable version, one (1) pdf version and one (1) power point presentation on the development and summary content of the guidelines.

8.2 Prepare and submit final contractor report based on feedback from Project Manager.

4.3. Project management

4.3.1. Responsible body

The Disease Surveillance, Prevention and Control Division of CARPHA will be responsible for the management and coordination of the project.

4.3.2. Management structure

Project management organisation will consist of the following structures:

i. The Head, Chronic Disease and Injury, CARPHA will be the Project Manager. They will have operational oversight for the consultancy and will also be responsible for the day-to-day supervision of project activities. They will serve as the technical lead and will provide technical advice as well as comments on the deliverables of the Contractor.

ii. The Guideline Development Committee, convened by CARPHA, will be responsible for technical oversight of the guideline development process and provide technical input and review on submitted deliverables of the Contractor.

iii. The CARPHA Executive Management Team, led by the Executive Director, will retain strategic oversight and direction of the consultancy. They shall be responsible for the final decisions on the deliverables of the Contractor. They may consult with the CARPHA Executive Board and the funding partner, AFD, prior to decision-making.

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

CARPHA will facilitate coordination, logistics and project administrative and contract administrative support. More specifically, CARPHA shall:

i. Provide the Contractor with relevant background documentation and information in a timely manner.
ii. Provide introductions to the GDC and meeting schedule and links for the Contractor's attendance.
iii. Review and provide feedback on reports and deliverables submitted by the Contractor in a timely manner.
iv. Seek input and/or feedback from other key experts or stakeholders and provide to the Contractor and,
v. Assume responsibility for the administrative arrangements for the stakeholder consultation.

5. LOGISTICS AND TIMING

5.1. Location

The operational base for the project is the Port of Spain, Trinidad and Tobago campus of CARPHA. However, the Contractor will not be required to travel to the operational base to execute the contract.

5.2. Start date & period of implementation of tasks

The intended start date is August / September 2021 and the contract will be implemented over an estimated six (6) months from the date of contract signature.

6. REQUIREMENTS

6.1. 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.

6.1.1. Key experts

All experts who have a crucial role in implementing the contract are referred to as key experts. Key experts must submit CVs, a conflict of interest statement and a signed *Statement of Integrity, Eligibility and Social and Environmental Responsibility* (as required by CARPHA's funding partner, AFD).

6.2. Key expert 1: Methodological coordinator

Qualifications and skills

- At least a Medical Degree from a recognised university
- Formal training in clinical epidemiology, biostatistics, public health, research methodology, or health technology assessment
- Training in guideline development and/or adaption

Professional Experience:

- At least 3-5 years specific experience in guideline development and/or adaption
- At least 3-5 years' experience working in public health policy and primary care

Other requirements:

- A sound understanding of health care delivery issues along with the cultural and political challenges faced by Caribbean territories as demonstrated by involvement in similar projects.
- Experience working with Caribbean countries will be an asset.

Key expert 2 – Methods expert

Qualifications and skills

- At least a Nursing, Medical Degree from a recognised university
- Formal training in clinical epidemiology, biostatistics, public health, research methodology, or health technology assessment
- Training in the field of medical research

Professional Experience:

- At least 3-5 years specific experience in medical research
- At least 3-5 years' experience working in public health policy and primary care

Other requirements:

- A sound understanding of health care delivery issues along with the cultural and political challenges faced by Caribbean territories as demonstrated by involvement in similar projects.
- Experience working with Caribbean countries will be an asset.

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

6.2.1. 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.

6.3. Office accommodation

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

6.4. Facilities to be provided by the contractor

The Contractor shall ensure that experts are adequately supported and equipped. In particular there must be 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. The contractor is responsible for obtaining all supplies needed to complete the project.

The Contractor shall comply with, and ensure that any subcontractor complies with, international environmental and labour standards, consistent with applicable law and regulations in the country of implementation of the contract, including fundamental conventions of the International Labour Organisation (ILO) and international environmental treaties. (Requirement of funding partner, AFD).

6.5. 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.

7. REPORTS

7.1. Reporting requirements

The Contractor will submit the following reports in English, with two copies (one in Microsoft Word format and the other in PDF format), to the e-mail address of the Project Manager:

7.1.1 Inception Report of maximum 12 pages to be produced after two (2) weeks from the from the start of implementation. In the report the contractor shall describe the methodology for carrying out the project activities including a Gantt chart with the activities and timeline to carry based on meeting with the Project Manager, and CARPHA Team. The contractor should proceed with his/her work following approval by the contracting authority of the inception report.

7.1.2 Report with complied scientific evidence, formulated clinical questions and ranking of outcomes to be produced two (2) weeks from completion of process.

7.1.3 First Draft clinical guideline for the management of hypertension in primary care in the Caribbean to be produced nine (9) weeks after receipt of the inception report. This document should be aligned with the requirements in the specific work section.

7.1.4 Advance Draft clinical guideline for the management of hypertension in primary care in the Caribbean to be produced two (2) weeks after receipt of comments on the draft document.

7.1.5 Stakeholder consultation report which should be submitted no later than two (2) weeks after completion of the consultation process.

7.1.6 Final Draft clinical guideline for the management of hypertension in primary care in the Caribbean and draft contractor report which should be submitted no later than three (3) weeks after approval of the changes to be incorporated from the Stakeholder consultation report.

7.1.8 Final clinical guideline for the management of hypertension in primary care in the Caribbean and final contractor report with the same specifications as the draft final guideline, incorporating any comments received from the parties on the draft final guideline. The deadline for sending the final document is two (2) weeks after receipt of comments on the draft final document. The document should be submitted as (1) Microsoft Word editable version, one (1) pdf version and one (1) power point presentation on the development and summary content of the guidelines.

7.2 Submission and approval of reports

The reports and deliverables referred to above must be submitted to the Project Manager identified in the contract. The Project Manager is responsible for communicating approval status and any other feedback to the Contractor.

8. MONITORING AND EVALUATION

8.1. Definition of indicators

Implementation performance will be measured by:

i. Deliverables are submitted in compliance with the agreed workplan; and,
ii. Contractor is in compliance with the schedule for the submission of reports and deliverables as outlined in Section 7.

8.2. Special requirements

The Contractor warrants that the use or supply by CARPHA of the goods or services rendered under this Service Contract does not infringe any patent, design, trade name or trademark. All rights, including title, copyright and patent rights in any material produced under the terms of this Service Contract shall be vested in CARPHA, which shall be entitled to make whatever changes or eliminate whatever portions as it deems advisable.