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**Regional**

**SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

**Support to strengthen preparedness, readiness, and response to Ebola Virus Disease (EVD) in LAC**

**TERMS OF REFERENCE 1**

1. **Background**

Ebola Virus Disease is a “public health emergency of international concern” (PHEIC) and constitutes a strategic, economic, and political problem of global scope. The Latin American and Caribbean (LAC) region currently faces a number of challenging infectious diseases, including Chikungunya and cholera. The LAC region needs to prepare to quickly respond to and contain the potential spread of these infectious diseases to avert the risks of an ensuing outbreak and subsequent consequences.

According to PAHO/WHO, as of December 2014, the degree of preparedness for responding to an initial case of EVD or similar PHEIC varies across countries in LAC. Countries such as Argentina, Brazil, Chile, Colombia, Mexico, and Peru have higher degrees of preparedness and are focusing their efforts on communication and information campaigns on Ebola transmission and prevention mechanisms, case management training and equipment for health workers, identification of hospitals designated as referral centers for patient isolation and treatment, and surveillance activities. The English-speaking Caribbean countries, Haiti, and priority countries in Central America (i.e. El Salvador, Guatemala, Honduras, and Nicaragua) have additional challenges and are working to improve their level of preparedness. For example, some of these countries have weak surveillance systems where minimum standards in case detection and notification are not met; rapid response teams are established but are lacking supporting protocols and trainings; procedures for shipping laboratory specimens exist but are not closely followed; infection control procedures in health facilities require strengthening; and support is required to improve national risk communication strategies.

A PHEIC case in the Caribbean or other vulnerable country may have a devastating impact, especially if not managed promptly, and lead to a public health crisis in addition to a significant economic burden for economies based largely on the tourism industry. For the reasons mentioned above, this TC has a main focus on priority countries of the Caribbean sub-region and Central and South America.

The objective of this TC is to respond to the gaps identified in the following areas: few specialized clinical facilities, weaknesses in case detection and epidemiological surveillance, shortages of qualified health personnel, and weak capacities for expert training, insufficient stock of basic supplies in health facilities, etc. This TC will involve addressing the specific needs to improve readiness for Ebola or any public health emergency under the IHR and includes training activities at the national level with potential impact at the local level.

In order to respond to the identified gaps, the Inter-American Development Bank (“the Bank”) seeks to strengthen preparedness, readiness, and response activities. These objectives will be accomplished through three main activities: (i) ramping up training activities for health personnel on all aspects of clinical management and infection prevention and control (IPC), including rapid response teams for strengthening containment efforts; (ii) developing and implementing communication activities; and

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(iii) improving coordination among the various actors involved in the preparedness and response efforts in the Caribbean.

1. **Consultancy Objective**

This objective of this consultancy is to ensure increased preparedness for a public health emergency of international concern by ramping up training activities for health personnel on all aspects of clinical management and infection prevention and control (IPC), including rapid response teams for strengthening containment efforts and developing and implementing communication activities.

1. **Main Activities**

The firm in charge will be responsible for the activities that are described below. The technical team from the IDB, upon signing of the contract, will provide the inputs needed to develop the required activities and deliver the solicited products according to the defined specifications in the current document.

* **Trainings on clinical practices for isolating and treating a suspect patient**. The implementation of Phase 1 and 2 of the Framework highlighted several training gaps in priority countries of the region. Given these identified gaps and the high turnover of health personnel, this component will provide trainings for health care workers on infection prevention and control (IPC) and aspects of clinical management, as well as for members of rapid response teams to improve containment efforts in select countries. Training workshops will be provided to facilitate the replication of trainings at the local level and ensure that newly graduated health care workers entering the national system will be trained. The immediate responses of the clinician are essential to prevent secondary spread of infectious viruses to other health care workers and to the community at large. Training in isolation and IPC, in the context of clinical case management for persons with hemorrhagic fever or those with fever consequences, will be provided to clinicians from select hospitals in priority countries. Additionally, the use of Personal Protective Equipment (PPE) and bio safety will be included in trainings.
* **Trainings on containment of the Ebola virus or any other dangerous infectious agent.** One of the most challenging aspects of infectious disease control is monitoring contacts since the number of contacts for any individual can easily reach into the hundreds. Basic training of a cadre of early response teams for contact monitoring will be provided through a sub-regional workshop to build capacity on the identification of potential contacts and monitoring activities.

1. **Reports / Deliverable**

* Product 1: Training materials of Infection Prevention and Control (IPC) and clinical management developed in English and Spanish.
* Product 2: Completed workshops in target countries on IPC and clinical management, as proven by full attendance records at each workshop and a pre-test and post-test.
* Product 3: Training materials for contact monitoring developed in English and Spanish.
* Product 4: Completed workshops in target countries on contact identification and monitoring, as proven by full attendance records at each workshop and a pre-test and post-test.

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1. **Payment Schedule**

* 40% at the signing of the contract and presentation of work plan.
* 40% at the presentation of a progress report regarding the deliverables 1 – 6 per satisfaction of the IDB.
* 20% at the presentation of the final report and deliverables 1 – 6 per satisfaction of the IDB.

1. **Characteristics of the Consultancy**

* Consultancy category: Consulting Firm:
* Contract duration: 24 months.
* Division Leader or Coordinator: Diana Pinto (SCL/SPH).

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**Regional**

**SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

**Support to strengthen preparedness, readiness, and response to Ebola Virus Disease (EVD) in LAC**

**TERMS OF REFERENCE 2**

1. **Background**

Ebola Virus Disease is a “public health emergency of international concern” (PHEIC) and constitutes a strategic, economic, and political problem of global scope. The Latin American and Caribbean (LAC) region currently faces a number of challenging infectious diseases, including Chikungunya and cholera. The LAC region needs to prepare to quickly respond to and contain the potential spread of these infectious diseases to avert the risks of an ensuing outbreak and subsequent consequences.

According to PAHO/WHO, as of December 2014, the degree of preparedness for responding to an initial case of EVD or similar PHEIC varies across countries in LAC. Countries such as Argentina, Brazil, Chile, Colombia, Mexico, and Peru have higher degrees of preparedness and are focusing their efforts on communication and information campaigns on Ebola transmission and prevention mechanisms, case management training and equipment for health workers, identification of hospitals designated as referral centers for patient isolation and treatment, and surveillance activities. The English-speaking Caribbean countries, Haiti, and priority countries in Central America (i.e. El Salvador, Guatemala, Honduras, and Nicaragua) have additional challenges and are working to improve their level of preparedness. For example, some of these countries have weak surveillance systems where minimum standards in case detection and notification are not met; rapid response teams are established but are lacking supporting protocols and trainings; procedures for shipping laboratory specimens exist but are not closely followed; infection control procedures in health facilities require strengthening; and support is required to improve national risk communication strategies.

A PHEIC case in the Caribbean or other vulnerable country may have a devastating impact, especially if not managed promptly, and lead to a public health crisis in addition to a significant economic burden for economies based largely on the tourism industry. For the reasons mentioned above, this TC has a main focus on priority countries of the Caribbean sub-region and Central and South America.

The objective of this TC is to respond to the gaps identified in the following areas: few specialized clinical facilities, weaknesses in case detection and epidemiological surveillance, shortages of qualified health personnel, and weak capacities for expert training, insufficient stock of basic supplies in health facilities, etc. This TC will involve addressing the specific needs to improve readiness for Ebola or any public health emergency under the IHR and includes training activities at the national level with potential impact at the local level.

In order to respond to the identified gaps, the Inter-American Development Bank (“the Bank”) seeks to strengthen preparedness, readiness, and response activities. These objectives will be accomplished through three main activities: (i) ramping up training activities for health personnel on all aspects of clinical management and infection prevention and control (IPC), including rapid response teams for strengthening containment efforts; (ii) developing and implementing communication activities; and

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(iii) improving coordination among the various actors involved in the preparedness and response efforts in the Caribbean.

1. **Consultancy Objective**

This objective of this consultancy is to ensure increased preparedness for a public health emergency of international concern by improving coordination among the various actors involved in the preparedness and response efforts in the Caribbean.

1. **Main Activities**

The existing mechanisms for Ebola preparedness and response at PAHO, while providing some support for the Caribbean, requires strengthening to take account of the dispersed nature of the islands and territories in the Caribbean, their variable human resource capacity, and the lack of a coordination mechanism in the sub-region to respond to emerging infectious diseases requiring an emergency response. Sustainable measures are therefore required to ensure that regional, sub-regional, and national capacity is in place to respond to the emergence and reemergence of infectious diseases within the context of the IHR. For the Caribbean sub-region, a Regional Coordinating Mechanism on Ebola (RCME) was established as recommended by the CARICOM Heads of Government at their 17th Special Meeting in November 2014. The RCME is chaired by CARPHA and will have a convening role to coordinate the various national, regional and international organizations involved in the preparedness and response efforts in the Caribbean. These include inter alia member states, the CARICOM and OECS Secretariats, IMPACS, CDEMA, PAHO, and as observers Cuba as well as the Dominican Republic. This component will fund technical assistance to develop the following: (a) an RCME implementation plan and corresponding governance structure; (b) the change management strategy to adopt this new framework and a stakeholders' communications plan that will identify mechanisms for effective communication to stakeholders in the event of an emergency; and (c) a comprehensive sub-regional strategy to address Ebola preparedness through RCME. This component will also fund technical assistance to develop a marketing plan to develop and implement a structured sustainable funding mechanism to guarantee continuous support to Caribbean regional health security, including better preparation for and response to future epidemics and health threats. The plan will include a competitive analysis which will comprise the following key elements: (i) building awareness about CARPHA’s work and impact, (ii) mechanisms to forge partnerships with key partner organizations in the sub-region with existing relationships with policymakers and (iii) overall marketing goals for CARPHA. In particular, the marketing plan will also include strategies and options for the development of a Stop Ebola There and Here (SETH) Fund (or more broadly, Stop the Epidemic There and Here).

This consultancy will also support trainings for an enhanced role of risk communication and social mobilization. It is important that health officials at all levels are prepared to provide timely and accurate information to audiences ranging from the public to health care workers. This component will support the design and implementation of workshops with Chief Medical Officers from select countries to increase competencies in risk communication that can be replicated at the local level.

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1. **Reports / Deliverables**

* Product 1: Training materials on PPE developed
* Product 2: Completed workshops in target countries on proper use of PPE, as proven by full attendance records at workshop and a pre-test and post-test
* Product 3: Completed regional workshop on biosafety, as proven by full attendance records at workshop and certification on completion
* Product 4: Completed regional workshop on crisis and emergency risk communication for Chief Medical Officers, as proven by full attendance records at workshop on completion.
* Product 5: Sustainable mechanism plan developed
* Product 6: Procedures in place for financial transactions through SETH Fund as proven by establishing a governance mechanism, and producing a CARPHA SETH Fund Rules and Procedures document.
* Product 7: Marketing plan developed
* Product 8: RCME meetings executed, as proven by full attendance records

1. **Payment Schedule**

* 40% at the signing of the contract and presentation of work plan.
* 40% at the presentation of a progress report regarding the deliverables 1,3,4,5, and 7 per satisfaction of the IDB.
* 20% at the presentation of the final report and deliverables 1-7 per satisfaction of the IDB.

1. **Characteristics of the Consultancy**

* Consultancy category: Consulting Firm
* Contract duration: 24 months.
* Division Leader or Coordinator: Diana Pinto (SCL/SPH).

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**Regional**

**SOCIAL PROTECTION AND HEALTH DIVISION (SCL/SPH)**

**Support to strengthen preparedness, readiness, and response to Ebola Virus Disease (EVD) in LAC**

**TERMS OF REFERENCE 3**

1. **Background**

Ebola Virus Disease is a “public health emergency of international concern” (PHEIC) and constitutes a strategic, economic, and political problem of global scope. The Latin American and Caribbean (LAC) region currently faces a number of challenging infectious diseases, including Chikungunya and cholera. The LAC region needs to prepare to quickly respond to and contain the potential spread of these infectious diseases to avert the risks of an ensuing outbreak and subsequent consequences.

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A PHEIC case in the Caribbean or other vulnerable country may have a devastating impact, especially if not managed promptly, and lead to a public health crisis in addition to a significant economic burden for economies based largely on the tourism industry. For the reasons mentioned above, this TC has a main focus on priority countries of the Caribbean sub-region and Central and South America.

The objective of this TC is to respond to the gaps identified in the following areas: few specialized clinical facilities, weaknesses in case detection and epidemiological surveillance, shortages of qualified health personnel, and weak capacities for expert training, insufficient stock of basic supplies in health facilities, etc. This TC will involve addressing the specific needs to improve readiness for Ebola or any public health emergency under the IHR and includes training activities at the national level with potential impact at the local level.

In order to respond to the identified gaps, the Inter-American Development Bank (“the Bank”) seeks to strengthen preparedness, readiness, and response activities. These objectives will be accomplished through three main activities: (i) ramping up training activities for health personnel on all aspects of clinical management and infection prevention and control (IPC), including rapid response teams for strengthening containment efforts; (ii) developing and implementing communication activities; and

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(iii) improving coordination among the various actors involved in the preparedness and response efforts in the Caribbean.

1. **Consultancy Objective**

The objective of this consultancy is to provide support to the health initiatives of the Health and Social Protection Division in the region, with special emphasis in i) coordination and support towards the execution and monitoring the completion of the activities and products related to increasing preparedness for a public health emergency of international concern, and ii) support to the design and execution of related operations in the region.

1. **Main Activities**

* Participate as a team member of the technical cooperation RG-T2571 and other related initiatives.
* Serve a coordinating role between the consultancy firm responsible for the execution of the activities towards increasing preparedness for a public health emergency of international concern and between the SCL/SPH team lead of this technical cooperation.
* Assist in monitoring compliance of products and implementation of technical cooperation project on infectious disease preparedness in Latin America and the Caribbean. This monitoring will require maintaining regular communication between all parties and providing status reports as needed to ensure effective and complete deliverables as requested per IDB standards.

1. **Payment Schedule**

* The compensation shall be paid biweekly.

1. **Qualifications**

* Languages: English and Spanish, full written and oral professional fluency.
* Experience: Professional with a Master’s or other specialization in areas of economics, social development, or health with more than six years of experience in design, implementation and monitoring of operations and technical cooperation with multilateral banks for investment projects and policy development.

1. **Characteristics of the Consultancy**

* Consultancy category and modality: Products and External Services Contractual, Lump Sum.
* Contract duration: 24 months.
* Place(s) of work: External consultancy.
* Division Leader or Coordinator: Diana Pinto (SCL/SPH).

**Payment and Conditions:** Compensation will be determined in accordance with Bank’s policies and procedures. The Bank, pursuant to applicable policies, may contribute toward travel and moving expenses. In addition, candidates must be citizens of an IDB member country.

**Visa and Work Permit:** The Bank, pursuant to applicable policies, may submit a visa request to the applicable immigration authorities; however, the granting of the visa is at the discretion of the immigration authorities. Notwithstanding, it is the responsibility of the candidate to obtain the necessary visa or work permits required by the authorities of the country(ies) in which the services will be rendered

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to the Bank. If a candidate cannot obtain a visa or work permit to render services to the Bank the contractual offer will be rescinded.

**Consanguinity:** Pursuant to applicable Bank policy, candidates with relatives (including the fourth degree of consanguinity and the second degree of affinity, including spouse) working for the Bank as staff members or Complementary Workforce contractuals, will not be eligible to provide services for the Bank.

**Diversity:** The Bank is committed to diversity and inclusion and to providing equal opportunities to all candidates. We embrace diversity on the basis of gender, age, education, national origin, ethnic origin, race, disability, sexual orientation, religion, and HIV/AIDs status. We encourage women, Afro-descendants and persons of indigenous origins to apply.