TECHNICAL COOPERATION DOCUMENT

I. Basic Information for TC

▪ Country/Region:	Jamaica/CCB
▪ TC Name:	Strengthening Health Services Delivery in Jamaica
▪ TC Number:	JA-T1152
▪ Team Leader/Members:	Pablo Ibarrarán (SCL/SPH) Team Leader; Ian Mac Arthur (SPH/CBR) Alternate Team Leader; Rene Herrera (VPC/FMP); Naveen Jainauth-Umrao (VPC/FMP); Janet Jean Quarrie (CCB/CJA); Louis-Francois Chrétien (LEG/SGO); Sudaney Blair (SPH/CJA); Christina Memmott (SCL/SPH) and Sheyla Silveira (SCL/SPH).
▪ Taxonomy:	Operational Support
▪ Number and name of Operation Supported by the TC:	Support for the Health Systems Strengthening Programme for the Prevention and Care Management of NCDs (JA-L1049 and JA-L1080)
▪ Date of TC Abstract authorization:	April 4, 2018
▪ Beneficiary:	Ministry of Health (MOH), Jamaica
▪ Executing Agency:	Inter-American Development Bank (IDB), through Social Protection and Health Division (SCL/SPH)
▪ Donors providing funding:	Ordinary Capital (OC) Strategic Development Program for Social Development (SOC)
▪ IDB Funding Requested:	US$250,000
▪ Local counterpart funding:	US$0
▪ Disbursement period:	30 months
▪ Required start date:	June 1st, 2018
▪ Types of consultants:	Individuals and Firms
▪ Prepared by Unit:	SCL/SPH
▪ Unit of Disbursement Responsibility:	SCL/SPH
▪ TC included in Country Strategy:	Yes
▪ TC included in CPD:	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

II. Description of the Associated Loan

2.1 This Technical Cooperation (TC) is designed to support the preparation and implementation of a hybrid programme. The programme objective is to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of Non-Communicable Disease (NCD) risk factors [1] and for the implementation of a chronic care model with an improved access to strengthened and integrated primary and hospital services networks that provide more efficient and higher quality care of patients with NCDs. To meet this objective, the programme is

[1] NCDs, also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The most common NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. NCD risk factors are preventable conducts that lead to NCDs such as use of tobacco, excessive consumption of alcohol, a sedentary lifestyle and unhealthy dietary habits.

structured into a hybrid project Strengthening Health Services Delivery in Jamaica, with an investment loan (JA-L1049) and a Programmatic Policy-Based (PBP) loan series of two independent loans (the first operation is JA-L1080). The policies in the programmatic series will consolidate regulatory measures to address the preventable causes of NCDs and to reorient health systems to address prevention and control of NCDs through people-centered primary health chronic care model. The investment component, in turn, will finance activities to consolidate integrated health networks and improve the management, quality and efficiency of health services. While the PBP will benefit the Jamaican population at-large, the investment loan will have approximately 1.3 million potential direct beneficiaries who reside in the catchment areas of the health services networks that will receive investments. The loans have been granted eligibility and are in preparation stage with an expected approval of September 2018.

III. Objectives and Justification of the TC

3.1 The general objective of this Technical Cooperation (TC) is to support the preparation and technical design of the health sector hybrid programme; both of the policy-based operation (JA-L1080) and the investment operation (JA-L1049) To achieve this goal, this TC will finance technical studies and activities to support the assessment of the current service delivery platforms, requirements and roadmap for the implementation of the information technology workplan, support the development of regulatory and policy measures, both in terms of prevention of NCD risk factors and the early detection and clinical management of NCDs, preparation of options for public-private partnerships, and development of project management tools.

3.2 **Demographic profile.** Jamaica has a population of about 2.8 million inhabitants, with a distribution among urban areas of 53.9% and rural of 46.1%. Currently, the median age is 29.1 years, and it is expected to increase to 35.6 years in 2030 and to 43.8 years in 2050. The demographic transition in Jamaica has reached a mature stage, characterized by a low and declining fertility rate (2.08 births per woman, 2010-2015) and a slowly rising death rate. This is resulting in lower growth and population aging. The elderly (65 years and over) represented 9.3% of the population in 2015, and this percentage is expected to grow to 22.0% by 2050. In 2011, women accounted for 54% and 60%, respectively, of the population over 65 and 80 years old, due to their greater life expectancy compared to men.

3.3 **Epidemiological profile.** Jamaica reduced infant mortality notably, with a decline from 30.9 deaths per 1,000 live births in 1990 to 16.6 in 2016. Birth attendance by trained personnel is nearly universal. The Expanded Programme on Immunization provides vaccination rates over 90% for the common infectious diseases; malaria, yellow fever, Chagas disease, and cutaneous leishmaniasis have been virtually eliminated. Jamaica has experienced an epidemiological transition and currently faces the challenges posed by NCDs, their associated risk factors, and an aging population. In 2016, eight of the ten leading causes of death were NCDs, representing 85% of the total number of deaths. Compared to other countries of the region, the toll from NCDs has existed longer in Jamaica. Moreover, in terms of the number of years of life lost, the leading cause of premature deaths has been NCDs since 1990 when they represented 55.56%; in 2016 they represented 68.83% of Years of Life Lost (YLL). The leading causes for morbidity measured with Disability Adjusted Life Years (DALY) are also NCDs, followed by interpersonal violence and neonatal preterm birth.

3.4 **Policies and regulations to address risk factors and manage NCDs.** While Jamaica has made progress in addressing NCDs, policies must be consolidated to

obtain the benefits from implementing World Health Organization (WHO) best-buys.[2] According to the 2017 NCD Progress Monitor, in tobacco control Jamaica has fully achieved the target of banning smoking in public places and requiring large graphic health warnings on packages. However, it is yet to increase excise taxes, prices and establish bans on advertisement, promotion and sponsorship. As for policies to reduce harmful use of alcohol, partial progress has been made on restricting physical availability and increasing taxes, however less on advertisement bans and comprehensive restrictions. In response to the high burden of NCDs, the Government of Jamaica (GOJ) developed the NCD Strategic and Action Plan (2013-2018). The plan aims to reduce the burden of NCDs and injuries by 25% by 2025 and focuses on seven main categories of diseases, namely cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, sickle cell disease, mental health and injuries. Furthermore, the Ministry of Health (MOH) of Jamaica supported the Primary Health Care Renewal Policy (2015) in order to strengthen primary healthcare and improve the quality of service provision. In support of this, the GOJ commissioned the United Nations Office for Project Services (UNOPS) to provide an assessment of current hospital infrastructure and catchment area mapping. Additionally, the MOH is currently developing a 10 years strategic plan.

3.5 **Jamaica health system and challenges.** Jamaica has a comprehensive public health system that strives to supply universal coverage free of charge. The country established a strong primary care platform in the 1980's with over 300 health centers that provided almost all the population access to care within 10 walking miles. The MOH operates 24 hospitals, including nine multispecialty and referral hospitals. The private sector offers imaging, laboratory, pharmacy, ambulatory and hospital services, although it provides only around 6% of total bed capacity. Primary care in Jamaica currently appears unable to fulfill its role in gatekeeping higher levels of care and managing less complex conditions. Almost 60% of patients inappropriately bypass health centers to attend hospital accidents and emergency departments for routine primary care. At the same time, there is a high rate of hospital admissions for avoidable complications of NCDs that should be handled by primary care through prevention and management strategies. This inadequate performance of primary care contributes to the aggravation of already existing issues in secondary and tertiary care and overall system inefficiencies. In the hospital accident and emergency departments, the presentation of non-urgent cases generates overcrowding and longer waiting times. The high proportion of hospital inpatients whose conditions are primary-care sensitive, result in an inefficient allocation of hospital resources, and limited clinic capacity reduces the possibility to manage these cases on an outpatient basis. Certain wards in some hospitals show bed occupancy rates over the recommended safe limit of 85%, as well as longer than desired lengths of patient stays. Finally, several hospitals urgently require infrastructure upgrading and expansion, ideally incorporating considerations regarding sustainability—such as renewable energy—and network reorganization, as well as equipment maintenance and renewal.

3.6 **Performance challenges at the MOH.** The Ministry has been constrained in meeting its strategic objectives due to limited human, physical and financial resources.

[2] The World Health Organization's Best Buys for addressing NCD's are recommended interventions that demonstrate a clear link to at least one global NCD target, have shown a quantifiable effect in at least one peer reviewed journal publication, and are considered feasible and cost- effective, with an average cost-effectiveness ratio of < $100/DALY avoided in low- and lower middle- income countries. World Health Organization. (2017). Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. http://www.who.int/iris/handle/10665/259232.

Consequently, the capacity of the health system needs to be strengthened to address challenges with equipment and technologies, as well as a shortage of personnel in critical areas including in specialist and critical care nurses. The World Bank recently completed a review of Public Health Expenditures in Jamaica. The report highlighted issues of efficiency in areas such as health worker distribution, maintenance of equipment and administrative efficiency. The report also highlighted that the health system has been challenged by decreasing fiscal space due to low economic growth and a high debt burden. Jamaica's public-sector expenditure on healthcare is approximately 3.3% of Gross Domestic Product (GDP) and when private sector expenditure is added, the total expenditure on healthcare stands at 5.9%, below the World Health Organization's recommended target spend of 8% of GDP. The limited fiscal space to recruit additional staff coupled with the International Monetary Fund (IMF) cap on staff cost to GDP has left the MOH with high demands and little capacity to respond to major health issues and emergencies.

3.7 **Strengthening the MOH.** The Ministry is currently undertaking several key initiatives in the context of its 2017-2020 Strategic Business Plan. These initiatives are aimed at achieving the strategic objectives of the Ministry of Health to transform the public health sector and advance universal health coverage and universal access to health. These strategic initiatives include: (i) the development of a ten-year strategic plan for the health sector, being developed with Bank's support under the TC Strengthening Health Systems in Jamaica (JA-T1092); (ii) the development of a sustainable National Health Insurance Plan, through the National Health Fund; and (iii) an assessment of the Public Health Delivery System aimed at evaluating the current public health delivery system of Jamaica and providing recommendations for its restructuring so as to maximize the efficient and sustainable delivery of health services in a way that best meets the needs of the population and achieves the strategic policy priorities.

3.8 In this context and to complement the above mentioned strategic initiatives, the Ministry of Finance and the Public Service has requested assistance from the Inter-American Development Bank (IDB) for the health sector in the form of a hybrid programme that will include a PBP loan series supplemented by an investment loan for the lending cycle 2018/2019. The development of policy measures and the required inputs and technical design for the investments that will be financed through the partnership with the IDB, require specialized consultancies as well as strong and efficient project management capacity. Lessons learned from several IDB funded projects indicate that high level technical preparatory work is necessary for a better project design and execution. This TC is therefore intended to support key consultancies required to complete the support development necessary inputs as well as technical designs for the investment project.

3.9 **Strategic Alignment.** This TC is consistent with the Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008) and is strategically aligned with the development challenge of social inclusion and equality by promoting access to quality health services and strengthening the public-sector response to NCDs. It is also aligned with the cross- cutting theme of institutional capacity and rule of law by strengthening institutional capacity to administer and monitor outcomes of health systems improvement development projects from large international donors. Additionally, the TC will contribute to the outcomes of the Corporate Results Framework (CRF) 2016-2019 (GN-2727-6) by providing operational support to projects that will increase the number of beneficiaries receiving healthcare services. In addition, it is aligned with the Country Strategy with Jamaica 2016-2020 (GN-2868) by focusing on the strategic

area of strengthening public sector institutions and governance. Lastly the TC is aligned with the objectives of the Ordinary Capital Strategic Development Programs (OC-SDPs) (GN-2819-1), by strengthening efforts made by public institutions to be more effective and efficient in social programming, targeting and project execution.

IV. Description of Activities/Components and Budget

4.1 **Component I. Strengthening integrated health services networks.** This component will finance technical studies and other inputs related to the design and start up execution of the physical, network and health information system investments of activities for the JA-L1080 and JA-L1049 loans. Specifically, it will finance technical studies to develop the health center infrastructure and equipment investment plan for the investment loan JA-L1049, support a continuation of the health information system development workplan, and explore options for the development of public-private partnerships. The studies and activities include the following: (i) integrated health network analysis for three hospitals; (ii) health information management system workplan support; and (iii) exploring public private partnerships (PPP) opportunities in health.

4.2 **Component II: Supporting MOH capacity to develop policy and regulatory measures for NCDs and implement investments to improve the health delivery system.** This component will support technical assistance to: (i) produce studies to support implementation of regulatory measures that address NCD risk factors for the JA-L1080 and JA-L1049 loans; (ii) develop preliminary Pluriannual Execution Plans (PEP) for the investment loan JA-L1049; and (iii) provide support for a local research assistant who will aid the project team as well as the MOH in gathering and collating necessary information to support various development and diagnostic studies.

4.3 The total cost of this TC will be US$250,000, which will be financed by the Bank's Programme for Ordinary Capital (OC) Strategic Development Program for Social Development (SOC).

Indicative Budget (US$)

Component	Activity	IDB/SOC Total US$
Component I. Strengthening integrated health services networks	Integrated health network analysis for health centers in catchment areas of three hospitals (infrastructure and equipment)	90,000
	Health information management system workplan support	33,000
	PPP in health	39,000
Sub-Total Component I		162,000
Component II: Supporting MOH capacity to develop policy and regulatory measures for NCDs and implement investments to improve the health delivery system	Studies to support implementation of regulatory measures that address NCD risk factors for the JA-L1080 and JA-L1049 loans	61,000
	Develop preliminary PEP for the investment loan JA-L1049	7,000
	Support for a local research assistant that she/he will support the MOH in gathering and collating necessary information to support various development and diagnostic studies	20,000
Sub-Total Component II		88,000
TOTAL		**250,000**

V. Executing Agency and Execution Structure

5.1 The executing agency is the IDB through the Social Protection and Health Division (SCL/SPH). This TC will provide support to the Government of Jamaica towards preparing the Health Services Support Project Loan Programmes JA-L1080 and JA-L1049.

5.2 The Borrower has requested the Bank to be the executing agency of this project given that the IDB is positioned more objectively to provide execution and oversight of the consultancies that will be carried out under this TC. The results of these consultancies are intended to bring key and timely preparation inputs to the loans.

5.3 The activities to be executed are included in the Procurement Plan (Annex) and the Bank will contract individual consultants, consulting firms and other services in accordance with current Bank procurement policies and procedures. Specifically, Section AM-650 of the Administrative Manual "Complementary Workforce" will be applied in the case of individual consultants, the Policy for the Selection and Contracting of Consulting Firms for Bank-executed Operational Work (GN-2765-1) and its Operational Guidelines (OP-1155-4) for hiring consulting services of intellectual nature and the Corporate Procurement Policy (GN-2303-20) for other services.

VI. Major Issues

6.1 The main risk associated to the TC is related to the potential coordination challenges with other stakeholders, which may affect overall TC implementation. This risk will be mitigated by having the Bank as the executing agency. This TC will closely coordinate with technical agencies such as PAHO and UNOPS to ensure the use of the most updated and reliable data available to support the loan programme development.

VII. Exceptions to Bank Policy

7.1 There are no exceptions to Bank policies.

VIII. Environmental and Social Strategy

8.1 According to the IDB's Environment and Safeguards Compliancy Policy (OP-703), the Operation has been classified as Category "B" as it carries the same impact categorization as the loan operation JA-L1049. See Safeguard Filters.

Required Annexes:

- Annex I: Request from the client
- Annex II: Results Matrix
- Annex III: Terms of Reference
- Annex IV: Procurement Plan

ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE FINANCIAL SECRETARY AND THE FOLLOWING REFERENCE NUMBER QUOTED:-

Telephone No. 922-8600-16
Website: http://www.mof.gov.jm
Email: info@mof.gov.jm

MINISTRY OF FINANCE AND THE PUBLIC SERVICE
30 NATIONAL HEROES CIRCLE
P.O. BOX 512
KINGSTON
JAMAICA

June 5, 2018

Mrs. Therese Turner-Jones
General Manager
Country Department, Caribbean Group
Inter-American Development Bank
40-46 Knutsford Boulevard (6th Floor)
Kingston 5

Dear Mrs. Turner-Jones,

Re: Request for Nonreimbursable Technical Cooperation (TC) Funding from the Inter-American Development Bank (IDB) for Eight (8) Projects proposed to be initiated in FY 2018/19

Reference is made to previous discussions between representatives of the Government of Jamaica (GOJ) and the Inter-American Development Bank (IDB) in relation to several proposed projects for which Technical Cooperation (TC) funding is being made available by the IDB.

Further to the ensuing discussions with the relevant GOJ stakeholders, the Ministry of Finance and the Public Service (MOFPS) on behalf of the GOJ hereby formally requests TC funding in the aggregate amount of **US$2,850,000** for the eight (8) projects as outlined in **Table 1** below provided by the Bank:

Table 1

Project Number	Project Name	Anticipated Approval Date	Amount (US Equivalent)
JA-T1153	Persons with Disability Support Program	31-Aug-2018	350,000
JA-T1149	Promoting Sustainable Tourism and Mitigating the Impact of Climate Change - A Master Plan for Jamaica	26-Oct-2018	350,000
JA-T1155	Support for the formulation and implementation of the Program for the Strengthening of Disaster Risk Management and Climate Change Adaptation Governance	16-May-2018	750,000
JA-T1158	Support to the Ministry of Agriculture of Jamaica to Update Sector Policies and Investment Plans and for Project Preparation	24-May-2018	350,000
JA-T1156	Development of Jamaica's Digital Government Agenda	15-Jun-2018	300,000
JA-T1154	Support for Education Programme for Sustainability of Modernisation and Reform	30-Nov-2018	200,000
JA-T1151	Implementation Support for Skills Development for Global Services	30-May-2018	300,000
JA-T1152	Strengthening Health Services Delivery in Jamaica	29-Jun-2018	250,000

The GOJ anticipates the favourable consideration of the Bank to the foregoing request for TC funding and awaits the Bank's response accordingly. The Bank in responding is also being asked to indicate those Projects which will be Bank-executed and provide any TC documentation or Agreements necessary to facilitate the GOJ's review and non-objection before implementation of the Projects listed.

Yours sincerely,

Dian Black (Ms.)
for Financial Secretary

Results Matrix

Outcomes

Outcome: 1 Ministry of Health (MOH) strategic & operational targets achieved

Indicators	Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		EOP
1.1 Total percentage of strategic & operational targets achieved (under MOH National Strategic Health Plan)		%	0.00	2018	Letter by the Permanent Secretary of the MOH confirming status of achievement.	P	
						P(a)	
						A	

Outcome: 2 PEU disburses project resources in a timely manner

Indicators	Flags*	Unit of Measure	Baseline	Baseline Year	Means of verification		EOP
2.1 PEU disburses at least 20% of project resources for the infrastructure & network strengthening component by EOP (JA-L1049- INV US $50M)		%	0.00	2018	Report confirming that at least 20% of project resources have been disbursed.	P	
						P(a)	
						A	

CRF Indicator

Outputs: Annual Physical and Financial Progress

1 Strengthening integrated health services networks

Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification		Physical Progress 2018	2019	2020	EOP	Financial Progress 2018	2019	2020	Theme	Fund	Flags
1.1 Institutional capacity analysis conducted	Integrated health network analysis for three hospitals	Assessments (#)	0	2018	Report confirming completion of the assessment.	P	1	0	0	1				Institutional Development	SOC	
						P(a)				0						
						A										
1.2 Management information systems (MIS) designed	Health information management system workplan support	Systems (#)	0	2018	Letter from Permanent Secretary of MOH confirming submission of IS4H Plan of Action to Cabinet.	P	0	1	0	1				Institutional Development	SOC	
						P(a)				0						
						A										
1.3 Diagnostics and assessments completed	Analysis to explore the feasibility of applying Public Private Partnerships in the health sector of Jamaica	Diagnostics (#)	0	2018	Report confirming completion of assessment.	P	0	1	0	1				Institutional Development	SOC	
						P(a)				0						
						A										

2 Supporting MOH capacity to develop policy and regulatory measures for NCDs and implement investment s to improve the health delivery system

Outputs	Output Description	Unit of Measure	Baseline	Baseline Year	Means of verification		Physical Progress 2018	2019	2020	EOP	Financial Progress 2018	2019	2020	EOP	Theme	Fund	Flags
2.1 Regulatory frameworks designed	Produce studies to support implementation of regulatory measures that address NCD risk factors for the JA-L1080 and JA-L1049	Frameworks (#)	0	2018	Studies completed	P	0	1	0	1					Institutional Development	SOC	
						P(a)				0							
						A											
2.2 Implementation and Management Plan developed	Develop preliminary Pluriannual Execution Plans (PEP) for the investment loan JA-L1049	Plans (#)	0	2018	Report confirming approval of the Pluriannual Execution Plans.	P	1	0	0	1	7000			7000	Sustainable Infrastructure	SOC	
						P(a)				0				0			
						A											

Other Cost

Total Cost

	2018	2019	2020	Total Cost
P	$7,000.00			$7,000.00
P(a)				
A				

CRF Indicator Standard Output Indicator

TERMS OF REFERENCE 1

Social Protection and Health Division. Analysis to Strengthen Priority Primary Care and Health Networks in Jamaica (emphasis on diabetes / human resources, diagnostics, medical supplies and essential medicines) Consultant.

Background: The Government of Jamaica has requested loan operations from the IDB for policy support and investment in the health sector. The Ministry of Health (MOH) proposes to use some of the investment resources to upgrade up to five prioritized hospitals.[1] This effort will likely involve infrastructure improvement and possibly expansion, as well as the acquisition of medical equipment. The MOH has engaged separate technical assistance to conduct a needs assessment and analysis of alternatives, with estimated costing, for the hospital improvement.

While the technical assistance focuses on the hospitals, it is also important to evaluate the primary health services offered to the populations that they serve. Integrated health services networks with strong primary care platforms can take more full advantage of opportunities for health promotion and prevention and manage patients with less complex conditions outside the costlier hospital setting. In this manner, hospitals can operate more efficiently and attend to more complex cases in their more resource intensive environment. Given that Jamaica is well advanced in the demographic and epidemiological transition, the burden of chronic non-communicable disease (NCDs) is very high and growing, and health networks analysis should be undertaken considering this situation.

As part of its efforts to prepare the health sector strengthening investment operation, the IDB requires technical consulting services to undertake a thorough assessment of primary health care services in the catchment area of three of the five prioritized hospitals and provide information and recommendations for their improvement.

The team: The main objective of the consultancy is to assess networks of primary health care services for three of the five prioritized hospitals through the optic of promotion, prevention, early detection, management and care of chronic non-communicable diseases and formulate possible solutions to improve their efficiency and resolutivity.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Describe the current model for the promotion, prevention, detection, management and care of the principal NCDs of Jamaica (cardiovascular disease, cancer and diabetes) according to the prevailing national norms/guidelines and structure of services (primary through tertiary). When there are no national norms, this should be noted, and international best practices for settings like Jamaica should be discussed.

2) Identify and characterize the present demand for services (in general, but with specific emphasis on NCDs) and project this demand for a ten-year period.

3) Examine the existing supply of services and state of practice with reference to the established norms/guidelines and identify gaps and bottlenecks in the health services networks according to demand.

[1] Spanish Town Hospital, May Pen Hospital, St. Ann's Bay Regional Hospital, Mandeville Regional Hospital, and Kingston Public Hospital.

4) Based on the results of the analysis and expert technical knowledge, propose recommendations for restructuring and strengthening services and provide estimates of associated costs.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Models for promotion, prevention, management and care of principal NCDs through health services system.** Obtain MOH norms, guidelines and care pathways for the principal NCDs and map the intended provision of services among the different levels of care and types of facilities, identifying patient flow and arrangements for referral/counter-referral. In the absence of applicable MOH norms, refer to international best-practice. This should include consideration and discussion of the WHO Package of Essential NCD Interventions (WHO PEN)[2] as well as pillars of the Chronic Care Model[3] in healthcare settings like Jamaica's context. Also, in consultation with MOH staff, elucidate the reasons and rationale for prioritizing five hospitals for upgrading, considering demographic, epidemiological, service provision capacity, and strategic network factors, among others.

2) **Demand characterization and projection.** Collect and analyze demographic, epidemiological and public health services production data in the networks for the hospitals to offer a picture of service demand (five-year time series) and project it over a ten-year period to identify trends. This exercise should prioritize NCD related events and services at all levels of the health system. The consultant can use data consolidated by the MOH but may need to collect primary data from health facilities and estimate demand parameters in the hospital catchment areas.

3) **Analysis of services supply.** Identify, map and describe all public health services[4] in the catchment areas of the hospitals, including primary care, diagnostic and pharmacy, and ambulance and emergency, as well as physical access times and, when possible, patient perspectives and barriers to receiving care. Develop questionnaires and checklists regarding critical inputs for preventive, screening/detection, care and management of principal NCDs in the different types of services (including the various types of clinics) that assess supply of human resources, infrastructure, materials, equipment, diagnostic capacity, and pharmaceuticals. This should also measure the quality of services provided according to best practice for NCDs care in a sample of facilities in critical areas. Develop tools based on instruments used in international best practice for health network assessment, which include but are not limited to the Service Available and Readiness Assessment tool (WHO SARA)[5], WHO PEN assessment tool. Regarding patient perspectives and barriers to care, consider the USAID Maximizing Access and Quality approach.[6] Define a purposeful sample of facilities

[2] World Health Organization. Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva, Switzerland: 2010.
[3] Gaudreault, Suzanne and Muhire Martin. Applying the CMM to Health System Design in Low-resource Settings: Lessons from HIV Improvement Interventions, Technical Report. University Research Co., LLC (URC), 2013.
[4] It will be necessary to provide a gross estimate the percentage of demand for different types of services that is absorbed by the private sector.
[5] Service Availability and Readiness Assessment (SARA): an annual monitoring system for service delivery Implementation guide, Version 2.2, WHO, September 2015.
[6] Creel L., Sass J, Yinger N., Client Centered Quality: Clients' Perspectives and Barriers to Receiving Care. Population Council and Population Reference Bureau. *** Domains regarding patient perspective should include: socio-cultural issues, client perception of services, physical access, and competing needs of the patient. Some of these should already be collected as part of Health Network Analysis.

in which to apply the data collection instruments and coordinate visits for primary data capture. Examine the data to reveal situations in which services do not meet standards according to the norms and guidelines.

4) **Demand-supply gaps and needs assessment.** Using the data obtained through activities 2 and 3, identify gaps and bottlenecks in the service provision models for the NCDs considered. This should include a mapping of patient care flow (clinical pathways) across levels (primary-secondary-tertiary and laboratory/pharmacy) for a sample of care centers in the identified critical areas. This is intended to give a picture of health seeking behavior as well as areas that can be addressed in the care flow through service level interventions. Quantify the critical input needs based on the gaps detected in the sample data and extrapolate to the universe of facilities in the catchment areas. Estimate the costs associated with the acquisition of the inputs.

5) **Strengthening primary care and integrated health services networks.** Considering the results of the analysis of the health services networks associated with the hospitals, use technical knowledge to propose options for adjusting or restructuring the current service provision system. If relevant, consider the elaboration of reformulated service delivery mechanisms that could be tested through pilot projects. Deliverable should include a matrix of the critical inputs to achieve the proposed model.

The Annex contains reference information for data collection related to the various general activity areas.

The consultant will focus on the activities from the perspective of **diabetes** and with a special focus on **overall human resources, diagnostics, medical supplies and essential medicines**. In addition, the consultant will need to coordinate and collaborate with two other consultants having principal responsibility for (i) other disease conditions (cardiovascular diseases and cancers) and functional inputs (infrastructure and equipment) and (ii) data gathering, database construction, mapping/spatial data preparation, and preliminary statistical analysis.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Reports / Deliverables

The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline, program of facility visits, list of proposed meetings with MOH staff, etc. and document supporting the prioritization of five hospitals for upgrading	10 days after contract signature
2	Models for promotion, prevention, management and care of principal NCDs through health services system, including patient flows and reference / cross-reference; questionnaires / checklists for primary data collection from facilities; facilities sample (focus on diabetes, renal diseases and chronic respiratory disease)	40 days after contract signature

3	Demand characterization and projection in catchment area for three hospitals (focus on diabetes, renal diseases and chronic respiratory disease)	95 days after contract signature
4	Health services data analysis with gaps / needs assessment and associated costing estimates (human resources, diagnostics, medical supplies and essential medicines)	120 days after contract signature
5	Recommendations for strengthening primary care and integrated health services networks	160 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment Schedule

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline, program of facility visits, list of proposed meetings with MOH staff, etc. and document supporting the prioritization of five hospitals for upgrading	20%
Product 2: Models for promotion, prevention, management and care of principal NCDs through health services system, including patient flows and reference / cross-reference; questionnaires / checklists for primary data collection from facilities; facilities sample (focus on diabetes, renal diseases and chronic respiratory disease)	30%
Product 3: Demand characterization and projection in catchment area for three hospitals (focus on diabetes, renal diseases and chronic respiratory disease)	25%
Product 4: Health services data analysis with gaps / needs assessment and associated costing estimates (human resources, diagnostics, medical supplies and essential medicines)	15%
Product 5: Recommendations for strengthening primary care and integrated health services networks	10%

Qualifications

- Education: Bachelor's degree or equivalent in medicine, nursing, public health, health informatics, statistics or related field. Graduate degree in public health, epidemiology, economics, mathematics, statistics or other social science would be desirable and two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Clinical experience in health sector; experience as manager/administrative/director of health facilities; data collection and analysis; questionnaire/checklist design and application.
- Languages: Ability to read, write and speak Spanish or English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum
- Length of contract: 155 non-consecutive days ending November 15th, 2018.
- Starting date: May 21th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

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Annex

Areas for data gathering regarding health facilities:

a. Human resources available.
b. Medical equipment available, including demonstration of continuous availability of medical supplies and equipment for the last three months including no stock out of medications, specifically drugs for major four NCDs in the pharmacy in the same time period. Excel tables, graphs and other visual aids may be added.
c. Patient capacity.
d. Existence and status of operating theaters providing wound treatment; production data (quantitative and qualitative).
e. Existence and status of laboratories; list of exams provided in primary care exam; description of processes for sample collection, processing, and transmitting results to patients & providers.
f. Chronic condition services currently provided (including dietary, optometry, podiatry services and promotion, prevention and management of cervical cancer).
g. Operating hours, available and used.
h. Availability of ambulances and other means of transportation.
i. Availability of the communication network.
j. General facility status (e.g. availability of water supply, telecommunications, electricity, beds, etc.).
k. Catchment areas and population size in these areas.
l. Status of physical infrastructure and utilities including the GPS coordinates of each health facility.
m. Others.

NCD prevention and management data collection topics:

a. Primary prevention of heart attacks and strokes care processes (ambulatory and surgical methods).
b. Prevention, screening and management of cervical and pancreatic cancer care processes
c. Prevention, screening and management of Type 1 and 2 diabetes.
d. Prevention of onset and delay of progression of diabetic retinopathy.
e. Prevention of foot complications through examination and monitoring.
f. Secondary prevention care processes for post-myocardial infarction, post stroke, and rheumatic heart disease.
g. Prevention of onset and delay in progression of chronic kidney disease.
h. Prevention of onset and delay of progression of neuropathy.
i. Prevention exacerbation of COPD and disease progression.

Potential data items for demand characterization:

a. Distribution of the population by age and sex according to 10-year total CVD risk, by region, catchment area of care centers, and disaggregated by age group, and males and females.
b. Incidence per 1,000 for Acute Myocardial Infarction (AMI) by region, catchment area of care centers, and disaggregated by age group, and males and female.
c. Prevalence per 1,000 for Long Term survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.

d. Prevalence per 1,000 for First Ever Stroke Cases by region, catchment area of care centers, and disaggregated by age group, and males and females.
e. Incidence per 1,000 for First Ever Stroke Cases by region, catchment area of care centers, and disaggregated by age group, and males and females.
f. Prevalence per 1,000 for First Stroke Long Term Survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.
g. Incidence per 1,000 for First Stroke Long Term Survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.
h. Distribution of the population (%) with Rheumatic Heart Disease by region, catchment area of care centers, and disaggregated by age group, and males and females.
i. Incidence per 1,000 for Rheumatic Heart Disease Cases by region, catchment area of care centers, and disaggregated by age group, and males and female.
j. Prevalence per 1,000 for Asthma by region, catchment area of care centers, and disaggregated by age group, and males and females.
k. Prevalence per 1,000 for Breast Cancer by region, catchment area of care centers, and disaggregated by age group, and males and females.
l. Incidence per 1,000 for Breast Cancer by region, catchment area of care centers, and disaggregated by age group, and males and females.
m. Prevalence per 1,000 for State X (Cervical Cancer) by region, catchment area of care centers, and disaggregated by age group, and males and females.
n. Incidence per 1,000 for State X (Cervical Cancer) by region, catchment area of care centers, and disaggregated by age group, and males and females.
o. Crude Prevalence for Diabetes Type 1 and Diabetes Mellitus by region, catchment area of care centers, and disaggregated by age group, and males and females.
p. Incidence per 1,000 for Diabetic foot by region, catchment area of care centers, and disaggregated by age group, and males and females.
q. Incidence per 1,000 for Amputation by region, catchment area of care centers, and disaggregated by age group, and males and females.
r. Prevalence (%) of very high cholesterol (Total Cholesterol>=8mmol/l) by region, catchment area of care centers, and disaggregated by age group, and males and females.
s. Prevalence (%) of very high blood pressure (SBP>=160 OR DBP>=100) by region, catchment area of care centers, and disaggregated by age group, and males and females.

TERMS OF REFERENCE 2

Social Protection and Health Division. Health Information Management System Workplan Support Consultant.

Background: Founded in 1959, the Inter-American Development Bank ("IDB" or "Bank") is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, donations, policy advice and technical assistance to the public and private sectors of their borrowing countries. The Social Protection and Health (SPH) Division is part of the Social Sector of the IDB. SPH has the role of conceptualizing programs, providing support during implementation and supervising IDB operations related to social protection and health.

The Government of Jamaica has requested loan operations from the IDB SPH for policy support and investment in the health sector. The Ministry of Health (MOH) proposes utilizing investment resources to support the development of a plan of action that will guide the establishment of a Health Information System for the Jamaican health care system. The MOH previously produced a "National Health Information System Strengthening and e-Health Strategic Plan: 2014 to 2018" in 2013 with support from the Pan American Health Organization (PAHO) that includes strategic objectives and a costing estimate summary associated with the establishment of an Information System for Health (IS4H). Additionally, PAHO is currently collaborating with the Ministry of Health to achieve a set of goals outlined in the "Information Systems for Health (IS4H)- PAHO/WHO Jamaica National Plan of Action," which was developed in 2017.

As part of its efforts to prepare the health sector strengthening investment operation, the IDB requires technical consulting services to undertake a thorough assessment of the current "National Health Information System Strengthening and e-Health Strategic Plan," make any necessary adjustments and updates, and produce a finalized action plan for the IS4H. The IS4H elaborated in this action plan should include an efficient referral system, modules to support self-management of non- communicable diseases (NCDs) and follow- up appointments, components that support interoperability across all health information systems in the country, and elements that facilitate the tracking of patients throughout the public health sector.

The team: The main objective of the consultancy is to support the development of a finalized version of the Information Systems for Health Plan of Action to guide the establishment of a national Health Information System in the Jamaican healthcare system.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Review the current IS4H Plan of Action for Jamaica and provide necessary adjustments and updates.

2) Produce a finalized IS4H Plan of Action to guide the establishment of a national Health Information System.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Review the current Jamaican Information Systems for Health Plan of Action.** Obtain the current MOH Plan of Action and any other relevant documents and guidelines for review.

2) **Meet with relevant Ministry of Health officials, PAHO, hospital management, and other stakeholders.** Meet with stakeholders in the Jamaican health system to gain additional input on the necessary components for an effective health information system in the country.

3) **Develop finalized Information Systems for Health Plan of Action.** Produce a finalized Plan of Action for the establishment of the Information Systems for Health Plan, taking into consideration the input gained from stakeholder meetings, the review of relevant documentation, and the modern health care situation in Jamaica.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Deliverables: The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline, list of proposed meetings with MOH staff, etc.	10 days after contract signature
2	Report reviewing the current Jamaican Plan of Action and other relevant documentation	50 days after contract signature
3	Finalized IS4H Plan of Action	145 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment timeline:

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline, list of proposed meetings with MOH staff, etc.	20%
Product 2: Report on draft IS4H Plan of Action	30%
Product 3: Finalized IS4H Plan of Action	50%
Total	100%

Skills you'll need:

- Education: Bachelor's degree or equivalent in health informatics, medicine, nursing, public health, or related field. Graduate degree in health information management preferred, or in a related field such as public health, epidemiology, or information technology. Two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Minimum of three years of relevant professional experience developing and evaluating health information management systems. Previous experience working with the IDB and/or working on similar health projects preferred.
- Languages: Ability to read, write and speak English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum
- Length of contract: 145 non-consecutive days ending January 15th, 2019.
- Starting date: May 28th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

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TERMS OF REFERENCE 3

Social Protection and Health Division. Support for the development of the preliminary Pluriannual Execution Plans (PEP) for the Investment Loan JA-L1049.

Background: Founded in 1959, the Inter-American Development Bank ("IDB" or "Bank") is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, donations, policy advice and technical assistance to the public and private sectors of their borrowing countries. The Social Protection and Health (SPH) Division is part of the Social Sector of the IDB. SPH has the role of conceptualizing programs, providing support during implementation and supervising IDB operations related to social protection and health.

The Government of Jamaica has requested loan operations from the IDB for policy support and investment in the health sector related to non- communicable disease prevention and management. As part of its efforts to prepare the health sector strengthening investment operation, the IDB requires technical consulting services to support the development and preparation of preliminary Pluriannual Execution Plans (PEP) for the JA-L1049 investment operation.

The team: The main objective of the consultancy is to provide support in the development of preliminary pluriannual execution plans for the investment loan JA-L1049.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Review relevant documentation related to the JA-L1049 operation.** Become familiar with the operations objectives, timeline, and proposed activities through the review of relevant documentation and meeting with the project team.

2) **Develop a draft Pluriannual Execution Plan.** Provide draft to the project team for review and comments.

3) **Develop a finalized preliminary Pluriannual Execution Plan.** Revise and update execution plan taking into consideration the inputs from the project team.

Reports / Deliverables

The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline	10 days after contract signature
2	Draft Pluriannual Execution Plans	25 days after contract signature
3	Finalized Pluriannual Execution Plans	45 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment Schedule

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline	20%
Product 2: Draft Pluriannual Execution Plans	40%
Product 3: Finalized Pluriannual Execution Plans	40%

Qualifications

- Education: Bachelor's degree or equivalent in medicine, nursing, public health, health informatics, statistics or related field. Graduate degree in public health, epidemiology, or other social science would be desirable and two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Minimum of three years of relevant professional experience developing project plans for international health programs. Previous experience working with the IDB and/or working on similar health projects preferred.
- Languages: Ability to read, write and speak Spanish or English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum
- Length of contract: 45 non-consecutive days ending January 15th, 2019.
- Starting date: May 28th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

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TERMS OF REFERENCE 4

Social Protection and Health Division. Support for a local research assistant to assist the project team and MOH in with various development and diagnostic studies.

Background:

Founded in 1959, the Inter-American Development Bank ("IDB" or "Bank") is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, donations, policy advice and technical assistance to the public and private sectors of their borrowing countries. The Social Protection and Health (SPH) Division is part of the Social Sector of the IDB. SPH has the role of conceptualizing programs, providing support during implementation and supervising IDB operations related to social protection and health.

The Government of Jamaica has requested loan operations from the IDB SPH for policy support and investment in the health sector related to non- communicable disease (NCD) prevention and management. As such, the division requires a professional research assistant with a technical background to provide operational support and assist the project team and Ministry of Health (MOH) of Jamaica with analytical development and diagnostic studies to support the investment and policy components of the JA-L1080 and JA-L1049 loan operations.

The team: The main objective of the consultancy is to assist the IDB project team and the Ministry of Health of Jamaica in conducting development and diagnostic studies and preparing reports to support the JA-L1080 and JA-L1049 loan operations. The consultant will support the preparation of analytical documents, reports and presentations as well as providing other technical inputs and operational support.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Assist with the preparation of technical documents related to NCDs, the WHO best-buys, and NCD policies and strategies in Jamaica.

2) Provide operational support through organizing meetings, managing contracts, and other necessary tasks.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) Prepare reports, literature reviews, and methodological notes of high rigor.

2) Collect data and perform statistical analyzes to produce technical reports, economic reports, and impact evaluations.

3) Analyze and contribute to the preparation of reports and presentations.

4) Participate in missions, and conduct interviews, collect data, and perform analyzes.

5) Provide operational support. Participate and organize meetings, maintain in contact with other team members and consultants, and manage contracts and consultant processes.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Skills you'll need:

- Education: Bachelor's degree or equivalent in medicine, nursing, public health, health informatics, statistics or related field. Graduate degree in public health, epidemiology, economics, mathematics, statistics or other social science would be desirable and two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Minimum of two years of relevant professional experience supporting health programs. Previous experience working with the IDB and/or working on similar health projects preferred.
- Languages: Ability to read, write and speak English, and other official languages of the Bank if required.
- Skills: Independent work ability, ability to collaborate in teams.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Contractual Term Defined, Monthly.
- Length of contract: 145 non-consecutive days ending September 30th, 2019.
- Starting date: May 28th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

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TERMS OF REFERENCE 5

Social Protection and Health Division. Analysis to Strengthen Priority Primary Care and Health Networks in Jamaica (data gathering, database construction, mapping/spatial data preparation, and preliminary statistical analysis) Consultant.

Background: The Government of Jamaica has requested loan operations from the IDB for policy support and investment in the health sector. The Ministry of Health (MOH) proposes to use some of the investment resources to upgrade up to five prioritized hospitals.[1] This effort will likely involve infrastructure improvement and possibly expansion, as well as the acquisition of medical equipment. The MOH has engaged separate technical assistance to conduct a needs assessment and analysis of alternatives, with estimated costing, for the hospital improvement.

While the technical assistance focuses on the hospitals, it is also important to evaluate the primary health services offered to the populations that they serve. Integrated health services networks with strong primary care platforms can take more full advantage of opportunities for health promotion and prevention and manage patients with less complex conditions outside the costlier hospital setting. In this manner, hospitals can operate more efficiently and attend to more complex cases in their more resource intensive environment. Given that Jamaica is well advanced in the demographic and epidemiological transition, the burden of chronic non-communicable disease (NCDs) is very high and growing, and health networks analysis should be undertaken considering this situation.

As part of its efforts to prepare the health sector strengthening investment operation, the IDB requires technical consulting services to undertake a thorough assessment of primary health care services in the catchment area of three of the five prioritized hospitals and provide information and recommendations for their improvement.

The team: The main objective of the consultancy is to assess networks of primary health care services for three of the five prioritized hospitals through the optic of promotion, prevention, early detection, management and care of chronic non-communicable diseases and formulate possible solutions to improve their efficiency and resolutivity.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Describe the current model for the promotion, prevention, detection, management and care of the principal NCDs of Jamaica (cardiovascular disease, cancer and diabetes) according to the prevailing national norms/guidelines and structure of services (primary through tertiary). When there are no national norms, this should be noted, and international best practices for settings like Jamaica should be discussed.

2) Identify and characterize the present demand for services (in general, but with specific emphasis on NCDs) and project this demand for a ten-year period.

3) Examine the existing supply of services and state of practice with reference to the established norms/guidelines and identify gaps and bottlenecks in the health services networks according to demand.

[1] Spanish Town Hospital, May Pen Hospital, St. Ann's Bay Regional Hospital, Mandeville Regional Hospital, and Kingston Public Hospital.

4) Based on the results of the analysis and expert technical knowledge, propose recommendations for restructuring and strengthening services and provide estimates of associated costs.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Models for promotion, prevention, management and care of principal NCDs through health services system.** Obtain MOH norms, guidelines and care pathways for the principal NCDs and map the intended provision of services among the different levels of care and types of facilities, identifying patient flow and arrangements for referral/counter-referral. In the absence of applicable MOH norms, refer to international best-practice. This should include consideration and discussion of the WHO Package of Essential NCD Interventions (WHO PEN)[2] as well as pillars of the Chronic Care Model[3] in healthcare settings like Jamaica's context. Also, in consultation with MOH staff, elucidate the reasons and rationale for prioritizing five hospitals for upgrading, considering demographic, epidemiological, service provision capacity, and strategic network factors, among others.

2) **Demand characterization and projection.** Collect and analyze demographic, epidemiological and public health services production data in the networks for the hospitals to offer a picture of service demand (five-year time series) and project it over a ten-year period to identify trends. This exercise should prioritize NCD related events and services at all levels of the health system. The consultant can use data consolidated by the MOH but may need to collect primary data from health facilities and estimate demand parameters in the hospital catchment areas.

3) **Analysis of services supply.** Identify, map and describe all public health services[4] in the catchment areas of the hospitals, including primary care, diagnostic and pharmacy, and ambulance and emergency, as well as physical access times and, when possible, patient perspectives and barriers to receiving care. Develop questionnaires and checklists regarding critical inputs for preventive, screening/detection, care and management of principal NCDs in the different types of services (including the various types of clinics) that assess supply of human resources, infrastructure, materials, equipment, diagnostic capacity, and pharmaceuticals. This should also measure the quality of services provided according to best practice for NCDs care in a sample of facilities in critical areas. Develop tools based on instruments used in international best practice for health network assessment, which include but are not limited to the Service Available and Readiness Assessment tool (WHO SARA)[5], WHO PEN assessment tool. Regarding patient perspectives and barriers to care, consider the USAID Maximizing Access and Quality approach.[6] Define a purposeful sample of facilities

[2] World Health Organization. Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva, Switzerland: 2010.
[3] Gaudreault, Suzanne and Muhire Martin. Applying the CMM to Health System Design in Low-resource Settings: Lessons from HIV Improvement Interventions, Technical Report. University Research Co., LLC (URC), 2013.
[4] It will be necessary to provide a gross estimate the percentage of demand for different types of services that is absorbed by the private sector.
[5] Service Availability and Readiness Assessment (SARA): an annual monitoring system for service delivery Implementation guide, Version 2.2, WHO, September 2015.
[6] Creel L., Sass J, Yinger N., Client Centered Quality: Clients' Perspectives and Barriers to Receiving Care. Population Council and Population Reference Bureau. *** Domains regarding patient perspective should include: socio-cultural issues, client perception of services, physical access, and competing needs of the patient. Some of these should already be collected as part of Health Network Analysis.

in which to apply the data collection instruments and coordinate visits for primary data capture. Examine the data to reveal situations in which services do not meet standards according to the norms and guidelines.

4) **Demand-supply gaps and needs assessment.** Using the data obtained through activities 2 and 3, identify gaps and bottlenecks in the service provision models for the NCDs considered. This should include a mapping of patient care flow (clinical pathways) across levels (primary-secondary-tertiary and laboratory/pharmacy) for a sample of care centers in the identified critical areas. This is intended to give a picture of health seeking behavior as well as areas that can be addressed in the care flow through service level interventions. Quantify the critical input needs based on the gaps detected in the sample data and extrapolate to the universe of facilities in the catchment areas. Estimate the costs associated with the acquisition of the inputs.

5) **Strengthening primary care and integrated health services networks.** Considering the results of the analysis of the health services networks associated with the hospitals, use technical knowledge to propose options for adjusting or restructuring the current service provision system. If relevant, consider the elaboration of reformulated service delivery mechanisms that could be tested through pilot projects. Deliverable should include a matrix of the critical inputs to achieve the proposed model.

The Annex contains reference information for data collection related to the various general activity areas.

The consultant will focus on the activities related to **data gathering, database construction, mapping/spatial data preparation, and preliminary statistical analysis**. In addition, the consultant will need to coordinate and collaborate with two other consultants working from a perspective on disease conditions and critical inputs: (i) diabetes; focus on human resources, diagnostics, medical supplies and essential medicines; (ii) cardiovascular diseases and cancers; focus on infrastructure and equipment.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Deliverables: The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline, program of facility visits, list of proposed meetings with MOH staff, etc.	10 days after contract signature
2	Database formats based on data collection instruments	40 days after contract signature
3	Fully constructed and populated database with demand data	80 days after contract signature
4	Fully constructed and populated databases with supply data	100 days after contract signature
5	Spatial and statistical analyses	150 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment timeline:

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline, program of facility visits, list of proposed meetings with MOH staff, etc.	20%
Product 2: Database formats based on data collection instruments	30%
Product 3: Fully constructed and populated database with demand data	25%
Product 4: Fully constructed and populated databases with supply data	15%
Product 5: Spatial and statistical analyses	10%
Total	100%

Skills you'll need:

- Education: Bachelor's degree or equivalent in medicine, nursing, public health, health informatics, statistics or related field. Graduate degree in public health, epidemiology, economics, mathematics, statistics or other social science would be desirable and two years of relevant professional experience or the equivalent combination of education and experience Degree
- Experience: Data collection and analysis; questionnaire/checklist design and application; secondary data compilation; database construction and management; statistical analysis.
- Languages: Ability to read, write and speak Spanish or English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum
- Length of contract: 145 non-consecutive days ending November 15th, 2018.
- Starting date: May 21th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).

- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

Our culture: Working with us you will be surrounded by a diverse group of people who have years of experience in all types of development fields, including transportation, health, gender and diversity, communications and much more.

About us: At the Inter-American Development Bank, we're devoted to improving lives. Since 1959, we've been a leading source of long-term financing for economic, social, and institutional development in Latin America and the Caribbean. We do more than lending though. We partner with our 48 member countries to provide Latin America and the Caribbean with cutting-edge research about relevant development issues, policy advice to inform their decisions, and technical assistance to improve on the planning and execution of projects. For this, we need people who not only have the right skills, but also are passionate about improving lives.

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 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 IDB, IDB Invest, or MIF 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, and religion. We encourage women, Afro-descendants and persons of indigenous origins to apply.

Annex

Areas for data gathering regarding health facilities:

a. Human resources available.
b. Medical equipment available, including demonstration of continuous availability of medical supplies and equipment for the last three months including no stock out of medications, specifically drugs for major four NCDs in the pharmacy in the same time period. Excel tables, graphs and other visual aids may be added.
c. Patient capacity.
d. Existence and status of operating theaters providing wound treatment; production data (quantitative and qualitative).
e. Existence and status of laboratories; list of exams provided in primary care exam; description of processes for sample collection, processing, and transmitting results to patients & providers.
f. Chronic condition services currently provided (including dietary, optometry, podiatry services and promotion, prevention and management of cervical cancer).
g. Operating hours, available and used.
h. Availability of ambulances and other means of transportation
i. Availability of the communication network.
j. General facility status (e.g. availability of water supply, telecommunications, electricity, beds, etc.)
k. Catchment areas and population size in these areas.
l. Status of physical infrastructure and utilities including the GPS coordinates of each health facility.
m. Others.

NCD promotion, prevention and management data collection topics:

a. Primary prevention of heart attacks and strokes care processes (ambulatory and surgical methods).
b. Prevention, screening and management of cervical and pancreatic cancer care processes
c. Prevention, screening and management of Type 1 and 2 diabetes.
d. Prevention of onset and delay of progression of diabetic retinopathy.
e. Prevention of foot complications through examination and monitoring.
f. Secondary prevention care processes for post-myocardial infarction, post stroke, and rheumatic heart disease.
g. Prevention of onset and delay in progression of chronic kidney disease.
h. Prevention of onset and delay of progression of neuropathy.
i. Prevention exacerbation of COPD and disease progression.

Potential data items for demand characterization:

a. Distribution of the population by age and sex according to 10-year total CVD risk, by region, catchment area of care centers, and disaggregated by age group, and males and females.
b. Incidence per 1,000 for Acute Myocardial Infarction (AMI) by region, catchment area of care centers, and disaggregated by age group, and males and female.
c. Prevalence per 1,000 for Long Term survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.

d. Prevalence per 1,000 for First Ever Stroke Cases by region, catchment area of care centers, and disaggregated by age group, and males and females.
e. Incidence per 1,000 for First Ever Stroke Cases by region, catchment area of care centers, and disaggregated by age group, and males and females.
f. Prevalence per 1,000 for First Stroke Long Term Survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.
g. Incidence per 1,000 for First Stroke Long Term Survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.
h. Distribution of the population (%) with Rheumatic Heart Disease by region, catchment area of care centers, and disaggregated by age group, and males and females.
i. Incidence per 1,000 for Rheumatic Heart Disease Cases by region, catchment area of care centers, and disaggregated by age group, and males and female.
j. Prevalence per 1,000 for Asthma by region, catchment area of care centers, and disaggregated by age group, and males and females.
k. Prevalence per 1,000 for Breast Cancer by region, catchment area of care centers, and disaggregated by age group, and males and females.
l. Incidence per 1,000 for Breast Cancer by region, catchment area of care centers, and disaggregated by age group, and males and females.
m. Prevalence per 1,000 for State X (Cervical Cancer) by region, catchment area of care centers, and disaggregated by age group, and males and females.
n. Incidence per 1,000 for State X (Cervical Cancer) by region, catchment area of care centers, and disaggregated by age group, and males and females.
o. Crude Prevalence for Diabetes Type 1 and Diabetes Mellitus by region, catchment area of care centers, and disaggregated by age group, and males and females.
p. Incidence per 1,000 for Diabetic foot by region, catchment area of care centers, and disaggregated by age group, and males and females.
q. Incidence per 1,000 for Amputation by region, catchment area of care centers, and disaggregated by age group, and males and females.
r. Prevalence (%) of very high cholesterol (Total Cholesterol>=8mmol/l) by region, catchment area of care centers, and disaggregated by age group, and males and females.
s. Prevalence (%) of very high blood pressure (SBP>=160 OR DBP>=100) by region, catchment area of care centers, and disaggregated by age group, and males and females.

TERMS OF REFERENCE 6

Social Protection and Health Division. Analysis to Strengthen Priority Primary Care and Health Networks in Jamaica (emphasis on cardiovascular diseases and cancers / infrastructure and equipment)

Background: The Government of Jamaica has requested loan operations from the IDB for policy support and investment in the health sector. The Ministry of Health (MOH) proposes to use some of the investment resources to upgrade up to five prioritized hospitals.[1] This effort will likely involve infrastructure improvement and possibly expansion, as well as the acquisition of medical equipment. The MOH has engaged separate technical assistance to conduct a needs assessment and analysis of alternatives, with estimated costing, for the hospital improvement.

While the technical assistance focuses on the hospitals, it is also important to evaluate the primary health services offered to the populations that they serve. Integrated health services networks with strong primary care platforms can take more full advantage of opportunities for health promotion and prevention and manage patients with less complex conditions outside the costlier hospital setting. In this manner, hospitals can operate more efficiently and attend to more complex cases in their more resource intensive environment. Given that Jamaica is well advanced in the demographic and epidemiological transition, the burden of chronic non-communicable disease (NCDs) is very high and growing, and health networks analysis should be undertaken considering this situation.

As part of its efforts to prepare the health sector strengthening investment operation, the IDB requires technical consulting services to undertake a thorough assessment of primary health care services in the catchment area of three of the five prioritized hospitals and provide information and recommendations for their improvement.

The team: The main objective of the consultancy is to assess networks of primary health care services for three of the five prioritized hospitals through the optic of promotion, prevention, early detection, management and care of chronic non-communicable diseases and formulate possible solutions to improve their efficiency and resolutivity.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Describe the current model for the promotion, prevention, detection, management and care of the principal NCDs of Jamaica (cardiovascular disease, cancer and diabetes) according to the prevailing national norms/guidelines and structure of services (primary through tertiary). When there are no national norms, this should be noted, and international best practices for settings like Jamaica should be discussed.

2) Identify and characterize the present demand for services (in general, but with specific emphasis on NCDs) and project this demand for a ten-year period.

3) Examine the existing supply of services and state of practice with reference to the established norms/guidelines and identify gaps and bottlenecks in the health services networks according to demand.

[1] Spanish Town Hospital, May Pen Hospital, St. Ann's Bay Regional Hospital, Mandeville Regional Hospital, and Kingston Public Hospital.

4) Based on the results of the analysis and expert technical knowledge, propose recommendations for restructuring and strengthening services and provide estimates of associated costs.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Models for promotion, prevention, management and care of principal NCDs through health services system.** Obtain MOH norms, guidelines and care pathways for the principal NCDs and map the intended provision of services among the different levels of care and types of facilities, identifying patient flow and arrangements for referral/counter-referral. In the absence of applicable MOH norms, refer to international best-practice. This should include consideration and discussion of the WHO Package of Essential NCD Interventions (WHO PEN)[2] as well as pillars of the Chronic Care Model[3] in healthcare settings like Jamaica's context. Also, in consultation with MOH staff, elucidate the reasons and rationale for prioritizing five hospitals for upgrading, considering demographic, epidemiological, service provision capacity, and strategic network factors, among others.

2) **Demand characterization and projection.** Collect and analyze demographic, epidemiological and public health services production data in the networks for the hospitals to offer a picture of service demand (five-year time series) and project it over a ten-year period to identify trends. This exercise should prioritize NCD related events and services at all levels of the health system. The consultant can use data consolidated by the MOH but may need to collect primary data from health facilities and estimate demand parameters in the hospital catchment areas.

3) **Analysis of services supply.** Identify, map and describe all public health services[4] in the catchment areas of the hospitals, including primary care, diagnostic and pharmacy, and ambulance and emergency, as well as physical access times and, when possible, patient perspectives and barriers to receiving care. Develop questionnaires and checklists regarding critical inputs for preventive, screening/detection, care and management of principal NCDs in the different types of services (including the various types of clinics) that assess supply of human resources, infrastructure, materials, equipment, diagnostic capacity, and pharmaceuticals. This should also measure the quality of services provided according to best practice for NCDs care in a sample of facilities in critical areas. Develop tools based on instruments used in international best practice for health network assessment, which include but are not limited to the Service Available and Readiness Assessment tool (WHO SARA)[5], WHO PEN assessment tool. Regarding patient perspectives and barriers to care, consider the USAID Maximizing Access and Quality approach.[6] Define a purposeful sample of facilities in which to apply the data collection instruments and coordinate visits for primary data capture.

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[2] World Health Organization. Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva, Switzerland: 2010.

[3] Gaudreault, Suzanne and Muhire Martin. Applying the CMM to Health System Design in Low-resource Settings: Lessons from HIV Improvement Interventions, Technical Report. University Research Co., LLC (URC), 2013.

[4] It will be necessary to provide a gross estimate the percentage of demand for different types of services that is absorbed by the private sector.

[5] Service Availability and Readiness Assessment (SARA): an annual monitoring system for service delivery Implementation guide, Version 2.2, WHO, September 2015.

[6] Creel L., Sass J, Yinger N., Client Centered Quality: Clients' Perspectives and Barriers to Receiving Care. Population Council and Population Reference Bureau. *** Domains regarding patient perspective should include: socio-cultural issues, client perception of services, physical access, and competing needs of the patient. Some of these should already be collected as part of Health Network Analysis.

Examine the data to reveal situations in which services do not meet standards according to the norms and guidelines.

4) **Demand-supply gaps and needs assessment.** Using the data obtained through activities 2 and 3, identify gaps and bottlenecks in the service provision models for the NCDs considered. This should include a mapping of patient care flow (clinical pathways) across levels (primary-secondary-tertiary and laboratory/pharmacy) for a sample of care centers in the identified critical areas. This is intended to give a picture of health seeking behavior as well as areas that can be addressed in the care flow through service level interventions. Quantify the critical input needs based on the gaps detected in the sample data and extrapolate to the universe of facilities in the catchment areas. Estimate the costs associated with the acquisition of the inputs.

5) **Strengthening primary care and integrated health services networks.** Considering the results of the analysis of the health services networks associated with the hospitals, use technical knowledge to propose options for adjusting or restructuring the current service provision system. If relevant, consider the elaboration of reformulated service delivery mechanisms that could be tested through pilot projects. Deliverable should include a matrix of the critical inputs to achieve the proposed model.

The Annex contains reference information for data collection related to the various general activity areas.

The consultant will focus on the activities from the perspective of **cardiovascular diseases and cancers** and with a special focus on **overall infrastructure and equipment needs assessment**. In addition, the consultant will need to coordinate and collaborate with two other consultants having principal responsibility for (i) other disease conditions (diabetes) and functional inputs (human resources, diagnostics, medical supplies and essential medicines) and (ii) data gathering, database construction, mapping/spatial data preparation, and preliminary statistical analysis.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Deliverables: The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline, program of facility visits, list of proposed meetings with MOH staff, etc.	10 days after contract signature
2	Models for promotion, prevention, management and care of principal NCDs through health services system, including patient flows and reference / cross-reference; questionnaires / checklists for primary data collection from facilities; facilities sample (focus on cardiovascular diseases and cancers)	40 days after contract signature
3	Demand characterization and projection in catchment area for three hospitals (focus on cardiovascular diseases and cancers)	95 days after contract signature

4	Health services data analysis with gaps / needs assessment and associated costing estimates (infrastructure and equipment)	120 days after contract signature
5	Recommendations for strengthening primary care and integrated health services networks	160 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment Schedule

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline, program of facility visits, list of proposed meetings with MOH staff, etc.	20%
Product 2: Models for promotion, prevention, management and care of principal NCDs through health services system, including patient flows and reference / cross-reference; questionnaires / checklists for primary data collection from facilities; facilities sample (focus on cardiovascular diseases and cancers)	30%
Product 3: Demand characterization and projection in catchment area for three hospitals (focus on cardiovascular diseases and cancers)	25%
Product 4: Health services data analysis with gaps / needs assessment and associated costing estimates (infrastructure and equipment)	15%
Product 5: Recommendations for strengthening primary care and integrated health services networks	10%

Qualifications

- Education: Bachelor's degree or equivalent in medicine, nursing, public health, health informatics, statistics or related field. Graduate degree in public health, epidemiology, economics, mathematics, statistics or other social science would be desirable and two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Clinical experience in health sector; experience as manager/administrative/director of health facilities; data collection and analysis; questionnaire/checklist design and application
- Languages: Ability to read, write and speak Spanish or English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum
- Length of contract: 155 non-consecutive days ending November 15th, 2018.
- Starting date: May 21th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

Our culture: Working with us you will be surrounded by a diverse group of people who have years of experience in all types of development fields, including transportation, health, gender and diversity, communications and much more.

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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 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 IDB, IDB Invest, or MIF 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, and religion. We encourage women, Afro-descendants and persons of indigenous origins to apply.

Annex

Areas for data gathering regarding health facilities:

a. Human resources available.
b. Medical equipment available, including demonstration of continuous availability of medical supplies and equipment for the last three months including no stock out of medications, specifically drugs for major four NCDs in the pharmacy in the same time period. Excel tables, graphs and other visual aids may be added.
c. Patient capacity.
d. Existence and status of operating theaters providing wound treatment; production data (quantitative and qualitative).
e. Existence and status of laboratories; list of exams provided in primary care exam; description of processes for sample collection, processing, and transmitting results to patients & providers.
f. Chronic condition services currently provided (including dietary, optometry, podiatry services and promotion, prevention and management of cervical cancer).
g. Operating hours, available and used.
h. Availability of ambulances and other means of transportation.
i. Availability of the communication network.
j. General facility status (e.g. availability of water supply, telecommunications, electricity, beds, etc.).
k. Catchment areas and population size in these areas.
l. Status of physical infrastructure and utilities including the GPS coordinates of each health facility.
m. Others.

NCD promotion, prevention and management data collection topics:

a. Primary prevention of heart attacks and strokes care processes (ambulatory and surgical methods).
b. Prevention, screening and management of cervical and pancreatic cancer care processes
c. Prevention, screening and management of Type 1 and 2 diabetes.
d. Prevention of onset and delay of progression of diabetic retinopathy.
e. Prevention of foot complications through examination and monitoring.
f. Secondary prevention care processes for post-myocardial infarction, post stroke, and rheumatic heart disease.
g. Prevention of onset and delay in progression of chronic kidney disease.
h. Prevention of onset and delay of progression of neuropathy.
i. Prevention exacerbation of COPD and disease progression.

Potential data items for demand characterization:

a. Distribution of the population by age and sex according to 10-year total CVD risk, by region, catchment area of care centers, and disaggregated by age group, and males and females.
b. Incidence per 1,000 for Acute Myocardial Infarction (AMI) by region, catchment area of care centers, and disaggregated by age group, and males and female.
c. Prevalence per 1,000 for Long Term survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.

d. Prevalence per 1,000 for First Ever Stroke Cases by region, catchment area of care centers, and disaggregated by age group, and males and females.
e. Incidence per 1,000 for First Ever Stroke Cases by region, catchment area of care centers, and disaggregated by age group, and males and females.
f. Prevalence per 1,000 for First Stroke Long Term Survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.
g. Incidence per 1,000 for First Stroke Long Term Survivors by region, catchment area of care centers, and disaggregated by age group, and males and females.
h. Distribution of the population (%) with Rheumatic Heart Disease by region, catchment area of care centers, and disaggregated by age group, and males and females.
i. Incidence per 1,000 for Rheumatic Heart Disease Cases by region, catchment area of care centers, and disaggregated by age group, and males and female.
j. Prevalence per 1,000 for Asthma by region, catchment area of care centers, and disaggregated by age group, and males and females.
k. Prevalence per 1,000 for Breast Cancer by region, catchment area of care centers, and disaggregated by age group, and males and females.
l. Incidence per 1,000 for Breast Cancer by region, catchment area of care centers, and disaggregated by age group, and males and females.
m. Prevalence per 1,000 for State X (Cervical Cancer) by region, catchment area of care centers, and disaggregated by age group, and males and females.
n. Incidence per 1,000 for State X (Cervical Cancer) by region, catchment area of care centers, and disaggregated by age group, and males and females.
o. Crude Prevalence for Diabetes Type 1 and Diabetes Mellitus by region, catchment area of care centers, and disaggregated by age group, and males and females.
p. Incidence per 1,000 for Diabetic foot by region, catchment area of care centers, and disaggregated by age group, and males and females.
q. Incidence per 1,000 for Amputation by region, catchment area of care centers, and disaggregated by age group, and males and females.
r. Prevalence (%) of very high cholesterol (Total Cholesterol>=8mmol/l) by region, catchment area of care centers, and disaggregated by age group, and males and females.
s. Prevalence (%) of very high blood pressure (SBP>=160 OR DBP>=100) by region, catchment area of care centers, and disaggregated by age group, and males and females.

TERMS OF REFERENCE 7

Social Protection and Health Division. Exploring Public Private Partnerships (PPP) in Health.

Background: Founded in 1959, the Inter-American Development Bank ("IDB" or "Bank") is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, donations, policy advice and technical assistance to the public and private sectors of their borrowing countries. The Social Protection and Health (SPH) Division is part of the Social Sector of the IDB. SPH has the role of conceptualizing programs, providing support during implementation and supervising IDB operations related to social protection and health.

The Government of Jamaica has requested loan operations from the IDB SPH division for policy support and investment in the health sector. The Ministry of Health (MOH) proposes to use some of the investment resources to explore the possibility of utilizing Public Private Partnerships (PPP) to stimulate private investment in the public health sector of Jamaica in order to address existing gaps and challenges. The strengthening and expansion of PPPs is currently a key objective of the Ministry's Strategic Business Plan for 2017-2020, and the IDB is committed to facilitating a seminar on the use of PPPs in health for the Caribbean region in late 2018.

As such, the IDB requires technical consulting services to undertake a thorough assessment of the feasibility and opportunities for strengthening and expanding the use of PPPs in the Jamaican health sector, enabling the MOH and IDB to begin setting the stage for this regional event.

The team: The main objective of the consultancy is to explore the possibility and feasibility of utilizing Public Private Partnerships in the health sector of Jamaica.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Review the current investment framework and PPP policies in Jamaica.

2) Provide recommendations on the feasibility of applying PPPs to the Jamaican health sector.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Review Jamaica's current investment framework and PPP policies.** Review any relevant documentation related to PPP policies in Jamaica, including the PPP framework for health projects, the PPP pipeline in Jamaica, legal framework to support PPPs, public sector capabilities and any pre- investment studies, to become familiar with the current investment and PPP situation in Jamaica.

2) **Meet with relevant stakeholders.** Meet with Ministry of Finance and Public Services (MFPS) officials, MOH officials, and other relevant stakeholders to gain additional insight into the investment landscape and opportunities for PPPs in the Jamaican health sector.

3) **Provide recommendations on the feasibility of the application of PPP in the Jamaica health sector.** Produce a finalized report with recommendations on the possible opportunities

and feasibility of strengthening and expanding the use of PPPs within the health care system of Jamaica.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Deliverables: The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline, list of proposed meetings with stakeholders	10 days after contract signature
2	Report summarizing current regulations regarding PPP in Jamaica	50 days after contract signature
3	Report with recommendations on PPPs in Jamaica	145 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment timeline:

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline	20%
Product 2: Report on current PPP regulations	30%
Product 3: Report with recommendations	50%
Total	100%

Skills you'll need:

- Education: Bachelor's degree or equivalent in health informatics, medicine, nursing, public health, or related field. Graduate degree in public health, epidemiology, or other social science preferred. Two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Minimum of three years of relevant professional experience analyzing and/ or managing Public Private Partnerships, preferably in a health context. Past experience working with the IDB and/or on similar projects preferred.
- Languages: Ability to read, write and speak English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum.
- Length of contract: 145 non-consecutive days ending May 20th, 2019.
- Starting date: August 27th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

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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 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 IDB, IDB Invest, or MIF 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, and religion. We encourage women, Afro-descendants and persons of indigenous origins to apply.

TERMS OF REFERENCE 8

Social Protection and Health Division. Assistance with studies that support the implementation of regulatory measures that address risk factors for non- communicable diseases.

Background: Founded in 1959, the Inter-American Development Bank ("IDB" or "Bank") is the main source of financing for economic, social and institutional development in Latin America and the Caribbean. It provides loans, donations, policy advice and technical assistance to the public and private sectors of their borrowing countries. The Social Protection and Health (SPH) Division is part of the Social Sector of the IDB. SPH has the role of conceptualizing programs, providing support during implementation and supervising IDB operations related to social protection and health.

The Government of Jamaica has requested loan operations from the IDB SPH for policy support and investment in the health sector related to non- communicable diseases (NCDs). In an effort to lessen the rising burden of NCDs in Jamaica, the Ministry of Health (MOH) proposes utilizing some of these resources to establish policies and regulations that address the prevalent risk factors that lead to NCDs, such as lack of physical activity, unhealthy diet, use of tobacco, and unhealthy consumption of alcohol.

As part of its efforts to prepare the policy-based operation, the IDB requires technical consulting services to assist the project team and the MOH with studies that support the implementation of regulatory measures that address risk factors for NCDs, such as taxation on alcohol and tobacco, restrictions on the promotion and sponsorship of tobacco and alcohol products and required labelling of unhealthy food items.

The team: The main objective of the consultancy is to assist the project team and the MOH with studies that support the implementation of regulatory measures that address risk factors for non-communicable diseases.

To achieve this objective, the consultancy should comply with the following secondary objectives:

1) Review current regulatory measures and legislation in place in Jamaica and in other countries that address NCD risk factors.

2) Analyze the feasibility of implementing various regulatory measures to address NCD risk factors in the context of Jamaica.

3) Provide recommendations for the implementation of regulatory measures for the JA-L1080 and JA-L1049 loans.

What you'll do: The consultancy entails a series of activities envisioned to reach its objectives that include, but may not be limited to, the following:

1) **Review current regulatory measures that address NCD risk factors in Jamaica and other countries.** Produce a report that summarizes these findings and evaluates the effectiveness of the various regulatory and legislative measures.

2) **Analyze the feasibility of implementing specific regulatory measures to address NCD risk factors in Jamaica.** Evaluate the feasibility of implementing the proposed regulatory measures in the Jamaican context through meetings with MOH officials and other stakeholders, and data collection and analysis.

3) **Provide recommendations for the implementation of regulatory measures.** Produce a report with evidence to support the implementation of the proposed regulatory measures as well as recommendations on best practices for implementation.

The consultant will be entirely responsible for the presentation of all products and for obtaining all inputs necessary for their preparation.

Deliverables: The consultant should present the following products as documents with supporting data in acceptable format, according to the indicated schedule:

1	Work program with timeline	10 days after contract signature
2	Report reviewing current NCD regulatory measures in Jamaica and other countries	50 days after contract signature
3	Data collection instruments and database formats	90 days after contract signature
4	Report with recommendations for implementation	245 days after contract signature

Every report must be submitted to the Bank in an electronic file. The report should include cover, main document, and all annexes. Zip files will not be accepted as final reports, due to Records Management Section regulations.

Payment timeline:

The consultant payments match the products and schedule described in the previous section, as follows:

Product number	Percent payment
Product 1: Work program with timeline	20%
Product 2: Report on current regulatory measures	30%
Product 3: Report with recommendations for implementation	50%
Total	100%

Skills you'll need:

- Education: Bachelor's degree or equivalent in health informatics, medicine, nursing, public health, or related field. Graduate in public health, epidemiology, statistics, or other social science would be desirable. Two years of relevant professional experience or the equivalent combination of education and experience Degree.
- Experience: Minimum of three years of relevant professional research experience evaluating regulatory and legislative policy measures. Previous experience working with the IDB and/or working on similar health projects preferred. Previous experience with non-communicable disease projects preferred.
- Languages: Ability to read, write and speak English, and other official languages of the Bank if required.

Core and Technical Competencies: Strong quantitative and qualitative analytical ability; strong communication and writing skills.

Characteristics of the Consultancy

- Type of contract and modality: Products and External Services Contractual, Lump Sum
- Length of contract: 245 non-consecutive days ending July 29th, 2019.
- Starting date: June 18th, 2018.
- Location: External Consultancy.
- Responsible person: Ian Mac Arthur (SPH/CBR) and Pablo Ibarraran (SCL/SPH).
- Requirements: You must be a citizen of one of the IDB's 48 member countries and have no family members currently working at the IDB Group.

Our culture: Working with us you will be surrounded by a diverse group of people who have years of experience in all types of development fields, including transportation, health, gender and diversity, communications and much more.

About us: At the Inter-American Development Bank, we're devoted to improving lives. Since 1959, we've been a leading source of long-term financing for economic, social, and institutional development in Latin America and the Caribbean. We do more than lending though. We partner with our 48 member countries to provide Latin America and the Caribbean with cutting-edge research about relevant development issues, policy advice to inform their decisions, and technical assistance to improve on the planning and execution of projects. For this, we need people who not only have the right skills, but also are passionate about improving lives.

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Inter-American Development Bank

PROCUREMENT PLAN FOR IDB-EXECUTED OPERATIONS

Country: Jamaica | **Executing Agency: IDB** | **UDR:**

Project number:JA-T1152 | **Project name: Strengthening Health Services Delivery in Jamaica**

Period covered by the Plan: [6 months] | **Total Project Amount:** $ 250,000

Component	Procurement Type (1) (2)	Service type (1) (2)	Description	Estimated contract cost (US$)	Selection Method (2)	Type of Contract	Source of Financing and Percentage				Estimated date of the procurement notice	Estimated contract start date	Estimated contract length	Comments
							IDB/MIF		Other External Donor					
							Amount	%	Amount	%				
Component 1	A. Consulting services	Individual Consultant (AM-650)	Consultant 1 [Analysis to Strengthen Priority Primary Care and Health Networks in Jamaica- emphasis on cardiovascular diseases and cancers, infrastructure and equipment]	$ 30,000	SSS	Products and External Services Contractual, Lump Sum	$ 30,000	100%	$ -	0%	21-May-18	21-May-18	145 non-consecutive days ending November 15th, 2018.	
Component 1	A. Consulting services	Individual Consultant (AM-650)	Consultant 2 [Analysis to Strengthen Priority Primary Care and Health Networks in Jamaica- emphasis on diabetes, renal diseases and chronic respiratory disease, human resources, diagnostics, medical supplies and essential medicines]	$ 30,000	SSS	Products and External Services Contractual, Lump Sum	$ 30,000	100%	$ -	0%	21-May-18	21-May-18	145 non-consecutive days ending November 15th, 2018.	
Component 1	A. Consulting services	Individual Consultant (AM-650)	Consultant 3 [Analysis to Strengthen Priority Primary Care and Health Networks in Jamaica- emphasis on diabetes, human resources, diagnostics, medical supplies and essential medicines]	$ 30,000	SSS	Products and External Services Contractual, Lump Sum	$ 30,000	100%	$ -	0%	21-May-18	21-May-18	145 non-consecutive days ending November 15th, 2018.	
Component 1	A. Consulting services	Individual Consultant (AM-650)	Consultant 1 [Health information management system workplan support]	$ 33,000	SSS	Products and External Services Contractual, Lump Sum	$ 33,000	100%	$ -	0%	28-May-18	28-May-18	145 non-consecutive days ending November 15th, 2018.	
Component 1	A. Consulting services	Individual Consultant (AM-650)	Consultant 1 [Exploring Public Private Partnerships (PPP) in health]	$ 39,000	SSS	Products and External Services Contractual, Lump Sum	$ 39,000	100%	$ -	0%	27-Aug-18	27-Aug-18	145 non-consecutive days ending November 15th, 2018.	
Component 2	A. Consulting services	Individual Consultant (AM-650)	Consultant 1 [Studies to support implementation of regulatory measures that address NCD risk factors for the JA-L1080 and JA-L1049 loans]	$ 61,000	SSS	Products and External Services Contractual, Lump Sum	$ 61,000	100%	$ -	0%	18-Jun-18	18-Jun-18	245 non-consecutive days ending November 15th, 2018.	
Component 2	A. Consulting services	Individual Consultant (AM-650)	Consultant 1 [Develop preliminary Pluriannual Execution Plans (PEP) for the investment loan JA-L1049]	$ 7,000	SSS	Products and External Services Contractual, Lump Sum	$ 7,000	100%	$ -	0%	28-May-18	28-May-18	45 non-consecutive days ending November 15th, 2018.	
Component 2	A. Consulting services	Individual Consultant (AM-650)	Consultant 1 [Local research assistant to aid project team and MOH in gathering and collating necessary information to support development and diagnostic studies]	$ 20,000	SSS	Products and External Services Contractual, Lump Sum	$ 20,000	100%	$ -	0%	28-May-18	28-May-18	145 non-consecutive days ending November 15th, 2018.	
Prepared by:			**TOTALS**	**$ 250,000**			**$ 250,000**	**100%**	**$ -**	**0%**				

(1) Grouping together of similar procurement is recommended, such as publications, travel, etc. If there are a number of similar individual contracts to be executed at different times, they can be grouped together under a single heading with an explanation in the comments column indicating the average individual amount and the period during which the contract would be executed. For example: an export promotion project that includes travel to participate in fairs would have an item called "airfare for fairs", an estimated total value od US$5,000, and an explanation in the Comments column: "This is for approximately four different airfares to participate in fairs in the region in years X and X1".

(2) (i) Individual consultants: ICQ: Individual Consultant Selection Based on Qualifications; SSS: Single Source Selection. Selection process to be done in accordance with AM-650.

(2) (ii) Consulting firms: Per GN-2765-1, Consulting Firm selection methods for Bank-executed Operations are: Single Source Selection (SSS); Simplified Competitive Selection (<=250K) (SCS); Fully Competitive (>250K) (FCS); and Framework Agreement Task Order (TO). All Consulting Firm selection processes under this policy must use the electronic module in Convergence.

(2) (iii) Goods: Per GN-2765-1, par. A.2.2.c: "The procurement of goods and related services, except when such goods and related services are necessary to achieve the objectives of the Bank-executed Operational Work and are included in the consulting services contract and represent less than ten percent (10%) of the consulting services contract value."

STRENGTHENING HEALTH SERVICES DELIVERY IN JAMAICA

JA-T1152

CERTIFICATION

I hereby certify that this operation was approved for financing under the **Ordinary Capital Strategic Development Program for Social Development (SOC)** through a communication dated April 4, 2018 and signed by Mariana Mendoza (ORP/GCM). Also, I certify that resources from said fund are available for up to **US$250,000** in order to finance the activities described and budgeted in this document. This certification reserves resource for the referenced project for a period of six (6) calendar months counted from the date of eligibility from the funding source. If the project is not approved by the IDB within that period, the reserve of resources will be cancelled, except in the case a new certification is granted. The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, represent a risk that will not be absorbed by the Fund.

Certified by: *Original signed* 06/21/18

Sonia M. Rivera
Chief
Grants and Co-Financing Management Unit
ORP/GCM

Date

Approved by: *Original signed* 06/25/18

Ferdinando Regalia
Division Chief
Social Protection and Health Division
SCL/SPH

Date