Call for Expressions of Interest for a Vaccine-Preventable Disease Surveillance Expert

Deadline for application: 15 April 2018

Background:

Quality surveillance is critical to detecting disease, providing health officials with the data needed to respond to outbreaks, and ensuring that quality data can be used to monitor, plan and allocate resources for a variety of health issues. Surveillance is a core element of strong health systems, and surveillance functions, such as case investigation, outbreak control, reporting and case notification for vaccine-preventable diseases (VPDs) are key to achieving disease control, elimination, and eradication goals. The World Health Organization (WHO) in collaboration with partners is updating the VPD surveillance standards for >20 diseases, which will form the technical basis for the vision and high-level strategy for VPD surveillance.

Many countries currently face simultaneous transition from Global Polio Eradication Initiative (GPEI), Gavi, the Vaccine Initiative (Gavi), The Global Fund, and other important funding sources, placing surveillance and laboratory staff and infrastructure at-risk. This impact is especially great in the instance of GPEI transition as polio surveillance is the foundation of much of VPD surveillance.

In a recent report, the GPEI Transition Independent Monitoring Board (TIMB) noted that surveillance, a vital global public good, is threatened by the impending wind down of the GPEI, stating, “On average, 25% to 50% of staff funded through the GPEI spend time on non-polio activities such as routine immunization, disease surveillance, laboratory testing, and responding to public health emergencies; some countries’ health systems have been heavily dependent on polio funding for decades; 95% of the polio asset footprint is concentrated in 16 countries that are the most vulnerable to withdrawal of funding; many of the same countries face simultaneous withdrawal of funding from Gavi and some other sources.”

In addition, the field investigation and laboratory networks supported by the GPEI provide the majority of surveillance infrastructure for diseases including measles and rubella, yellow fever, tetanus and a range of emerging pathogens. As the GPEI’s post-certification and transition planning efforts have progressed, the partnership has determined that the GPEI will end, following the certification of the eradication of polio. Over the last three decades, the GPEI has established a standardized, real-time global surveillance and response capacity. As the initiative nears completion, GPEI and its partners have initiated a process to mainstream and cost-out those polio functions that must continue to protect a polio-free world, through the Post-Certification Strategy (PCS). The partnership is also supporting 16 priority countries to develop transition plans that reflect the global polio funding ramp down for 2017-2019, to mainstream essential functions and transition – where appropriate – assets, functions and knowledge of the polio programme to benefit other health priorities.

Other global initiatives such as the Measles & Rubella Initiative (M&RI), as well as individual countries, have conducted similar surveillance assessments. The Measles & Rubella Financial Resource Requirements (FRR) – Project Progress Report for 2017 provides an analysis of different surveillance functions that must be maintained as well as costs, and WHO’s South East Asia Regional Office included a detailed assessment of

2 Afghanistan, Angola, Bangladesh, Cameroon, Chad, DRC, Ethiopia, India, Indonesia, Myanmar, Nepal, Nigeria, Pakistan, Somalia, South Sudan, and Sudan.
country-level surveillance needs and costs in their 2012-2020 Strategic Plan for Achieving and Sustaining Measles Elimination and Preventing Rubella and Congenital Rubella Syndrome. The WHO African Region is currently working to develop a surveillance business case.

The simultaneous transition of these resources presents many challenges, but also provides an opportunity to work towards comprehensive VPD surveillance platforms that will help advance national and international health goals, including Universal Health Coverage. Many stakeholders – at the country, regional and global levels – want to ensure the success of this complex effort. However, there is a lack of clarity and alignment regarding what gaps from the human resources and infrastructure perspective will be left in surveillance systems following the transition from multiple funding sources, what it will cost to fill them, what types of mapping and analyses have already been completed by different programmes and how diverse stakeholders can work together to ensure a successful transition towards comprehensive surveillance platforms that will assist countries in their efforts to tackle a range of VPDs and other health issues.

Working closely with internal WHO partners (e.g., World Health Emergencies, Polio) and global partners (e.g., GPEI, M&RI, U.S. Centers for Disease Control and Prevention (CDC), Gavi, Global Fund), and housed within the Department of Immunizations, Vaccines and Biologicals (IVB) at WHO headquarters (HQ), the consultant will help stakeholders develop a comprehensive VPD surveillance strategy and approach for transformational funding of surveillance by:

- Developing a comprehensive VPD surveillance strategy for WHO, involving relevant units/departments at WHO HQ, Regional and Country level.
- Convening relevant external and WHO Regional and Country partners working on VPD surveillance around a coherent global approach to address technical and financial gaps in surveillance systems in a post-polio world.
- Increasing awareness and understanding of national, regional and global stakeholders on progress, challenges and priorities of country-level transition planning (across multiple global initiatives); and the options for effective transition to comprehensive VPD surveillance systems.

The Terms of Reference for the contract are as follows:

1) Facilitate consensus and develop a high-level document on comprehensive VPD surveillance and laboratory strategy targeting country level decision-makers and planners and organizations that fund immunization and surveillance programmes. This should align with work being undertaken by WHO and CDC at the request of the TIMB to present a global vision and the work being initiated by the WHO African Regional Office on surveillance business case. It should also be aligned with the updated WHO VPD surveillance standards, and include surveillance needs for both current vaccine-preventable diseases and pipeline vaccines.

2) Develop a high-level document which synthesizes the key VPD surveillance needs, gaps and issues, and recommendations to help stakeholders transition towards comprehensive VPD surveillance platforms. This will include incorporation of partner data/reports from the country, regional and global levels to:
   a) Characterize the impact of the simultaneous transition of major global initiatives on VPD surveillance at country-level (in priority countries) and provide options for transitioning these assets towards comprehensive VPD surveillance platforms. This could include identifying a few priority pathogens that can be addressed by the same surveillance infrastructure.
   b) Provide recommendations that stakeholders can use to support transition to comprehensive VPD surveillance platforms and to minimize disruptions caused by the wind down of GPEI and other funding resources.

3) Facilitate a coalition of stakeholders that can help drive these recommendations forward. This could include coordinating stakeholder engagement in VPD surveillance at the global level, including support for information sharing and harmonized messaging across arrange of stakeholders and donors.

4) Attend global stakeholder meetings (such as the WHO Executive Board meeting, Regional Immunization Technical Advisory group meetings and country-level transition planning meetings) to help share recommendations.

5) Active involvement obtaining feedback from stakeholders and making improvements in the options paper and global strategy.
The Expanded Programme on Immunization (EPI) Team at WHO HQ is inviting proposals for the performance of the above work by a reputable individual.

Requirements:
- Proven expertise on surveillance, preferably at the global level as well as working in both developing and developed country settings.
- Proven experience working in the field of immunizations and/or vaccine-preventable diseases.
- Prior work on developing strategic documents.
- Strong writing skills in English as documented by multiple peer-reviewed publications and/or the writing of strategic/guidance documents.
- Ability to coordinate and engage with multiple stakeholders to build consensus.

Deliverables on the end project:
- A high-level document synthesizing the key VPD surveillance needs, gaps and issues, and recommendations to help stakeholders transition towards comprehensive VPD surveillance platforms.

Timeline:
- The working draft should be completed by end August 2018. It is estimated to take approximately four months to complete this work.

The proposal and all correspondence and documents shall be prepared and submitted in the English language.

The proposal should be concisely presented and structured to include the following information:

Curriculum Vitae (CV).
Description of prior experience: Paragraph describing prior experience in surveillance and development of strategy/visions.
Proposed cost estimate.

The bidder shall submit the complete proposal to WHO in writing no later than 17:00 hrs Geneva time on 15 April 2018, by email, to the following address: patelm@who.int and cohena@who.int in copy to cruzca@who.int.