

CALL FOR PROPOSALS

Technical Assistance for the Assessment of the International Health Regulations (IHRs) 2005 Implementation and the Development of the National Action Plan for Health Security (NAPHS)



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization – Country Office in the Philippines (WCO PHL) is looking for an institutional or individual contractual partner who will provide technical assistance for the assessment of the International Health Regulations (IHRs) 2005 implementation and the development of the National Action Plan for Health Security (NAPHS), through an Agreement for Performance of Work (APW) contract.

The proposals are due by 26 June 2022.

2. Background

The Philippines, as an International Health Regulations (IHR) State Party and in compliance with the revised IHR released in May of 2005, designated the Department of Health Epidemiology Bureau (DOH-EB) formerly the National Epidemiology Center (NEC) through Administrative Order (AO) No. 2007-0002 as the National IHR Focal Point. Since its induction, the bureau has facilitated the implementation of health measures under these regulations with the goal of protecting health security and preventing potential disease outbreaks.

To assess the IHR implementation in the country, the Public Health Services Team (PHST) of the DOH conducted the IHR Joint External Evaluation (JEE) with a team of international experts in 2018. The following are some of the overarching priority recommendations derived from the JEE:

- Enhance high-level political commitment and accountability at all levels to advance implementation of IHR, with adequate resourcing and engagement of all relevant sectors.
- Develop an overarching national action plan for health security, which is costed, map risk-based priorities to optimize resources within and across sectors, and guide investment and the harmonized implementation of the IHR.
- Strengthen monitoring and evaluation practices and foster a culture of continuous improvement by feeding the lessons from after-action reviews into ongoing refinements of the system.
- Designate an overall, high-level, multi-sectoral body, with leadership from the health sector, to oversee and set direction for the continued implementation of the national action plan, with the National IHR Focal Point playing a key role to improve coordination among all relevant stakeholders.
- Foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies.
- Further optimize the public health emergency preparedness and response action at regional and local levels, through investing in advocacy, guidance, training and exercising, to improve collaboration between national and sub-national levels

Taking the aforementioned recommendations into consideration, in 2020, the House Committee on health approved the bill for the creation of the National Health Security Council, an inter-agency body administratively attached to the DOH. The council was tasked to formulate and implement a National Action Plan for Health Security (NAPHS), a multi-year plan on priority actions and strategies involving different agencies to accelerate the implementation of IHR core capacities. The NAPHS is based on a One Health for all-hazards, whole-of-government approach and part of the country's efforts to address the JEE key findings and recommendations. In the interim, while the establishment of the council is in progress, the DOH-EB has facilitated a series of workshops to initiate the development of the NAPHS.

3. Timeline

The implementation timeline for the project is from 1 July to 31 December 2022.

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Method(s) to carry out the activity

Under the overall supervision of the COVID-19 Response Incident Manager (IM) and Head of WHO Representative to the Philippines Country Office, in close collaboration with the Technical Leads in the Regional and Country Office, and officers within the DOH-Disease Prevention and Control Bureau (DPCB), Communications Management Office (CMO) and other relevant offices, the contractual partner shall perform the following activities and submit agreed deliverables in a timely manner:

Output 1: Provide an assessment of the overall implementation of IHR core capacities and other major obligations under the IHR (2005) including the IHR National Focal Point.

- Deliverable 1.1.: Inception report detailing the plans and methods the institutional partner shall conduct towards fulfilling this Technical Assistance.
- Deliverable 1.2.: Assessment report on IHR implementation
 - IHR implementation (i.e. strengths, weaknesses, gaps);
 - Level of IHR awareness and engagement by all health sectors;
 - Existing national laws, policies, and guidelines with direct and indirect impact on IHR implementation; and
 - Readiness for public health emergencies of all relevant health sectors.
- Deliverable 1.3.: Technical report on the following:
 - Recommendations to address identified issues and gaps;
 - Mechanism of collaboration for all relevant health sectors;
 - Proposed actions to align IHR implementation on existing and upcoming laws, policies, and guidelines; and
 - Proposed plans for IHR advocacy across all health sectors at the national and sub-national level.

Output 2: Development of a National Action Plan for Health Security (NAPHS) in response to findings of the IHR assessment and in line with the establishment of the National Health Security Council

- Deliverable 2.1.: Inception report detailing the plans and methods the institutional partner shall conduct towards fulfilling this Technical Assistance.
- Deliverable 2.2: Development of NAPHS through consolidation of inputs from different member agencies
 - Roadmap for the development of NAPHS
 - Prioritization of critical areas of the NAPHS
 - Identification of mechanism for collaboration of all relevant health sectors
 - Updates on the strategic plans/activities of all relevant health sectors to address the JEE recommendations and priority actions;
 - Formulation of Incident Command System (ICS) for IHR-related activities (relating existing ICS)
- Deliverable 2.3: Report on the sustainability for the NAPHS, with the inclusion of the contents below:
 - Proposed actions to align the development of the NAPHS based on the existing and upcoming laws, policies, and guidelines;
 - Proposed plans for NAPHS implementation and sustainability.

CONFIDENTIALITY AND PROPRIETY RIGHTS

All technical documents, reports, tools, and prototype guides are to be treated as confidential and must not be handed over to third parties. These shall be submitted to the DOH-EB and the bureau shall have sole ownership and rights to the completed products. Any reproduction, citation, reference, and use of the said documents and materials requires the permission of the DOH-EB.

6. Contract Time

The work to be done under this contract shall be Technical Assistance for the Assessment of the IHR 2005 Implementation and the NAPHS as set out in the Terms of Reference. The contract will be completed in not more than 6 months from the commencement of the Work, or otherwise as agreed in writing among the Owner and the Contractor. The work shall be done in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and all Instructions. Failure to do so shall be at the Contractor's risk and account. Submission of Bid by the Contractor shall constitute acknowledgement by the Contractor that it is aware of and concurs with all the requirements or conditions incorporated in the Call for Proposal and the other documents.

As time is an essential element of this Contract, for failure to complete all work within the stipulated as set out in the Terms of Reference, the Owner shall charge the Contractor liquidated damages. This shall be in the amount the sum of 0.5% of the total contract amount per day (Saturdays, Sundays and holidays are included) but not to exceed on total 10% (ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and also for the inconvenience caused to the users of the Work. It is understood that this is not a penalty but a fixed sum representing the liquidated damages for each calendar day of the delay. Delay shall be counted from the agreed completion date, considering further time extensions approved by the Owner, to the date of completion of work.

7. Qualifications

The contractual partner or institution's members must fulfil the following qualifications:

Education and Certifications

- Essential: The technical team leader must have a postgraduate in public health, epidemiology, public administration, organizational development and its team members are expected to have any related post graduate course for the task assigned.
- Desirable: Post graduate course on international health, health security.

Work Experience:

- At least five (5) years of work experience in areas of health security and emergency, partnership relations, both in the provision of technical documentation and field implementation.
- Demonstrated acceptable experience in partnering with the government agencies and private health sector partners during national and local events which are considered public health emergencies of concern.
- Track record of products delivered within the expectations of the user and the contractual partner.
- Previous experience working with the World Health Organization, other United Nations agencies, the Department of Health, or other health-related organization is desirable.

Skills / Technical skills and knowledge:

- Ability to manage with respect and understanding the different partners, both government and non-government, national and local levels, working on health security.
- Good understanding of the International Health Regulation 2005 and its amendments, the 2018 JEE Mission report findings and other relevant reference documents, both national and international sources.
- Skills in engaging multi-agency partners in a national level workshop with products to finalize.
- Familiarity with the One Health for all-hazards, whole-of-government approach.
- Able to adapt to relevant and reasonable project demands and submit deliverables within timelines.
- Results-oriented, and collaborative attitude at work.
- Demonstrates good ability to remain calm, in control and with a positive attitude even under intense pressure and tight deadlines.

Language Requirement:

- With excellent verbal and written communication skills in English and Filipino.

Competencies

- Communicating in a credible, effective and culturally competent way.
- Moving forward in a changing environment.
- Fostering integration and teamwork.
- Producing results.

The contractual partner shall have no direct or indirect involvement or interest, in any form, in arms dealing, drugs, alcohol industry, tobacco industry or human trafficking. The contractor and personnel involved in this work shall have no conflicts of interest in relation to the work being undertaken.

8. Ethical and Professional Standards

- WHO prides itself on a workforce that adheres to the highest ethical and professional standards and that is committed to put the WHO Values Charter into practice.
- WHO has zero tolerance towards sexual exploitation and abuse (SEA), sexual harassment and other types of abusive conduct (i.e., discrimination, abuse of authority and harassment). All members of the WHO workforce have a role to play in promoting a safe and respectful workplace and should report to WHO any actual or suspected cases of SEA, sexual harassment, and other types of abusive conduct. To ensure that individuals with substantiated history of SEA, sexual harassment or other types of abusive conduct are not hired by the Organization, WHO will conduct a background verification of final candidates.

9. Submission Requirements

Interested institutions and/or individuals should submit electronic copies of the following:

- Cover letter
- Proposal with financial details and proposed timeline
- Company profile and qualifications of team members (if institution) or curriculum vitae (if individual)

Address all proposals to:

Dr Graham Harrison

Officer-in-Charge

Office of the WHO Representative to the Philippines

Ground Floor, Building 3, Department of Health San Lazaro

Compound Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the proposals with the title, **Technical Assistance for the Assessment of the IHR 2005 Implementation and the Development of the NAPHS** to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **26 June 2022**.