

CALL FOR PROPOSALS

Technical Assistance to Conduct a Baseline Assessment of Surveillance Systems in the Philippines with Focus on Antimicrobial Resistance (AMR)



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional or individual contractual partner to provide technical assistance to conduct a baseline assessment of existing surveillance systems in the country at the national, hospital and community level, with focus on antimicrobial resistance (AMR) under an Agreement for Performance of Work (APW) contract.

The Technical Assistance aims to:

1. Review the structural and operational frameworks of the national, subnational and local surveillance programs including those in sentinel sites of the Antimicrobial Resistance Surveillance Program (ARSP) and those of different DOH Bureaus;
2. Assess how AMR surveillance data are gathered, reported, and used in a representative sample of non-ARSP public and private hospitals to inform infectious disease management and antimicrobial consumption/use;
3. Formulate strategies and recommendations for a harmonized surveillance system to facilitate the transition to a cross-program, integrated case-based surveillance system, with focus on AMR.

The proposals are due by 07 September 2021.

2. Background

Surveillance is an essential tool to inform policies and infection prevention and control responses. Importantly, it is the cornerstone for assessing the spread of diseases and to inform and monitor the impact of local, national and global strategies. Generating local intelligence through existing country surveillance systems, that may be strengthened over time, serves as a basis for designing regional and global strategies and interventions that target specific needs and situations on the ground. WHO guidance documents for different disease programs, such as the Global Antimicrobial Resistance and Use Surveillance System (GLASS), the Western Pacific Regional Antimicrobial Surveillance System (WPRACSS), and the Framework for Accelerating Action to Fight AMR in the Western Pacific Region, recommend standardized approaches to the collection, analysis, interpretation and sharing of data by countries and seek to actively support capacity building and monitor the status of existing and new national surveillance systems. Good surveillance systems are those that are case-based, multi-source, integrated across different programs and cover important components like antimicrobial resistance.

The DOH recognizes the need to shift to a case-based, multi-source and integrated surveillance system in the country, as per its UHC initiative. This shift could start with an assessment of the existing national, subnational and local surveillance systems, defining the burden of disease including that of AMR, and guiding public health managers and clinicians on how they could use the surveillance system for population and individual level responses.

3. Timeline

The implementation timeline is four and a half (4.5) months from 15 September 2021 to 31 January 2022.

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Under the supervision of the WHO Country Office in the Philippines, the Contractual Partner shall perform the following activities in close collaboration with the Department of Health – Pharmaceutical Division (DOH PD), Epidemiology Bureau (DOH EB), Research Institute of Tropical Medicine (RITM), and Disease Prevention and Control Bureau (DOH DPCB):

Method(s) to carry out the activity

- Perform desk review and stakeholder consultations through applicable methods on the current structural and operational frameworks of national-, hospital-, and community-level surveillance systems with focus on AMR;
- Conduct alignment meetings with WHO and DOH for progress monitoring;
- Write an Assessment Report highlighting findings and recommendations for transitioning into a cross-program, integrated case-based surveillance system with focus on AMR; and
- Present the final output to the WHO and the DOH.

Outputs and Deliverables:

Output 1: Inception Report with Gantt Chart of Activities (30 Sept 2021)

Deliverable 1.1: Develop a work plan with Gantt chart of activities. The work plan will be part of the inception report will be submitted to WHO Philippines at the beginning of the engagement. The inception report will demonstrate the consultant's conceptual and implementation approach and methodology, scope of work, resources required, and the timeline of activities to guide the assignment and to meet the agreed upon deliverables.

Deliverable 1.2: Discuss the inception report and work plan with WHO and DOH.

Output 2: Progress Report (15 December 2021)

Deliverable 2.1: Submit initial draft of the Assessment Report to include preliminary findings from desk review and stakeholders' consultations.

Output 3: Final Report (31 January 2022)

Deliverable 3.1: Submit the final Assessment Report with recommendations on establishing a cross-program, integrated case-based surveillance system with focus on AMR and a database of key stakeholders of surveillance systems;

Deliverable 3.2: Submit accomplishment and financial reports.

CONFIDENTIALITY The results, products and reports of this APW are to be treated as confidential and must not be handed over to third parties. The DOH and WHO have the exclusive ownership of the reports and reserve the right to further disseminate relevant information.

The contractual partner will also provide disclaimer on the reports: This document has been produced with the assistance of the World Health Organization. The contents of this publication are the sole responsibility of the author, and does not necessarily reflect the opinions, recommendations, or advice of the World Health Organization.

6. Qualifications

The contractual partner must fulfil the following qualifications:

Education

Essential: University degree in health sciences (either Doctor of Medicine or BS in Nursing) and a Master's degree in the field of public health, epidemiology, surveillance or any related fields of expertise;

Work Experience

- Essential: Relevant knowledge and experience on national and facility-based disease surveillance systems,
- Essential: At least five to seven years of working on projects with various stakeholders including the private sector, civic societies, government and international development organizations
- Essential: At least 3 years work experience in hospitals preferably related with AMR surveillance

Technical Skills and Knowledge:

- In-depth analysis of structural and operational frameworks of national and facility-based disease surveillance programs;
- Able to correctly interpret bacterial culture results and differentiate true infection from contamination or colonizer
- Working knowledge on antimicrobial susceptibility guidelines and interpretation of AST results
- Knowledge on WHO AMR surveillance systems and the Philippine disease surveillance systems;

- Adaptability to working remotely and conducting online meetings;
- Creativity in problem-solving and capacity to meet tight deadlines;
- Organizational, communication, interpersonal and critical-thinking.

Language Fluency:

- Expert fluency in written and spoken English (essential) and Filipino (desired)

In addition, the contractual partner must have no direct or indirect interest in the tobacco industry, alcohol industry, arms dealing or human trafficking.

7. Contract Time

The work to be done under this contract shall be the Technical Assistance to Conduct a Baseline Assessment of Existing Surveillance Systems in the Philippines with Focus on Antimicrobial Resistance as set out in the Terms of Reference. The contract will be completed in not more than 4.5 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 of 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.

8. Other Requirements

May require field visits as appropriate.

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 Rabindra Abeyasinghe

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 to Conduct a Baseline Assessment of Surveillance Systems in the Philippines with Focus on Antimicrobial Resistance** to wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of application is on **07 September 2021**.