

# CALL FOR PROPOSALS

**Contractual partner to support the Situational Analysis of the Viral Hepatitis Response in the Philippines for Evidence-Informed Policy-Making in the context of UHC**



**World Health Organization**

Representative Office  
for the Philippines

## 1. Summary

The World Health Organization (WHO) Philippines is looking for an individual or institutional contractual partner to contribute to the WHO's overall technical support to the Philippines' response to the Viral Hepatitis by conducting a Situational Analysis of the Viral Hepatitis Response in the Philippines for Evidence-Informed Policy-Making in the context of UHC under an Agreement for Performance of Work (APW) contract.

The proposals are due by 19 June 2021.

## 2. Background

Hepatitis B and Hepatitis C infections are major public health problems in the Philippines. However, most people with Hepatitis B and Hepatitis C are asymptomatic and may unknowingly transmit the virus especially to those close to them. In the Philippines, about 10% of the adult population are said to be infected with viral hepatitis B while around 0.6% are infected with Hepatitis C. Both hepatitis B and C infections are strongly associated with liver cirrhosis and hepatocellular carcinoma. Hepatocellular carcinoma is currently the third most common form of cancer and also the second leading cause of cancer deaths in the country. Stigma and discrimination towards people living with hepatitis B and C is a barrier for equitable access to services, including for education and employment however documentation is limited.

To address this problem and reinforce the commitment of the country to the elimination of viral hepatitis, the Department of Health (DOH) issued the policy on the prevention and control of viral hepatitis. This policy institutionalizes the efforts against viral hepatitis control under the National HIV/AIDS STI Prevention and Control Program (NASPCP). The DOH in collaboration with the WHO implemented a demonstration project on Hepatitis B in Region 3 and the National Capital Region, and Hepatitis C in Region 7 in 2019. The DOH issues the policy on the expansion of the hepatitis demonstration project in DOH facilities to disseminate viral hepatitis response based on the lessons and learnt from the pilot projects.

In order to strengthen the existing mechanism for the effective implementation of the UHC act (RA 11223), the Disease Prevention and Control Bureau (DPCB) of DOH has reorganized the governance of its functional units to ensure system integration for UHC in 2021. Application of the lines of management within this restructuring is in progress. Within the country's journey to achieve Universal Health Coverage by 2030, disease prevention, control towards elimination is part of addressing major public health threats. Health service integration is expected to accelerate in Philippines, which will be an opportunity to further enhance cross-programmatic functioning and integration of services and areas, as well as to optimize resources towards accelerating the viral hepatitis response in the next decade to

achieve 2030 SDG goals for hepatitis elimination. Clarity over the programmatic needs for a national viral hepatitis response within the country's UHC goals is important as the foundation for the next decade to get to elimination.

This consultancy seeks to have a focused situation analysis of the health system's capacity to address the current situation of the national viral hepatitis B and C response in the context of the ongoing health reforms under the UHC Law, to establish the baseline for further policy and programme refinements for the viral hepatitis national response.

### **3. Timeline**

The implementation timeline for the project is from **20 June 2021** to **31 July 2021**.

### **4. Place of Assignment**

Manila, Philippines or to be conducted remotely.

### **5. Scope of Work**

In close collaboration with the Division Chief of DPCB and Program Manager (NASPCP), Epidemiology Bureau, and relevant partners; and under the supervision and guidance of the HIV/Hepatitis/STI (HSI) Technical Officer of WHO Country Office Philippines, the contractual partner will produce the following outputs and deliverables:

The situational analysis will include the following possible contents following the systems approach:

- Describe the present health system and the current ongoing changes for health reform under UHC Law
- Epidemiology and disease burden including national and subnational
  - Overview of the survey, surveillances, and mathematical modeling of viral hepatitis in Philippines.
  - Tables and figures of trend of viral hepatitis statistics by national and subnational level, age groups, sex and key population including vaccination, prevention, screening (blood donation), laboratory testing, diagnosis, acute hepatitis, chronic hepatitis, sequela, and mortality.
- Social determinants
- Stakeholder analysis
- Existing capacity, infrastructure and service provision
  - Leadership/governance: governance, policy, strategies, and technical guidelines.
  - Service Delivery: mapping of the viral hepatitis service delivery and laboratory network of public and private at the primary, secondary and tertiary level, and level of integration of hepatitis testing, care and treatment with other services; community engagement and peer support; and laboratory services and capacity.
  - Health Workforce: mapping of health workforce for viral hepatitis services, pre- and in-service trainings, available training materials, awareness of viral hep services among health care providers.
  - Health Information System: existing system from acute, chronic, to sequela, and eHealth.

- Essential Medicines: availability and affordability of test kits and drugs in public and private facilities, and procurement and supply management.
- Regulation: current or existing if any accreditation and regulatory scheme of viral hepatitis services by Philhealth and DOH to ensure safety and quality of services.
- Financial landscape: national budget, local government unit budget, and donor, and the reform of the financing of services including Philhealth
- COVID-19 impact on hepatitis prevention, testing, treatment and care and surveillance of liver cancer among those affected

Considerations and recommendations: programmatic needs and potential opportunities for the integration of viral hepatitis services towards decentralized services within primary health care and UHC.

### **Output/s and Deliverables:**

Output: Quantitative and qualitative situational analysis

Deliverable 1: Inception report including workplan and timelines

Deliverable 2: Data collection through desktop review, focus group discussions, and consultation meetings

Deliverable 3: Progress meeting

Deliverable 4: Debriefing meetings with stakeholders

Deliverable 5: Situational analysis report, set of slides, and datasets

## **6. Completion of Work**

The work to be done under this contract shall be Technical Assistance for the situational analysis of the Viral Hepatitis response in the Philippines for evidence-informed policy-making in the context of UHC as set out in the Terms of Reference. The contract will be completed in not more than 1.5 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.

## **7. Qualifications**

Education of staff involved:

- Essential: University degree in medicine or public health from a recognized university

- Desirable: Post graduate degree from a recognized university

Experience required:

- Essential: At least five years of relevant experience working in medicine and/or public health including viral hepatitis. The lead consultant(s) need to have appropriate experience with qualitative and quantitative analysis.
- Desirable: Experience working on situational analysis and policy development related to viral hepatitis. Experience working with government health agencies in a multi-stakeholder environment in Philippines.

Technical Skills and Knowledge:

- Sound knowledge in medicine and public health including viral hepatitis
- Sound knowledge in planning, implementation and evaluation
- Sound skills in excel and statistical program
- Ability to work harmoniously as a member of a team, adapt to diverse educational and cultural background and maintain a high standard of personal conduct

Language requirements:

- Written and spoken fluency in English is essential

Other requirements:

- Essential: No conflict of interest regarding the concerned companies which might bias judgement.

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

## **8. Competencies**

- Technical competence in the field of communicable diseases
- Ability to engage and communicate with multiple stakeholders
- Skills to respect and promote individual and cultural difference
- Capability of working harmoniously with a positive attitude at work

## **9. Submission Requirements**

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

- Cover letter
- Proposal with financial details and proposed timeline
- Curriculum vitae (for individuals)
- Company profile and qualifications (CVs) of team members (for institutions)
- Link to a portfolio of previous work relevant to the TOR (uploaded on file sharing services such as Dropbox or Google Drive)

Address all documents 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 documents with the title **“Contractual partner to support the Situational Analysis of the Viral Hepatitis Response in the Philippines for Evidence-Informed Policy-Making in the context of UHC”** to Mrs Ying Chen ([cheny@who.int](mailto:cheny@who.int)) copied to [wpphlwr@who.int](mailto:wpphlwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

Deadline of submission of proposals is on **19 June 2021**.