

CALL FOR PROPOSALS

Technical Assistance for the Provision of Essential Preliminary Information to Input on the Operational Plan in the Management of Philippine Burden of Disease and Subnational Estimates



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is searching for an institutional or individual partner to provide technical assistance for the provision of essential preliminary information to input on the operational plan in the management of Philippine Burden of Disease and Subnational Estimates, under an Agreement for Performance of Work (APW) contract.

Objectives:

To provide essential preliminary information as inputs to the operational plan of EB in the management of Philippine BOD and subnational estimates for the next two years.

Specific Objectives:

1. To assess the current data and stakeholder landscape of the Philippine burden of disease
2. To develop strategies for institutional partnerships to increase access to externally owned health data
3. To develop a general process guide for validating IHME BOD estimates

The proposals are due by 30 June 2022.

2. Background

The Department of Health (DOH) began a partnership with the Institute for Health Metrics and Evaluation (IHME) in 2017 to estimate burden of disease (BOD) for each province in the Philippines. In anticipation of the shift towards province-led health care provider networks as mandated by the Universal Health Care (UHC) Act (RA 11223), this partnership seeks to supply province-level health officers with evidence to support resource allocation, priority-setting, the management of provider networks in the pursuit of local health goals.

As the steward of the annual Global Burden of Disease (GBD) study, IHME is the world's leading technical authority on burden of disease science, having quantified the health effects of disease, injuries, and risk factors in more than 195 countries from 1990 to the present. In 2018, IHME and the World Health Organization (WHO) formally established a collaboration in order to improve the timelines, accuracy and policy relevance of health data.

The DOH must ensure the production of timely, accurate, and valid estimates in the line with the above developments and in pursuit of the UHC Act. In order to carry out this mandate, the management of the BOD estimates, through the DOH Epidemiology Bureau, must be strengthened to maximize the utility for decision making that supports UHC. Hereafter, the following are envisioned to be carried out for Philippine BOD estimation: Year-on-year improvement of province-level estimates through continued supply of data inputs and evaluation of data sources, in collaboration with IHME. Identification and management of data sharing agreements with all Philippine institutions owning health data relevant to burden of disease, including, but not limited to, the Philippine Health Insurance Corporation, the Philippine Statistics Authority, and the Food and Nutrition Research Institute. Conduct of

routine, systematic validation of the burden of disease estimates through comparisons with locally produced data and known epidemiological patterns through commissioned work, contracted expert reference groups (as may be needed), or an in-house technical unit translate burden of disease estimates from both IHME and in-house units into policy actions. In the long-term, establishment of a Philippine burden of disease unit.

It is vital that a robust operational plan to initiate and manage immediately relevant tasks be developed in time for initial IHME estimates. As such, this technical assistance is being requested for EB to further operationalize the Philippine BOD efforts.

3. Timeline

The implementation timeline for the project is from **11 July 2022 to 15 March 2023**.

4. Place of Assignment

Manila, Philippines

5. Scope of Work

Under the supervision and guidance of the Health Systems Team Coordinator of WHO Philippines Country Office, in coordination with the DOH Epidemiology Bureau, the APW shall do the following:

Output 1. Inception Report and Activity Plan

Deliverable 1.1. Complete technical and financial proposal with attached budget matrix and Gantt chart of activities

Output 2. Data and stakeholder landscape of Philippine Burden of Estimates (BOD)

Deliverable 2.1. map all local data sources for IHME BOD estimation, both internal and external

Deliverable 2.2. Conduct a stakeholder mapping of all Philippine institutions with or producing health-related data necessary for burden of disease estimation

Deliverable 2.3. Review existing institutional data policies of potential institutional partners for the management of Philippine BOD

Output 3: Strategies for institutional partnership to increase access to externally-owned health data

Deliverable 3.1. Identify and recommend strategies for accessing identified high-priority health data sources

Deliverable 3.2. Review existing validation processes of other countries using IHME BOD estimates

Output 4: General process guide for validating IHME BOD estimates

Deliverables 4.1. Identify and recommend specific validation process components for adoption or adoption by the Epidemiology, including criteria that can be used as basis for initiating validation and data source evaluation

6. Qualifications

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

Education and Certifications

- The team leader and members must have at least Masters' degree in public health, biostatistics, epidemiology and other related areas

Work Experience

- At least five years of relevant work experience in epidemiological research in Philippines or Burden of Disease Estimation
- At least 3 projects or research undertaken with government institutions or academic institutions of similar nature and magnitude in the Philippines and/or internationally

Technical skills and knowledge

- Epidemiological Research
- Demonstrated ability to oversee documenters, stakeholder consultation, pro

Language

- Good English communication (writing and speaking) skills.

7. Contract Time

The work to be done under this contract is to provide Technical Assistance for the Provision of essential preliminary information to input on the operational plan in the Management of Philippine Burden of Disease and Subnational Estimates as set out in the Terms of Reference. The contract will be completed in not more than 8 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

The contractor (both the institution and any individuals engaged on this work) 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.

9. 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 a 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.

Management of Conflict of Interest

Any interest by an entity (organization/company), expert, or member of the project team that may affect or reasonably be perceived to (1) affect the expert's objectivity and independence in providing advice to WHO related to the conduct of a project, and/or (2) create an unfair competitive advantage for the expert or persons or institutions with whom the expert has financial or interests (such as adult children or siblings, close professional colleagues, administrative unit or department).

World Health Organization (WHO) conflict of interest rules is designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and its normative work. If not identified and appropriately managed such situations could undermine or discount the value of the expert's contribution, and as a consequence, the work in which the expert is involved. Robust management of conflicts of interest not only protects the integrity of WHO and its technical/normative standard-setting processes but also protects the concerned expert and the public interest in general.

Confidentiality Statement

All input from participants and all related documents about the project are confidential and must **NOT** be handed over to third parties. The contractual partner should advise the participants on how to opt-out or withdraw their statement(s) if needed. The DOH and WHO have exclusive ownership of all documents, and only DOH and WHO have the right to disseminate any information outside the agreed project's scope.

10. 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 cover letters and 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 Provision of Essential Preliminary Information to Input on the Operational Plan in the Management of Philippine Burden of Disease and Subnational Estimates**” to Mrs Ying Chen (cheny@who.int) and wpphlwr@who.int. Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **30 June 2022**.