



### **Call for Expressions of Interest and Proposal**

**VN#020 – Job Title: National level hospital or public health institute for development, piloting and strengthening system capacity for Hospital-based Event-based Surveillance (HEBS); transmissibility, severity, and impact (TSI) assessment using clinical, epidemiological and genomics data for; and application of case reporting form (CRF) for severe acute respiratory infections (SARI) cases in health care facilities**

#### **1. Background**

Emerging and re-emerging diseases, such as avian influenza and pandemic human influenza, can lead to severe illness and death, and may cause international outbreaks that pose a threat to global health security. In 2018, Viet Nam promulgated the National Event-Based Surveillance (EBS) guidelines, which include HEBS, to complement indicator-based surveillance by facilitating rapid detection, reporting, confirmation, and assessment of public health events. As a result, multiple events, such as the first H5N1 outbreaks, the first COVID-19 outbreaks, and other public health threats, have been detected through HEBS and SVP surveillance.

Hospitals serve as key points for both systems, acting as critical sources for the early identification of disease outbreaks and acute public health events. Healthcare workers, as the primary point of contact for patients, play a central role in this process. However, the operationalization of HEBS surveillance remains inconsistent at the hospital level. The absence of standardized operating procedures (SOPs) in hospitals has contributed to misconceptions about clinicians' reporting responsibilities, uncertainty regarding the reporting process, hesitancy to report before laboratory confirmation, and difficulties in identifying disease clusters within hospitals. These issues can result in underreporting and delays in outbreak detection.

Additionally, recent experiences in managing novel outbreaks have highlighted the importance of TSI assessments. These assessments help detect early signals such as increased transmissibility, severity, or reduced efficacy of countermeasures. They are critical in informing outbreak response measures—such as hospital readiness, optimized sample collection, and local risk modeling—especially in resource-limited settings. Laboratory confirmation and characterization, especially the genomics data, along with high quality metadata for detailed analysis, is important for these assessments.

To further improve the data quality, there is a need to pilot the application of a CRF for Severe SARI cases. Standardizing data through a CRF will help ensure more accurate case definitions, better monitoring of clinical severity, supporting early detection of unusual characteristics of the diseases, informing outbreak response efforts. Leveraging these CRFs, in addition to other relevant sources, comprehensive metadata can be obtained for further bioinformatic analysis of genomic data, in comparison to the clinical presentations.

To address these gaps and strengthen Viet Nam's hospital-based surveillance capacity, the APW holder is requested to support the development and implementation of SOPs for HEBS; develop and deliver TOT courses for HEBS surveillance; update training materials and conduct a training session on TSI assessments; pilot the use of a CRF for SARI cases and develop metadata requirements and standards for

in-depth genomic analysis. The APW holder is also expected to develop a monitoring and evaluation framework to assess the effectiveness of these activities.

### **Method(s) to carry out the activity**

The APW holder, under the technical guidance of the technical focal points of Health Security and Emergency (HSE) team, the WHO Country Office in Viet Nam, will take lead in the capacity strengthening initiatives related to Hospital Event-Based Surveillance (HEBS); assessment of Transmissibility, Severity, and Impact (TSI) for new/ re-emergent variants of SARS-CoV2 and other respiratory viruses and pathogens with epidemic/ pandemic potential; and pilot application of case reporting form for SARI cases in healthcare facilities.

The work will be carried out in close collaboration with other national stakeholders, including Institutes of Pasteur/ Hygiene and Epidemiology, other hospitals and research units as required.

### **Key activities include:**

- Draft the SOP for HEBS based on identified gaps in the current implementation and with consultations with relevant stakeholders.
- Pilot application of the draft SOP for HEBS at a national level hospital, leading on infectious disease management.
- Develop TOT training materials for HEBS based on the national EBS guideline and draft SOP for HEBS, which include trainers' guides, participants' handbook including case studies.
- Develop TOT training materials for SVP surveillance which is part of HEBS ToT training package.
- Conduct at least one TOT training session for national HEBS technical focal points.
- Review and contextualize the training materials for TSI assessments focusing on "S" and "I" components, including lecture slides, case studies, and hands-on exercises in collaboration with assigned Public Health Institute in Viet Nam.
- Conduct and/or contribute to at least one ToT training session on TSI in Viet Nam.
- Design and pilot a case reporting form (CRF) for SARI in hospital(s) and/or a healthcare facility.
- Draft a monitoring and evaluation framework (MEF) (with key performance indicators and evaluation methods) to assess the effectiveness of the above-mentioned capacity strengthening initiatives and a set of recommendations on way forward.

### **Output & Deliverables:**

1. SOP(s) for implementation of HEBS at hospital/ healthcare facilities.
2. TOT training materials for HEBS and at least one TOT training course on HEBS conducted.
3. Updated training materials for TSI assessments focusing on "S" and "I" components and contributed to at least one TSI ToT training session.
4. A report from the pilot application of SARI CRF with recommendations on ways forward.
5. A monitoring and evaluation framework for the work undertaking
6. Metadata standards to ensure quality and consistency in data collection across the country
7. A final APW report with recommendations on follow-up actions and the way forward.

### **Deliverable(s) to be submitted during and after the period of the assignment including manner of delivery and payment.**

The payment will be made according to the schedule deliverables as below:

Item/Description	Time frame	Percentage
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Upon countersigned APW contract by the contractor	20 Jun 2025	50%
Deliverable 1 -SOP(s) for implementation of HEBS at hospital/ healthcare facilities.	30 Sep 2025	30%
Deliverable 2 -TOT training materials for HEBS including those for SVP		
Deliverable 3 -Updated training materials for TSI assessments focusing on “S” and “I” components		
Deliverable 4 -copy of CRF for SARI cases		
Deliverable 5: A monitoring and evaluation framework for the work undertaking		
Deliverable 6: Metadata standards, to be used across the country		
Deliverable 7: A final APW report together with the remaining work/ products from Deliverables 2 to 4 and with the recommendations on follow-up actions and the way forward	15 Dec 2025	20%

## 2. Planned timeline:

(Subject to confirmation)

Start date: 20 June 2025

End date: 15 December 2025

## 3. Specific requirements

The selected APW holder must have a proven track record in developing national guidelines and strategies for emerging and re-emerging infectious diseases. It should demonstrate the capacity to coordinate a national network of infectious diseases in healthcare facilities, to provide technical guidance and capacity building to curative medicine system; to engage effectively with international organizations; and to contribute effectively to both national and regional preparedness, detection and response to disease outbreaks and public health emergencies

### TEAM LEADER

#### Required

- PhD or postgraduate degree in infectious diseases or public health
- Minimum 10 years of experience in infectious disease surveillance and response
- Proven experience in developing SOPs, training curricula, and strategic documents

#### Desired

- Strong professional network with hospitals for piloting and feedback
- Demonstrated leadership in managing multi-stakeholder initiatives
- Experience working with WHO
- Familiarity with HEBS, TSI assessments, and CRF

### TEAM MEMBERS

#### Required

- Graduate degree in public health, epidemiology, infectious diseases, or related field
- Experience in technical document development (e.g., SOPs, training materials, M&E frameworks)
- Experience in training delivery or facilitation, especially in ToT models

#### Required

#### Desired

- Experience working with WHO
- Familiarity with HEBS, TSI assessments, and CRF
- Fluent in written English

#### Desired

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| <ul style="list-style-type: none"> <li>• Graduate degree in laboratory sciences, public health, infectious diseases, or related field</li> <li>• Experience in standards development (eg., SOPs, benchmarks etc.,)</li> </ul> | <ul style="list-style-type: none"> <li>• Knowledge of global, regional and national surveillance initiatives</li> <li>• Working experience in genomics and bioinformatics</li> <li>• Fluent in written English</li> </ul> |
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#### 4. Place of assignment

Ha Noi, Viet Nam

The APW holder will work at their own base

#### 5. Travel

Not specifically required for this APW contract. Any travel request can be discussed and agreed upon between WHO Viet Nam and NHTD during the contract duration.

#### 6. Budget

All bids will be evaluated based on the submitted proposals with detailed budget breakdown in term of the technical requirements, timeliness and value for money.

Those who are interested can contact our focal person before/by **18 June 2025**

Administrative Officer

World Health Organization

[wpvnmaplicants@who.int](mailto:wpvnmaplicants@who.int)

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