

### Call for Expressions of Interest and Proposal

**VN015** - National consultants to provide technical support to conduct field assessment of implementation of national notifiable diseases reporting via Circular 54 and event-based surveillance

#### **1. Background:**

To meet the requirements of the International Health Regulations (IHR 2005) to detect, alert, report and respond to infectious disease outbreaks and public health events, the World Health Organization (WHO) recommends member countries to consider developing an Early Warning and Response (EWAR) system and, at the same time, providing guidance on the implementation of two mutually complementary types of surveillance: indicator-based surveillance (IBS) and event-based surveillance (EBS). The implementation of these two surveillance systems are expected to improve the capacity of disease monitoring, early detection and effective response to possible disease outbreaks.

In Viet Nam, the national notifiable disease reporting is governed by the Circular No. 54/2015/TT-BYT of the Ministry of Health, which came into force from 1st July 2016 and has been implemented via an online reporting system (eCDS). This system is considered a backbone of the IBS system in country over the years. Event-based surveillance has initially been established in Viet Nam in 2014 with a main focus on media reporting. It was not until the period of 2016-2018 when major efforts were made to further standardize its procedures via pilot implementation, both in community and in health care facilities of selected provinces, with support from WHO, U.S. Centers for Disease Control and Prevention (US CDC) and PATH. The results of such pilot implementation had informed the official issuance of the National Guidelines for Event-based Surveillance by the MOH on 28 March 2018 (Decision No. 2018/QĐ-BYT).

While great efforts have been rendered by the whole health system and positive outcomes have shown in implementing these surveillance systems during the past five years for Circular 54 eCDS and three years for EBS, various issues and obstacles have also revealed. Some of those included inadequate attention from leaders, managers and responsible staff throughout the health system; lack of awareness on the importance of monitoring and reporting infectious diseases from those who are directly involved in notification of surveillance data, so as completeness, accuracy and timeliness of the data reported. The operational functions of eCDS reporting software have also encountered various limitations thus require continued improvement.

Considering the above, the General Department of Preventive Medicine (GDPM), in collaboration with four Regional Institutes of Pasteur/ Hygiene and Epidemiology (RIs) and with support from WHO, US CDC and PATH, is conducting an assessment of IBS/EBS surveillance implementation, period 2016 – 2021, with the aim to identify strengths, issues and gaps in the system operation and to inform measures for future improvement.

## **2. Work to be performed**

Under the guidance of the WHO Viet Nam country office responsible officer and in collaboration with GDPM/MoH, RIs, US CDC and PATH, the consultant and his/her assistant are expected to undertake the following tasks:

- Take an active role in the Technical Working Group (TWG) for the overall IBS/EBS implementation assessment to provide direction, technical advice and support to implementing partners in whole process of field assessment, data analysis and reporting.
- Design data analysis (both quantitative and qualitative components) and reporting strategy based on the objectives of the assessment.
- Guide RIs to conduct data analysis and prepare preliminary assessment report for the data under their respective region.
- Support GDPM in consolidating and performing data analysis and reporting based on the assessment results from 18 selected cities/ provinces submitted by respective RIs.
- Support the preparation and presentation on key findings of the assessment to the MOH leaders and relevant stakeholders.
- Develop a final consultancy report at the end of the contract.

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

- The consultant and his/her assistant will be working closely with the TWG to rollout the assessment plan; develop data analysis strategy for both quantitative and qualitative components; support to perform data analysis, compile analysis results, and write the assessment report.
- Proposed methods include meeting, consultation, document review, field observation/participation, in-depth interview, and group discussion.
- The findings from the IBS/EBS assessment will be presented to the MOH leaders and will be shared at final dissemination workshops to discuss necessary actions for future system strengthening.
- The consultant and his/her assistant will report to WHO country office responsible officer and TWG verbally and in writing the progress on a regular basis.

### **Output/s**

Output 1: Data analysis plan and strategy, both for quantitative and qualitative components under the IBS/EBS implementation assessment

- Deliverable 1.1: A plan and stepwise procedures for data analysis, both quantitative and qualitative components based on data collection templates already developed.
- Deliverable 1.2: A guidance on data analysis and reporting to be provided to RIs and GDPM.
- Deliverable 1.3: Conducting additional data analysis as needed, consolidating of data analysis and draft report for all the 18 cities/ provinces under the assessment based on the inputs from 4 RIs.
- Deliverable 1.4: Participation in field assessment trips to selected cities/ provinces.

Output 2: Presentation of assessment findings and recommendations for future system strengthening (mainly on IBS)

- Deliverable 2.1: Key findings and recommendations from IBS/EBS implementation assessment upon discussion with TWG
- Deliverable 2.2: Final presentation on IBS/EBS assessment findings to final dissemination workshops

Output 3: Final consultancy report at the end of contract on activities carried out covering all tasks listed above (Due before 30 November 2021)

- Deliverable 3.1: Summarizing all activities carried out (i.e. meetings, consultations, field visits, presentations, etc.)
- Deliverable 3.2: Final IBS/EBS implementation assessment report and presentation

### 3. Planned timelines (subject to confirmation)

Start date: 15 April 2021

End date: 31 October 2021

### 4. Specific requirements

Requirement	Consultant	Assistant
<b>Qualification</b>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Academic background in public health and related field, including MPH or MAE or other public health aspects.</li> <li>○ Demonstrated a basic knowledge in disease surveillance systems including IBS and EBS.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Proven record of research publications in disease surveillance, epidemiology including in international peer reviewed journals</li> </ul>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Academic background in public health and related field, including BPH or other preventive medicine aspects.</li> <li>○ Demonstrated a basic knowledge in public health surveillance systems in Viet Nam.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Holding master qualification in public health, epidemiology or other relevant fields</li> </ul>
<b>Experience</b>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Extensive (10-15 years) experiences in public health/ epidemiology research</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Experiences in conducting survey/ research on disease surveillance especially in communicable diseases</li> </ul>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Good (5-10 years) experiences in public health, surveillance or epidemiology research</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Experiences in conducting survey/ research on communicable disease surveillance, especially national notifiable diseases</li> </ul>

<b>Skills/ Technical skills and knowledge</b>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Extensive (10-15 years) experiences in research on public health practice and/or disease surveillance and response</li> <li>○ Ability to work independently and in a team</li> <li>○ Sound knowledge in both qualitative and quantitative research.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Experiences in implementing/ managing field communicable disease epidemiology activities or surveillance programs.</li> </ul>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Good (5-10 years) experiences in research on public health practice and/or communicable disease surveillance</li> <li>○ Ability to work in a team</li> <li>○ Good knowledge in both qualitative and quantitative research.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Good data analysis skills including qualitative data.</li> </ul>
<b>Language</b>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Excellent communication and written skills in Vietnamese and English.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Excellent communication, written skills in Vietnamese and English</li> </ul>	<p>Essential:</p> <ul style="list-style-type: none"> <li>○ Good communication and written skills in Vietnamese and English.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>○ Good communication skills in Vietnamese and English</li> </ul>

## 5. Other skills and competencies

- Excellent interpersonal and communication skills
- Ability to plan and prioritize challenging workloads
- Demonstrated ability to work as part of a team
- Availability to travel

## 6. Place of assignment

The consultants will be working in Ha Noi under the supervision of the WHO/CO technical focal point and with the close technical guidance WHO and GDPM. During the contract period, the consultants are also required to travel to selected cities/ provinces to carry out IBS/EBS implementation assessment activities.

## 7. Travel

The Consultant and his/her assistant are expected to travel to selected cities provinces (tentatively 18 provinces) to conduct field assessment according to the agreed upon schedule:

Travel dates				Location:
From	April (dates TBD)	To	July (dates TBD)	Tentative (tentatively 10 out of 18 provinces including Ha Noi): Son La, Lai Chau, <i>Tuyen Quang</i> , Thai Nguyen, <i>Ha Noi</i> , <i>Hai Phong</i> , <i>Ha Tinh</i> , Binh Phuoc, <i>Binh Duong</i> , <i>HCMC</i> , Ben Tre, <i>Can Tho</i> , Bac Lieu, Quang Binh, <i>Da Nang</i> , <i>Binh Thuan</i> , <i>Gia Lai</i> , Dak Lak
<b>Purpose:</b>		To conduct field assessment on implementation of IBS/EBS system implementation at provincial, district and commune levels in selected 18 cities/ provinces of Viet Nam.		

## 6. Budget

Please take note of the following when submitting application:

- The contractor will be responsible for paying taxes, if any.

Full proposal with estimation of costs, description of technical team, and supporting documents should be received **on or before 12 April 2021** and should be addressed to:

Administrative Officer  
World Health Organization  
UN Building, 304 Kim Ma Street,  
Hanoi, Viet Nam

OR

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

For further information on this TOR, please contact:  
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