**Call for Expressions of Interest and Proposal**

**#VN037 – APW** - Conducting an assessment of the epidemiological situation, burden of leprosy, and the effectiveness of the leprosy control and prevention program in Vietnam over the past 5 years (2019-2023)

1. **Background:**

Leprosy has been associated with mankind since time immemorial. Reference to leprosy can be traced back to earliest medical texts i.e. the Sushruta Samhita and the Charaka Samhita (dating from 600 BC and 300 BC respectively). Leprosy, or Hansen's Disease, is a communicable disease, caused by Mycobacterium leprae (M. leprae), with a long incubation period. Leprosy is likely transmitted by droplets from the nose and mouth during prolonged and close contact with untreated leprosy patients. It affects the skin and peripheral nerves and, if untreated, can progress to permanent impairments to the skin, nerves, face, hands, and feet, and to disabilities and social exclusion.

Following the successful introduction of multidrug therapy (MDT) in 1981, WHO strategies focused on reducing prevalence, initially to below 1 per 10 000 population, and then on further reducing new case detection, disability (especially among children), and stigma and discrimination. By 2015, the target of elimination as a public health problem had been achieved in almost all countries, at least at the national level. Some countries have achieved very low case numbers and may have interrupted community transmission. In recent years, a single dose of rifampicin as preventive chemotherapy has proven effective in reducing the risk of leprosy in contacts of leprosy patients. These developments have encouraged WHO to reset the target for leprosy as elimination, defined as no new autochthonous cases because of interruption of transmission.

In Viet Nam, Leprosy used to be considered one of four incurable diseases and has historically been associated with heavy social stigma and discrimination by the community. In 1982 the National leprosy control program (NLCP) was established, with the Multi-Drug Therapy (MDT) implemented one year later (in 1983) which marked a remarkable improvement in the epidemiological situation of the disease. As a result, Viet Nam achieved the elimination target at the national level in 1995 with a prevalence rate of 0.7 per 10,000 population. Viet Nam achieved the elimination target at provincial level in 2000. In the period 2016-2020, the prevalence of leprosy in the community decreased from 0.02 per 10,000 population to 0.01 per 10,000 population.

Although of the mentioned achievements, leprosy is still a major public health problem. In recent years, it is estimated that about 100 to 200 new cases are detected every year in Viet Nam. The rate of disability type 2 (visible lesions) including complications of Erythema Nodosum Leprosum, sudden eruption of multiple painful nodules, finger loss, or severely impaired vision is present among 20% of new cases. New cases were detected through voluntary reporting, mass surveys, and contact examinations. Whereas leprosy became a neglected disease over the past decades, consequently, the leprosy program has no longer received financial support from the central government. The aim to eliminate leprosy at the national level and disability due to leprosy by 2030 is facing a risk of not being achieved.

To move toward the vision of Zero Leprosy - zero infection and disease, zero disability, zero stigma and discrimination - there is a need to review the leprosy control and prevention activities in Vietnam over the past 5 years. A comprehensive assessment is needed that analyses the epidemiological situation of leprosy in Vietnam over the past 5 years, outlines the capacity to detect new leprosy patients, the situation of disabled patients, and the capacity of health workers to detect and manage leprosy patients. The APW holder will analyse national leprosy data to evaluate trends in new case detection rates, prevalence, and disability caused by the disease. Additionally, the APW holder will conduct a comprehensive assessment of leprosy management practices in Vietnam, including an evaluation of the knowledge, attitudes, and practices of healthcare workers involved in leprosy control. By identifying the strengths, weaknesses, and gaps in the current system, the exercise will inform the development of strategies to improve leprosy management and care in Vietnam.

1. **DESCRIPTION OF ACTIVITIES TO BE CARRIED OUT**

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

The APW holder, with technical support from WHO Viet Nam, will assess the epidemiological situation, burden, and the effectiveness of the leprosy control and prevention program in Vietnam over the past 5 years (2019-2023), mixed methods approach (combining quantitative and qualitative) is preferred.

The APW holder will be under guidance from the WHO representative office in Viet Nam with the following activities:

* **Activity 1: Assessment of the leprosy situation in the country, including indicators such as:**
* Number of new cases detected annually (aggerated by age, sex, disability grade) from 2019 to 2023.
* Registered leprosy prevalence from 2019 to 2023.
* Identify the trend of the disease by years
* Identify risk factors influencing the epidemiological data of Leprosy.
* Geographical distribution of cases from 2019 to 2023.
* Treatment completion rates from 2019 to 2023.
* Drug resistance rate from 2019 to 2023.
* Result of program activities like case-finding campaigns, community awareness programs, and MDT (Multidrug Therapy) delivery from 2019 to 2023.
* **Activity 2: Assessment of healthcare workers' knowledge, attitudes, and practices related to leprosy in Vietnamese healthcare settings in 2024**
* Select sites to conduct the KAP assessment.
* Develop a suitable KAP assessment tool.
* Distribute the KAP assessment tool to the organizations and collect the results.
* Entry and analyse the data.
* **Activity 3: Assessment of barriers to leprosy patient treatment in Vietnamese healthcare settings in 2024 (as reported by healthcare workers)**
* To investigate the challenges and difficulties encountered by healthcare staff in diagnosing, treating, and managing leprosy patients, in-depth interviews and focus group discussions will be conducted with healthcare staff at various units.
* The interview recordings will be transcribed, analysed, and discussed
* **Activity 4: Assessment the training needs of healthcare workers in Vietnam in 2024 for improving their capacity to diagnose and treat leprosy patients (through interviews with healthcare workers)**
* A qualitative research study involving in-depth interviews and focus group discussions will be conducted with healthcare staff at various units to explore their training needs and identify gaps in their knowledge and skills related to the diagnosis, treatment, and management of leprosy patients.
* The interview data will be transcribed, analysed, and discussed

**Output**

* Compile a report summarizing the findings in English, and a slide deck for presentation.

**Deliverables**

Report on the epidemiological situation and the effectiveness of the leprosy control and prevention program in Vietnam over the past 5 years (2019-2023).

1. **Planned timelines (subject to confirmation and approval process)**

Start date: 15 Oct 2024

End date: 31 Dec 2024

1. **Technical Supervision**

The selected APW holder will work under the supervision of:

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| Responsible Officer:  | Vu Quang Hieu, Technical Officer, UHC-DC Team | Email: | vuh@who.int |
| Manager: | Dr. Angela Pratt, WR\_Viet Nam | Email: | pratt@who.int |

1. **Specific Requirements**
2. The selected APW holder must:
* Team Leader’s requirements: holds a PhD degree and/or a post graduate qualification in dermatology diseases; has at least 5 years of working experiences in clinical management, diagnosis, and treatment of leprosy; experienced in management of Leprosy program at national level, has demonstrated research capacity
* Preference is given to expert(s) who have experience participating in the WHO supported activity.
* Team members’ requirements:
* Strong analytical and statistical skills, ability to design and conduct qualitative and/or quantitative research studies.
* Familiarity with methods for evaluating the effectiveness of public health programs.
* Understanding of Leprosy program indicators
1. **Place of assignment**: in Hanoi

The APW holder will work at their own base

1. **Cost**

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.

1. **Travel**

It’s required to travel to some provinces which are identified by the APW holder.

Please take note of the following when submitting application/proposal:

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

Those who are interested can contact our focal person with contact detail at the end of the announcement before 3rd Oct 2024

Administrative Officer

World Health Organization

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OR

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For further information on this TOR, please contact:

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