

Public Health work with Public Health England on International Health Regulations and Integrated Disease Surveillance and Response in Pakistan

1. Objective

PHE is wishing to appoint a development organisation (Supplier) who can support the delivery of Public Health England (PHE) objectives in Pakistan. PHE has committed over the next 18 months (through funding from DFID¹) to work with the federal government of Pakistan and the provincial government of Punjab on WHO International Health Regulation 2005 (IHR) compliance and Integrated Disease Surveillance and Response (IDSR).

The Supplier will work with PHE in Pakistan to deliver the project outputs described in section 4, providing development and local public health knowledge to complement the technical expertise provide by PHE.

2. Recipient

The Supplier will be contracted by Public Health England to support them in the provision of Public Health technical assistance to the federal government of Pakistan and the provincial government of Punjab (as the ultimate programme beneficiaries). The Supplier will provide local (in-country) Public Health expertise and will ensure the work delivered is based on best development practice and is contextually and culturally appropriate to Pakistan.

3. Scope

The work will be primarily undertaken in Islamabad and Lahore and the Supplier-appointed Public Health staff will be expected to be based in both locations. Travel in surrounding areas is likely to be expected to enable wide stakeholder engagement to feed into the work.

The Supplier should provide appropriate office space for their staff in both Islamabad and Lahore where possible. If this isn't feasible, or if PHE is able to facilitate alternative arrangements for office space, then we will agree this with the winning bidder during post-tender clarifications.

Please see Appendix 1 for duty of care arrangements expected from the Supplier.

4. Requirements

The Supplier should have an existing track record of working in Pakistan, and will provide the following services to support PHE work in Pakistan:

4.1. Local public health and development support to PHE work in Islamabad and Lahore

4.1.1 Provision, hosting and management of senior local public health staff

The Supplier will be responsible for:

¹ DFID is the UK Department for International Development

- Supplying two senior in-country public health staff - one member of staff to work full time in Islamabad for 18months, and one to work full-time in Lahore for 12 months. The person specification of these staff would include:
 - a Masters in Public Health qualification or equivalent
 - experience of working at senior level with government and wider stakeholders in Pakistan
 - record of delivery of high quality work
 - strong analytical and report writing skills,
 - good English (spoken and written)
 - flexibility to travel in Pakistan for short periods of time
 - good knowledge of international development theory and practice.

Having good networks and connections at both National and Punjab level would be an added asset.

Bidders are asked to propose up to two public health experts for each role, which will allow PHE a degree of choice. This is preferred given that these roles are fundamental to the success of this work. You should clearly state which candidate is your preferred option and if there are any differences in the cost depending on who is selected. The evaluation panel will then score both of your candidates against the evaluation criteria in the first instance, and proceed to presentation/interview with our preferred candidate only. You should ensure both candidates are available on the dates proposed for interview and are available for the duration of the assignment.

These members of staff will work alongside PHE Public Health consultants also based in Islamabad and Lahore and will undertake activities to include: Literature reviews, field visits, semi-structured interviews, consultation events, data analysis, (including qualitative thematic analysis), report writing and presentations. The Supplier provided public health staff will have shared access (with PHE consultants) to DFID hosted project administrative support.

The Supplier will also be responsible for:

- Hosting, managing and supporting their in-country public health staff, and through these functions, providing development expertise to delivery of the project outputs.
- Providing the necessary logistic support for their staff to undertake activity e.g. organisation of transport.
- Hosting and organising routine (small) training/meeting events with stakeholders as needed for delivery of activity
- Duty-of-care of their staff as outlined in Appendix 1.
- Provision of transport and office accommodation for their recruited staff (see also section 3). The supplier should also ensure their staff have access to IT facilities that are deemed normal tools of the trade (e.g. phone, computer and internet) and have plans in place to ensure communication with PHE can occur with appropriate regard to cybersecurity.
- Working with PHE to deliver 2-3 publications for peer reviewed journals

4.1.2 Support provided by Supplier recruited public health staff at national level (Islamabad)

Through the in-country staff appointed above, and the governance mechanisms described in section 5 below, the Supplier will provide public health and development support to assist PHE in the

delivery of activity for DFID and ultimately the government of Pakistan. There is a strong need for this programme to be flexible and able to adapt to emerging issues and priorities, and the Supplier must be prepared to work in an iterative and responsive manner. The following outputs are however planned at national level:

- **Gap analysis of IHR capabilities:** Building on the Pakistan self-assessed action plan, PHE and the Supplier will work closely with the national government to produce a comprehensive gap analysis of IHR capabilities (assuming this does not exist). This analysis should, where possible and appropriate, go beyond the minimum self-assessment of competencies required for compliance returns, and should assess potential gaps in the coordination and function of the system to support IHR.
- **Strategic and operational plan for achievement of IHR compliance, and achievement of IHR competencies:** PHE and the Supplier will work with the national government (building on the action plan) to produce a strategic and operational plan to achieve compliance with IHR (assuming this does not exist). Concurrently supporting, where possible, achievement of a number of specific areas of competence.
- **Situational analysis of existing disease surveillance and response system:** PHE and the Supplier will undertake a situational analysis of the existing national disease surveillance and response system, working closely with national government, National Institute of Health (NIH), vertical disease programmes, donors and other partners, and using evidence from the Political and Institutional Economy Analysis (undertaken by the Supplier as per section 4.2).
- **Strategic and operational plan for an integrated disease surveillance and response system:** PHE and the Supplier will review and update the 2005 National Strategic Framework for Disease Surveillance (or create a new strategic and operational plan for Integrated Disease Surveillance and Response as appropriate) working with the partners listed previously and taking full account of devolved health responsibilities.
- **Clarity on any legal or alternative arrangements necessary to achieve IHR compliance and deliver an IDSR system:** Recognising the complexity of these issues PHE and the Supplier will support (as appropriate) the government of Pakistan to address the framework (legal or otherwise) that may be required to support governance and information flow across the devolved health system.

4.1.3 Support provided by Supplier-recruited public health staff at provincial level (Punjab)

Through the in-country staff appointed above, and the governance mechanisms described in section 5 below, the Supplier will provide public health and development support to assist PHE in the delivery of activity for DFID and ultimately the government of Punjab. There is a strong need for this programme to be flexible and able to adapt to emerging issues and priorities and the Supplier must be prepared to work in an iterative and responsive manner. The following outputs are however planned at provincial level (Punjab):

- **Situational analysis:** PHE and the Supplier will review the existing disease control system for both communicable and non-communicable disease in Punjab province and arrangements for disease surveillance including public health laboratories.
- **Strategic plan and operational/ financial plan:** PHE and the Supplier will prepare a comprehensive strategic plan and based on this a PC-1 (operational/ financial document). These plans will set out how to strengthen, develop, implement, evaluate and scale up province-wide integrated disease surveillance, early warning and response systems. They will also plan for establishment of a state-of -the-art provincial and regional public health laboratory network and for the establishment of a research and development pool of professionals. The plans will address the inputs required (infrastructure, human resource, equipment and supplies) for successful delivery.

In all of the above areas, the exact division of labour between PHE and the Supplier is still to be determined, and will be more clearly defined once an agreed work-plan is in place. However, we would like to understand the Suppliers methodology for delivering work of this nature.

4.2 Political and Institutional Economy Analysis

Separate to the above work of the public health experts, the Supplier would also be directly responsible for delivery of a Political and Institutional Economy Analysis (PIEA) of national and provincial level institutions and the legislation governing them which are key to disease surveillance and control and compliance with WHO International Health Regulation 2005 (IHR).

4.2.1 Outline of work

The Political and Institutional Economy Analysis will include consideration of vertical disease programmes (often funded by donor agencies), relevant institutions, and government stakeholders in order to determine the extent to which further work towards achievement of IHR compliance and delivery of an Integrated Disease Surveillance and Response (IDSR) system would be supported (or resisted).

In the context of significant devolution of health responsibilities to the provinces (under amendment 18) in Pakistan this work would look at national and provincial institutions, programmes and structures – with an additional specific focus at provincial level on the Punjab. The analysis will also look at how national institutions, programmes and structures relate (or could relate) to provincial institutions, programmes and structures.

This would be a discrete piece of work which the Supplier would be expected to undertake independent to the public health work described in section 4.1. This work will however play a key part in informing the project gap/situational analysis of IHR and IDSR at national level and the situational analysis of IDSR in Punjab which are described as key outputs in 4.1.2 and 4.1.3, and must therefore be delivered within 3 months of contract award.

The work would lead to a deeper understanding of:

- a) The government stakeholders, institutions, disease programmes, donors (and individuals) that have an interest in, or ability to influence achievement of compliance with IHR and development of an IDSR system;

- b) Policy issues and barriers, including those that require legislative reform and policy development, as well as those that require better clarification and implementation of existing laws and policies;
- c) The pressures, barriers, incentives, formal and informal systems that shape and influence delivery of disease surveillance and response;
- d) Perceptions of government, donor, institutions and disease programme stakeholders of the potential for achievement of IHR compliance and introduction of an IDSR system;
- e) The interests and powers of key government, donor and institutional stakeholders in relation to IHR compliance and IDSR;
- f) Risks of a political and institutional economy nature to effective delivery of IHR compliance and an IDSR system.

4.2.2 Scope of work

The analysis will focus on stakeholders with influence on, or responsibility for, disease surveillance and response systems at national level and in Punjab province, and on IHR compliance at national level (with recognition that compliance requires coordination across all provinces).

The work will focus predominantly on disease surveillance and response systems for infectious diseases but should also give consideration to those in place for non-communicable diseases.

The methodology used to deliver the scope of work should be based on best practice, set out in project bids, and at contract award agreed with Public Health England.

4.2.3 PIEA Deliverables

The analysis should be presented as one 20-40 page study, with an outline as follows:

- Methodology
- Literature review
- Stakeholder mapping of institutions, disease programmes, donor agencies and government stakeholders
- Three sub-sections containing political and institutional economy analysis related to 1) IHR compliance at whole system level 2) IDSR at whole system level 3) Following on from 1 and 2 above break information into national level analysis and Punjab analysis.
- If appropriate, the report will contain direct quotations and short case studies.
- A summary of findings and recommendations that will be relevant to the wider project gap/situational analyses at national and provincial (Punjab) level, including proposed theories of change

The report will be presented to the PHE project team and wider stakeholders as appropriate on finalisation, and the consultant expected to lead a 2-3hr session on how findings from the report might be relevant to the gap/situational analyses, further stakeholder engagement, and work towards strategic and operational plans for change.

4.3 Potential additional requirements

The requirements specified above represent the scope of work currently identified for delivery by the Supplier. However there is some level of uncertainty on the full scope of work which may be expected from the Supplier given the iterative and responsive approach to activity PHE believes will be necessary to most effectively support the federal Pakistan government and the Punjab government ambitions for this work. PHE therefore reserves the right to amend, extend or scale up this contract to cover any additional requirements identified, which are in line with the overall objective of this programme. We reserve the right to extend the contract by up to a further year subject to approval, ongoing funding and need. We also reserve the right to add additional activities to this contract beyond the specific requirements laid out in this TOR. The Supplier must be able to be flexible to respond to additional activity requests under the practical and financial arrangements set out in sections 5 and 13.

5. Governance

The Supplier will be contracted by PHE to assist PHE deliver this project which has been funded by DFID. PHE as the technical agency will be accountable to DFID for the delivery of all project outputs for the benefit of the government of Pakistan and the government of Punjab. The Supplier will be responsible for delivery of specific activities as identified in this TOR and agreed with PHE in the forthcoming work-plan. In addition to the individual expertise provided by PHE staff in country, PHE will also draw down on the wider expertise across PHE as an organisation to support delivery of specific areas of the project as needed.

5.1. Coordination of activity between the Supplier and PHE

Delivery of the Political and Institutional Economy analysis according to time scales set out in section 6 will be the responsibility of the Supplier. A draft work plan for delivery of this piece of work should be included in your tender and will be agreed with PHE at project outset, with monthly review of performance against the work plan and written reports provided to PHE on progress (as set out in section 9) .

For work undertaken by Supplier-appointed public health staff, a detailed work-plan will be agreed between the PHE and the Supplier at the project outset, but with regular review to allow for a responsive/ flexible approach to undertaking activities. Ultimate responsibility for delivery of shared activity, will sit with PHE as the budget holder, and PHE will report directly to DFID and the Government of Pakistan and the Government of Punjab as necessary.

The Supplier team undertaking the political and institutional analysis, and the joint PHE/ Supplier public health team working on the wider project outputs, will be expected to liaise with each other to share relevant findings and ensure the work undertaken is complementary but not overlapping.

6. Timeframe

Delivery of the Political and Institutional Economy Analysis should be within 3 months of contract signature, with delivery on this basis envisaged to be by end of June 2016.

The duration of the contract will be up to 18 months. Supplier public health staff will work with PHE staff over an 18 month period in Islamabad and a 12 month period in Lahore.

7. Constraints and dependencies

The funding for PHE's work in Pakistan comes from DFID as part of their wider Pakistan Provincial Health and Nutrition Programme (PHNP). PHE's work is funded through a two year MOU with DFID running from 1st September 2015 to 31st August 2017. PHE activity has been planned to meet technical assistance requests from the federal government of Pakistan and the provincial government of Punjab on compliance with IHR, and systems for Integrated Disease Surveillance and Response (see further background information in section 13)

To effectively deliver this requirement the supplier must have:

- Experience of working in Pakistan and existing systems in place for work in Pakistan.
- Significant experience in delivering political and institutional economy analyses of a similar scale and scope as described in this terms of reference.
- Demonstrable confidence in their ability to appoint and retain senior Pakistan public health staff
- Significant experience in international development to support their project staff, and through this delivery of the project as a whole.
- Confidence and ability to demonstrate robust assessment of risk for members of staff, and plans to manage risk, particularly around security and duty of care (taking account of information in section 3 and appendix 1).

8. Implementation requirements

A plan of work will be agreed between the Supplier and PHE at the project outset, but with regular review to allow for a responsive/ flexible approach to project delivery. This review will take the form of monthly meetings held between the Supplier appointed public health staff, PHE staff in country, Supplier and PHE line managers, and UK based project coordination staff to review the previous month's project activities and to plan for the next month activities.

Performance of the Supplier to deliver the plan of work agreed at project outset and on a monthly basis will routinely be reviewed quarterly, with the exception of the period when the political and institutional analysis is underway when performance will be reviewed monthly.

9. Reporting

Expectations of delivery of the political and institutional economy analysis (PEIA) have been outlined in sections 4.2.

Reporting of Supplier activity against the agreed work plan will be expected informally on a monthly basis, and formally through written reporting in a timely manner on a quarterly basis to inform DFID's requirement for reporting from PHE. PHE will provide a template for these quarterly reports, which will include sections on progress against workplan, a summary of work performed in the past quarter and planned for the next quarter and financial reporting including expenditure against budget for the quarter.

10. Intellectual property

The documents produced throughout the project will be the property of PHE (once accepted). They will be branded according to PHE and DFID UKaid protocols. As appropriate the Supplier's contribution will be referenced and acknowledged in the reports.

11. Co-ordination

The PHE Consultant in International Public Health is the lead project contact. She will be supported by a senior PHE project manager who will be the main point of contact for contract monitoring and enquiries. Quarterly reporting against the work-plan as set out in section 9 should be sent to the project manager in the first instance.

12. Budget

The maximum budget available for services is as follows:

Service Requirement	Max Budget
4.1. Local public health and development support to PHE work in Islamabad and Lahore	£300,000
4.2 Political and Institutional Economy Analysis	
4.3 Potential additional requirements	£200,000

PHE is keen to agree a fixed price payment that will be linked to our acceptance of the final PEIA. All other payments will be made to the supplier in arrears (preferably quarterly) on the basis of actuals, and linked to successful delivery of the previous quarter's agreed work plan and submission of supporting written reporting requirements. The budget for the requirements defined in 4.3 is strictly for additional activity beyond the requirements defined in 4.1 and 4.2. This funding will only be utilised to cover additional activities or a scale up of the requirement, subject to governance approval, on-going need, and the availability of funding, and can only be confirmed through a formal contract amendment.

13. Background

Pakistan is not currently compliant with the WHO International Health Regulations 2005 (IHR). Compliance with IHR requires eight core competencies to be met which allow the country to identify and respond to national and international disease threats or health events. A request for a further time extension to achieve compliance was submitted by Pakistan to WHO in 2014 and has been granted until 2016. This leaves a limited time window for significant activity to take place to strengthen capacity to achieve compliance. The Secretary Health and Director General of the Ministry of National Health Services Regulation and Coordination have specifically identified that achievement of IHR compliance is a priority for Pakistan.

The combined competencies of coordination, surveillance, response, preparedness, human resources and laboratory capacity suggest the need for a well-functioning integrated disease surveillance and response system (IDSR) in Pakistan, with coordinated flow of information and reliable response mechanisms from district to national levels.

National surveillance systems are currently fragmented, with separate vertical systems for polio, TB, HIV, malaria and hepatitis. Although providing useful information, these parallel systems do not

equate to a comprehensive national surveillance system. The heavy dependence on donor funds for these vertical surveillance programmes makes them vulnerable to shifts in donor financing.

The government of Pakistan is a federal government. The administrative units of Pakistan consist of four provinces, one federal capital territory, two autonomous territories and a group of Federally Administered Tribal Areas (FATA). In 2010 the 18th Amendment of the constitution of Pakistan was passed which devolved significant health responsibilities to the provinces. Issues of health information and international commitments (amongst others) were retained as federal responsibilities. The complexity of arrangements for health responsibilities post the 18th Amendment has been written about elsewhere.^{2,3}

PHE (at the invitation of DFID) has visited Pakistan on three occasions over the past 18 months to explore what technical support may be welcomed by the national and Punjab government. This project builds on these discussions.

² Health and the 18th Amendment. Retaining national functions in devolution. Dr Sania Nishtar/ Heartfile. Accessed at: http://www.heartfile.org/pdf/HEALTH_18AM_FINAL.pdf

³ Sania Nishtar, Ties Boerma, Sohail Amjad, Ali Yawar Alam, Faraz Khalid, Ihsan ul Haq, Yasir A Mirza. Pakistan's health system: performance and prospects after the 18th Constitutional Amendment. The Lancet Volume 2013; 381(9884): 2193–2206

Appendix 1

Duty of Care

The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

PHE (through DFID/FCO) will share available information with the Supplier on security status and developments in-country where appropriate. PHE will provide the following:

- All Supplier Personnel will be offered a security briefing by the British Embassy/DFID on arrival. All such Personnel must register with their respective Embassies to ensure that they are included in emergency procedures.
- A copy of the DFID visitor notes (and a further copy each time these are updated), which the Supplier may use to brief their Personnel on arrival.

The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

This Procurement will require the Supplier to operate in a seismically active zone and is considered at high risk of earthquakes. Minor tremors are not uncommon. Earthquakes are impossible to predict and can result in major devastation and loss of life. There are several websites focusing on earthquakes, including:

<http://geology.about.com/library/bl/maps/blworldindex.htm>.

The Supplier should be comfortable working in such an environment and should be capable of deploying to any areas required within the region in order to deliver the Contract (subject to travel clearance being granted).

This Procurement may require the Supplier to operate in conflict-affected areas and parts of Pakistan are highly insecure. Travel to many zones within the region will be subject to travel clearance from the UK government in advance. The security situation is volatile and subject to change at short notice. The Supplier should be capable and competent to work in such an environment and should be able to deploy to any areas required within the region in order to deliver the Contract (subject to travel clearance being granted).

The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.). The Supplier must ensure their Personnel receive the required level of training specified by the Supplier.

PHE (through DFID/ FCO) intends to make the following specific arrangements available to the Supplier who is successful in being awarded a Contract for this Procurement. Tenderers should take this into account when developing their Technical and Commercial Tenders:

- FCO weekly security advice

Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix developed by DFID (see overleaf). They must confirm in their Tender that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

If you are unwilling or unable to accept responsibility for Duty of Care (including for example: security arrangements) as detailed above, your Tender will be viewed as non-compliant and excluded from further evaluation.

Acceptance of responsibility must be supported with evidence of capability and PHE reserves the right to clarify any aspect of this evidence. In providing evidence Tenderers should consider the following questions:

- a) Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by PHE)?
- b) Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively? And can you provide examples of plans for other similar work you have conducted?
- c) Have you ensured or will you ensure that your staff are appropriately trained (including specialist training where required) before they are deployed and will you ensure that on-going training is provided where necessary? And can you provide examples of this training plan?
- d) Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)? And will you commit to share mutually beneficial risk information with PHE?
- e) Have you ensured or will you ensure that your staff are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on- going basis?
- f) Have you appropriate systems in place to manage an emergency / incident if one arises?

DFID Overall Project/Intervention Summary Risk Assessment Matrix

Theme	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score	DFID Risk Score
Province	Islamabad Capital Territory & Rawalpindi	Punjab (north) including Lahore	Punjab (south)	Sindh (north)	Sindh (south) including Karachi	Balochistan	FATA	Khyber Pakhtunkhwa (south) including Peshawar	Khyber Pakhtunkhwa (north and east)	Karakorum Highway (KKH)	Gilgit-Baltistan (except KKH)
Overall Rating*	3	3	3	3	4	5	5	4	3	4	2
FCO Travel Advice	2	2	2	3	2	4	4	4	3	4	2
Host Nation Travel Advice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Transportation	3	4	4	4	4	4	4	4	4	4	4
Security	3	3	3	3	4	4	5	4	3	4	2
Civil Unrest	3	3	3	3	4	5	5	4	2	2	2
Violence/crime	4	4	4	4	5	4	4	4	3	4	2
Terrorism	4	4	4	3	4	4	4	4	3	2	2
Conflict (war)	2	2	2	2	2	4	5	3	2	2	1
Hurricane	2	2	2	2	2	2	2	2	2	2	2
Earthquake	4	3	3	3	3	4	3	4	4	4	4
Flood / Tsunami	2	4	4	4	4	4	2	2	2	2	2
Medical Services	1	2	3	3	2	4	4	3	3	3	3
Nature of Project Intervention											

1 Very Low Risk	2 Low Risk	3 Medium Risk	4 High Risk	5 Very High Risk
Low		Medium	High	