



INFECTIOUS DISEASE DETECTION AND SURVEILLANCE (IDDS) PROJECT

TERM OF REFERENCE

Consultant to provide technical support to oversee costing data collection on preventive sector specimen referral system pilot

1. BACKGROUND OF THE ASSIGNMENT

1.1. The Beneficiary

The beneficiary organization of the final deliverable is the Ministry of Health (MoH) in the Government of Vietnam and the United States Agency for International Development (USAID).

1.2. IDDS Background

The Infectious Disease Detection and Surveillance (IDDS) activity is a 5-year cost plus fixed-fee contract with a ceiling of \$120 million, awarded in May 2018 to ICF Inc. with sub-partners: FHI 360, PATH, Abt Associates, Metabiota, African Society for Laboratory Medicine, and Gryphon Scientific. It is a global award designed to support USAID's Tuberculosis, Global Health Security Agenda, and Emerging Pandemic Threat strategies and portfolios, while encouraging integration or coordination across public health diseases and between the human and animal health sectors where appropriate.

The purpose of the IDDS project is to operationalize USAID, U.S. Government, and global initiatives and strategies aimed to reduce global health threats posed by infectious diseases – including TB and MDR-TB, and strengthening of disease detection networks and surveillance systems in order to:

- Improve the detection of diseases of public health importance and identification of antimicrobial resistance (AMR) in priority infectious diseases through an accessible, accurate, adaptable, timely and integrated diagnostic network system
- Improve the quality of real-time surveillance systems for pathogens of greatest public health concern, including AMR and zoonotic diseases

1.3. Context of the Assignment

Within Vietnam, basic diagnostic capability can be found at the district level with increasing capacity at the provincial and regional levels. With resources that are currently available, the emphasis has been on transporting specimens to referral sites over decentralizing diagnostic capacity. This makes specimen referral and transport systems essential to the functioning of the diagnostic network. While specimen referral systems do exist in Vietnam, they are fragmented, lack full coverage, and integrated systems that incorporate the requirements for many diseases or a one health approach do not exist. For an integrated specimen referral system (SRS) to function optimally, it must have adequate geographical and

disease coverage, use efficient and timely transportation systems, maintain specimen integrity, protect the safety of those transporting the specimens, and have adequate financial resources to ensure sustainability. This includes planning for the necessary management, information systems, human resources, equipment, and technical support, in addition to the transportation costs.

In the preventive sector, government budget mechanisms at central and local levels pay for a large range of activities for the purposes of infectious disease surveillance and outbreak prevention/response (including specimen collection, transportation, diagnostic testing, etc.), but the budget allocated to each public health facility is often very limited. In the curative sector, while the diagnostic test itself may be financed through the Vietnamese Social Health Insurance, most of the additional components are not covered, leaving the regions, provinces, sites, and providers to come up with many different paths to lead to testing. In many cases, testing is simply not provided.

IDDS has developed a SRS model piloted in the three provinces of Thai Nguyen (northern region), Binh Dinh (central region) and Dong Thap (southern region). This SRS model was designed based on an assessment of the current state of specimen referral activities in the three provinces, the need for strengthened diagnostic capacity for disease surveillance and outbreak rapid response in Vietnam, and consideration of various existing guidelines by World Health Organization (WHO), International Air Transport Association (IATA), and Vietnam's current regulations/guidelines on specimen packaging, storage and transportation. The SRS model is expected to be refined and eventually incorporated into a national integrated SRS model with sustainable financing mechanisms .

IDDS will conduct a costing study of the SRS pilot in the preventive sector to support Vietnam to identify and adequately plan for the costs of a comprehensive system from the point of specimen collection through the return of results. This will allow the government to maximize partners' contributions to the system. The results from this activity will also enable IDDS to create a plan in the future that supports a comprehensive specimen referral system.

2. OBJECTIVE AND TASKS OF THE ASSIGNMENT

2.1. Objective

To support the overarching activity objectives, the IDDS project seeks a local consultant with demonstrated experience and knowledge of public health, health insurance, and/or laboratory costing to manage data collection efforts and aid in the analysis of data related to the cost of the preventive sector SRS pilot. The consultant will work closely with the IDDS team in Vietnam and IDDS staff at PATH and at Abt Associates, Inc. located in the United States to complete the work in-country.

2.2. Tasks

The consultant will carry the following tasks:

- Review and revise the specimen referral costing tool with relevant IDDS staff
- Pilot and collect data necessary for completing the specimen referral costing tool in the preventive sector in one province. Based on this experience, review the data collection tool with IDDS staff, recommend and implement changes as needed
- Collect data necessary for completing the specimen referral costing tool in the preventive sector for each of the remaining two provinces. Data collection will be done by interviewing experts, reviewing documents, and assessing prices for services from different providers

(e.g., private transportation companies). Trips to the three pilot provinces to collect data are anticipated to take about 3 weeks and start in May 2023.

- Document the sources of data; document assumptions made for the costing
- Work with IDDS staff to complete the costing analysis. This includes: following-up on data collection for any data not collected during the trips, conducting discussions about the data, and helping to complete and review data analysis
- Review and provide comments on report on the cost of the preventive sector SRS pilot
- Provide technical support for a workshop to disseminate the results to key stakeholders

3. RISKS

No major risks are foreseen at this time that are unique to the scope of this work. If the COVID-19 pandemic should re-occur in Vietnam, the timeline of this scope of work will be revised accordingly.

4. MANAGEMENT OF THE ASSIGNMENT

The IDDS team will be responsible for managing the technical assistance and the technical products. The consultant will report to Heather Cogswell (heather_cogswell@abtassoc.com) and Nguyen Nguyen, IDDS GHSA Vietnam Team Lead (bnguyen1@path.org).

5. LOCATION AND PERIOD OF PERFORMANCE

5.1. Location

The work will be carried out in Vietnam, with data collection will occurring in three provinces (Thai Nguyen, Binh Dinh and Dong Thap) as well as at the national level in Hanoi.

5.2. Period of Performance

The assignment is planned for the period from **April 24 2023 to July, 30 2023** with a total level of effort (LOE) of up to **35 working days**. This LOE includes trips to the 3 pilot provinces, anticipated to take about 3 weeks, at the beginning of May 2023.

6. ROLE REQUIREMENTS

6.1. Qualification Requirements

The consultant is expected to fulfill the following requirements:

- Graduate degree in Public Health, Health Economics or other relevant disciplines
- 3 -5 years of work and/or consultancy experience within health or laboratory programs required, experience in costing/budgeting highly desired
- Knowledge and understanding of the public laboratory system in Vietnam and its current context, especially at the provincial and district levels
- Knowledge and understanding of social health insurance and laboratory testing
- Good English writing skills
- Demonstrated ability to work effectively with government agencies including Vietnam MOH and provincial CDCs

- Good knowledge of English, and high level of oral and written communication skills in Vietnamese required

6.2. Equipment Requirement

The consultant agrees to use her/his own computer and equipment as necessary to carry out the work

7. DELIVERABLES AND REPORTING

Required deliverables within this position's prescribed period of performance are as follows:

1. Written comments on the specimen referral costing tool (anticipated **3 days LOE**)
2. Data set on costs of the preventive sector pilot specimen referral systems for three provinces, including clear documentation of sources and assumptions (anticipated **24 days LOE**)
3. Written comments on data analysis (anticipated **5 days LOE**)
4. Written comments on report on the cost of the preventive sector pilot specimen referral systems (anticipated **3 days LOE**)

All deliverables shall be approved by IDDS Staff. All deliverables shall be produced in English.

For reporting during consultant travel, the project will require weekly written updates by email during travel.

8. HOW TO APPLY

Interested applicants are encouraged to submit their application packages including a cover letter and resume to Ms. Nguyen Thi Phuong Nhung via email at ntpnguyen@path.org and Dr. Nguyen Binh Nguyen at bnguyenl@path.org by **March 26, 2023**.

Subject: '**Application for SRS Pilot Costing Consultant – IDDS Project**'