



*Empowered lives.  
Resilient nations.*

## Terms of Reference

### HIV/STIs Clinical Consultant

#### A. Project Title: Multi-country Western Pacific (MWP) Integrated HIV/TB Program

##### Background:

The United Nations Development Programme (UNDP) is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 170 countries and territories, working with governments and people on their own solutions to global and national development challenges to help empower lives and build resilient nations.

UNDP is a lead agency in UNAIDS for addressing the dimensions of HIV and AIDS relating to human rights, gender and sexual diversity. In addition, UNDP contributes to public health and development partnerships through collaborations with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the 'Global Fund'), Roll Back Malaria, Stop TB Partnerships, and special programmes on human reproduction and infectious diseases that disproportionately affect poor populations.

As part of its wider engagement with the United Nations, the Global Fund has partnered with UNDP since 2003 to ensure that grants are implemented and services are delivered in countries facing complex challenges. The partnership focuses on three closely linked areas of work: implementation support, capacity development, and policy engagement. For implementation support UNDP serves as an interim **Principal Recipient** (PR) (currently in 25 countries) in a variety of settings including countries that face capacity constraints, complex emergencies, poor governance environments, political upheaval, or donor sanctions. It does so upon request by the Global Fund and/or the Country Coordinating Mechanism (CCM) and when no national entity is able to assume the role at the time. UNDP's role as PR is an interim arrangement until national entities can assume full responsibility for implementation and the capacity of national partners (Government and CSOs) is also strengthened to ensure long-term sustainability of health outcomes.

In December 2014, UNDP was nominated by the PIRMCCM for the role of PR for two grants in the Western Pacific region: 1) malaria, covering Vanuatu only; and 2) Multicountry TB/HIV programme covering 11 Pacific Island Countries (PICS) namely Republic of Marshall Islands, Federal States of Micronesia, Kiribati, Vanuatu, Tuvalu, Samoa, Tonga, Cook Islands, Nauru, Niue, and Palau. The current funding cycle is for 1 January 2018 – 31 December 2020.

Under the overall supervision of the Programme Manager, the **HIV/STIs Clinical Consultant** will provide clinical mentorship, advice and capacity building to 11 Pacific Island countries in management of antiretroviral therapy for people living with HIV as well as in treatment of sexually transmitted diseases.

## B. Project Description and consultancy rationale

HIV prevalence in the 11 Pacific Island Countries (Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Marshall Islands, Palau, Samoa, Tonga, Tuvalu and Vanuatu) continues to be low with prevalence in the Western Pacific estimated at 0.1% . The cumulative number of persons ever diagnosed, with HIV up until November 2017 in the 11 supported countries is 234. Despite the low rates and numbers, HIV vulnerability is still high due to factors such as widespread migration and mobility, dense sexual networks, a large caseload of untreated STIs, low knowledge about HIV and STIs, high levels of transactional sex and significant levels of intimate partner violence.

### The Project Goals are:

- To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually;
- To reduce AIDS-related mortality by strengthening HIV case finding and case management;
- To reduce the prevalence, incidence and mortality from all forms of TB in the 11 Pacific Island Countries, thereby contributing to the post-2015 global TB strategy; and
- To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific Island Countries.

Although the number of HIV cases is quite small, the number of people receiving antiretroviral treatment is small as well. Over the last decade, the majority of PLHIV either passed away or were lost to follow up by the health care providers. Due to the low case load as well as high turnover of medical staff, there is a capacity gap in management of ART. The recently conducted **Pacific PLHIV Forum in October 2018** made the following recommendations:

### ART guidelines

- Health care workers should reach out to their respective health ministries and bodies in charge of HIV to endorse national ART guidelines as soon as possible.
- Health care workers should consider establishing a guidelines committee that can readily update changes and ensure guidelines are up to date.
- Guidelines currently in draft form and those that have not been endorsed should include the addition of Dolutegravir (DTG) as the third agent in first-line ART as per the WHO recommendation.
- The WHO recommendation about the use of DTG in women of reproductive age should be included in all national ART guidelines.

### Antiretroviral therapy:

All doctors managing people living with HIV should:

- Undergo training in HIV medicine and ART.
- Link to the available clinical support and mentoring programme
- Educate nurses, peers and other clinical staff about ART and HIV.
- Provide required antiretroviral therapy treatment uptake data and reports to the UNDP ARV Procurement and Supply Chain Management System in a timely manner.

### Clinical management:

All clinics managing people living with HIV should:

- Provide education such as general factsheets and online resources on HIV, opportunistic infections, CIs, ART, PPCTC and living well with HIV.
- Implement algorithms outlining patient flow in the clinic, i.e. steps in ART initiation, monitoring and required blood tests, appointment schedules and confidentiality guidelines for clinical staff to follow. This is especially important for when a doctor is absent.
- Provide factsheets and online resources for people living with HIV outlining the basics of HIV including prevention, transmission, advantages and disadvantages of ART including side effects, PPCTC and breast-

feeding advice, the importance of adherence, warning symptoms to look out for and report, and the need to adhere to ART and attend clinics for monitoring at regular intervals or as necessary.

- Provide factsheets and online resources about methods known to maintain the immune system in addition to ART (i.e. general health information about nutrition, exercise, sleep, alcohol and drug use).

#### **Cascade of care:**

- Implement *patient recall systems* to prevent people living with HIV being lost to follow-up. Consider delegating a team member (e.g. nurse or counsellor) to undertake follow-up and monitor non-attendance,
- Appoint a second clinician (e.g. nurse or counsellor) who is available for people living with HIV when the doctor is not available in order to maintain engagement in care. *A multidisciplinary approach to patient care* is best.
- Countries to liaise with UNDP for support increasing retention in care, e.g. supporting travel costs to clinics for people living with HIV.
- Provide accurate Global AIDS Monitoring (GAM) statistics to UNAIDS in a timely manner for country reports. These data are essential in monitoring the success of the cascade of care in countries, as well as in identifying gaps and opportunities to build on patient care.

Based on the above, there is a clear need to support countries in ensuring that all available patients are receiving ART and adhering to it. Therefore, the **HIV/STIs Clinical Consultant** will support 11 Pacific island Countries in ensuring at least 90% of PLHIV are receiving ART treatment and that the side effects are managed appropriately and that the countries adhere to the international clinical protocols and relevant guiding documents.

#### **Key stakeholders/partners:**

The **HIV/STIs Clinical Consultant** will work closely with the national counterparts such as Ministries of Health and relevant national communicable diseases units and doctors, UNAIDS and WHO, community groups of people living with HIV and the UNDP Programme Management Team based in Suva, Vanuatu and Samoa.

### **C. Scope of Work**

The consultancy will be **demand driven** and will include but not limited to expert support in the following areas:

- Provide clinical mentoring to HIV and STIs treatment teams for both adult and pediatric care services and other relevant healthcare workers at 11 PICs
- Provide clinical advice and assistance in initiating and improving ongoing clinical care for patients on OIs, ART and PMTCT .
- Assist in the development of initial and continued medical education for all clinical staff, including formal didactic training, clinical mentorship and ward round management.
- Support in development of printed tools for clinicians and patients
- Support in establishment activities of ART at the site-level, set-up of patient flow patterns, creation of Standard Operating Procedures and TORs for clinical and managerial staff in the health facility.
- Support ART sites to improve patient records, monthly, and quarterly reports.
- Support ART sites to improve the drug and test kits consumption, requisition report, and the overall ART drug supply management system.
- Support sites in the optimal use of available resources including ARVs, diagnostics and treatments for opportunistic infections, etc.
- Encourage community-based support to ensure proper adherence and psychosocial support of patients.
- Develop necessary tools to conduct the clinical mentorship.
- If needed, review HIV clinical and M&E training tools, Guidelines and Strategic Plans for the National HIV/STIs Program

- To provide on-site clinical support supervision, hands-on coaching for the national clinical staff and trainings as per need in countries.
- Support the enhancement of routine data collection system in the HIV/STIs programme.
- Support laboratory setup and testing through analyzing the available testing gaps and equipment needs

The consultancy is **primarily home based** through emails or other online communication. Some on demand travel might be required as per countries requests and needs. The travel dates will be agreed separately based on Consultant's availability. The cost of travel will be covered by UNDP separately.

#### D. Expected Outputs and Deliverables

- List down the outputs and specific deliverables in sequence, corresponding to the work and their corresponding target delivery dates.
- If the specific dates are contingent on too many variables and cannot yet be defined, the span of time from the commencement of the work could be indicated (e.g., 2<sup>nd</sup> week from contract signing, within 2-3 months from contract signing, etc.).
- If there are multiple reviewers/certifying authorities for each output/deliverable, they shall be properly identified and indicated in this section.
- If feasible, a table similar to the one below is desired in order to clearly summarize the above details:

| Deliverables/ Outputs   | Estimated Duration to Complete   | Target Due Dates               | Review and Approvals Required  |
|---|--|--------------------------------|--|
| Demand driven and will include but not limited to expert support in the areas listed in scope of works to 11 Pacific island Countries in ensuring at least 90% of PLHIV are receiving ART treatment and that the side effects are managed appropriately and that the countries adhere to the international clinical protocols and relevant guiding documents. | Average of <b>8.33 days per month</b> of support for a duration of 12 months. Thus <b>100 working days</b> in total. | 30 <sup>th</sup> of Each Month | Submission of monthly progress reports with Time Sheet and annexes of requests from countries and other stakeholders for review and approval by UNDP Programme Manager |

#### E. Institutional Arrangement

- The HIV/STIs Clinical Consultant will report to and work under the guidance of the UNDP Programme Manager.
- The HIV/STIs Clinical Consultant will work closely with the national counterparts such as Ministries of Health and relevant national communicable diseases units and doctors, UNAIDS and WHO, community groups of people living with HIV and the UNDP Programme Management Team based in Suva, Vanuatu and Samoa.
- The HIV/STIs Clinical Consultant will respond timely (within 24 hours, preferably) to technical requirements of key national counterparts such as Ministries of Health and relevant national communicable diseases units and doctors, UNAIDS and WHO, community groups of people living with HIV and the UNDP Programme Management Team based in Suva, Vanuatu and Samoa. This input can be where applicable, by email, telephone and as necessary, in person;
- Indicate the frequency of progress reporting, if required (e.g., weekly, monthly, fortnightly, etc.), the recommended formats, if any. If any of the reports must be presented, indicate the audience/body and expected location and venue.

- e) The consultant is required to provide for his/her own computer
- f) UNDP will support Consultant's travel and per diem from a separate budget

UNDP shall allocate a working space at its Suva, Fiji Islands to accommodate the working station needs in the course of this consultancy should the consultant travel to PMU.

#### F. Duration of the Work

- a) The **assignment duration is for 12 months** with possible extension based on performance review and need
- b) The **start date** is upon signing of contract and consultant's availability but no later than **1 April 2019**

#### G. Duty Station

- a) The consultancy is primarily **home based**. The support to countries will be provided through email communications, skype and other online means.
- b) Travel may be anticipated based on countries needs. Travel dates will be agreed based on consultant's availability.

#### H. Qualifications of the Successful Individual Contractor

- Minimum Master's degree in medicine;
- Certified Medical Practitioner with at least 5 years' experience of treating patients with HIV/AIDS including children
- Previous experience with treating sexually transmitted infections
- Previous experience in delivering capacity building trainings on ARV, STIs and OI treatment, barriers to adherence, counselling and care.
- Previous experience of drafting guidelines, clinical SOPs
- Previous experience of working in the Pacific region and knowledge of the context is a strong asset
- Excellent report writing and editing skills.
- Excellent communicator and facilitator
- Excellent working knowledge of English.
- Proficiency in computer application and information technology

#### I. Scope of Price Proposal and Schedule of Payments

Payment under the contract will be output based and will be made upon satisfactory completion and acceptance of the Assignment by UNDP Programme Manager.

*The contractor shall submit a price proposal as below:*

- Daily Fee – The contractor shall propose a daily fee, which should be inclusive of his professional fee, local communication cost and insurance (inclusive of medical health insurance and evacuation). The number of working days for which the daily fee shall be payable under the contract is **100 working days** based on demand;
- Consultancy involves “on demand” travel to 11 Pacific Island Countries (Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Niue, Marshall Islands, Palau, Samoa, Tonga, Tuvalu and Vanuatu) which will be paid by UNDP;
- The total professional fee shall be converted into a lump-sum contract and payments under the contract shall be made on submission and acceptance of deliverables under the contract in accordance with the schedule of payment linked with deliverables.

## J. Recommended Presentation of Offer

Interested individual consultants must submit the following documents/information to demonstrate their qualifications with financial proposal as separate:

- a) Duly accomplished **Confirmation of Interest and Submission of Financial Proposal Template** using the template provided by UNDP (Annex II); If an Offeror is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to UNDP under Reimbursable Loan Agreement (RLA), the Offeror must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted to UNDP.
- b) **Latest personal CV**, indicating all experience from similar projects, as well as the contact details (email and telephone number) of the Candidate and at least three (3) professional references with copies of degree(s) as attachment.
- c) **Brief description** of why the individual considers him/herself as the most suitable for the assignment

## K. Criteria for Selection of the Best Offer

### Cumulative analysis

The proposals will be evaluated using the cumulative analysis method with a split 70% technical and 30% financial scoring. The proposal with the highest cumulative scoring will be awarded the contract. Applications will be evaluated technically, and points are attributed based on how well the proposal meets the requirements of the Terms of Reference using the guidelines detailed in the table below:

When using this weighted scoring method, the award of the contract may be made to the individual consultant whose offer has been evaluated and determined as:

- a) *responsive/compliant/acceptable, and*
- b) *having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.*

Technical Criteria weighting; 70%

Financial Criteria weighting; 30%

Only candidates obtaining a minimum of 49 points in the Technical Evaluation would be considered for the Financial Evaluation. Interviews may be conducted as part of technical assessment for shortlisted proposals.

| Evaluation   | Points | Percentage |
|--|--------|------------|
| <b>Qualifications</b>  |        | 20%        |
| Minimum Master's degree in medicine  | 20     |            |
| <b>Experience</b>  |        | 50%        |
| Certified Medical Practitioner with at least 5 years' experience of treating patients with HIV/AIDS including children                   | 15     |            |
| Previous experience with treating sexually transmitted infections  | 15     |            |
| Previous experience in delivering capacity building trainings on ARV, STIs and OI treatment, barriers to adherence, counselling and care | 10     |            |
| Previous experience of drafting guidelines, clinical SOPs  | 5      |            |
| Previous experience of working in the Pacific region and knowledge of the context is a strong asset                                      | 5      |            |
| <b>Technical Criteria</b>  |        | <b>70%</b> |

|  |  |             |
|--|--|-------------|
| **If necessary interviews shall also be conducted as part of the technical evaluation to ascertain best value for money. |  |             |
| <b>Financial Criteria – Lowest Price</b>   |  | <b>30%</b>  |
| <b>Total</b>   |  | <b>100%</b> |

#### L. Proposal Submission

All applications must be clearly marked with the title of the consultancy and submitted by **5.00pm, 5<sup>th</sup> March 2019** (Fiji Time) electronically to [etenderbox.pacific@undp.org](mailto:etenderbox.pacific@undp.org).

For further information concerning this Terms of Reference, please contact **Imran Khan**, Procurement & Supply Chain Management Analyst, Multi-country Western Pacific Integrated HIV/TB Programme, UNDP Pacific Office on email [imran.khan@undp.org](mailto:imran.khan@undp.org).

Incomplete applications will not be considered, and only candidates for whom there is further interest will be contacted.

#### M. Approval

**This TOR is approved by:**

Signature



Name and Designation Ms. Anna Chernyshova, Programme Manager

Date of Signing 15<sup>th</sup> February 2019