



25/01/2023

RFP 4904 - Consultancy to Review of the Pacific Public Health Surveillance Network (PPHSN)

Clarifications to questions:

- **Confirmation of closure/deadline of RFP?**

Confirmed 3 February 2023 is the closing date.

- **Have there been reviews on PPHSN in the past 25 years? If there were, will the reports be available to bidders for information?**

No previous review of the entire PPHSN has been conducted to date. There have been reviews on individual services: on PSSS in 2012 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3457036/>) and 2016 (<https://onlinelibrary.wiley.com/doi/pdf/10.1111/tmi.12711>), and on SHIP-DDM in the Federated States of Micronesia 2016-2017.

- **Could SPC point to any websites/information apart from <https://www.pphsn.net/> that may give more information around who runs the PPHSN and how it is set up?, I understand it's voluntary and it's part of the overall SPC public health program?**

The best source of information about PPHSN is available at <https://www.pphsn.net/>.

A brochure is attached as Annexure 1: PPHSN Leaflet 2022.

SPC acts as the focal point for the PPHSN, however the whole voluntary network is run by the members: the health ministries of the 22 Pacific Island Countries and Territories as well as allied members. The full list of members is available at <https://www.pphsn.net/members/>.

The different services of PPHSN are complementary and aim to improve public health surveillance in the region. A large part of what the Surveillance, Preparedness and Response and the Laboratory Strengthening Programmes within the SPC Public Health Division do are activities which strengthen these services. Additional information is available on the SPC Public Health Division surveillance programme website: <https://phd.spc.int/programmes/surveillance-preparedness-and-response>

- **Is the expectation for this tender a public health evaluation of the surveillance system or a review of the network?**

The focus of the review will be on the PPHSN and the services it provides, not an evaluation of public health surveillance systems in the Pacific.

- **Are peer-review publications from the result allowed?**

Peer-reviewed publications following the review are a possibility, with co-authorship from SPC and other PPHSN members as necessary.



- **Could you clarify what "provide samples of previous communication supports" entails, in the proposed methodology segment?**
Examples of communication with a target audience, such as cover letters, emails, survey introductions, scripts etc, will be used to assess the ability to engage the interviewees and other relevant stakeholders.
- **What can the financial proposal contain? Is it only consultant cost, or can other costs including data collection, travel, transcription, and contingency be included? If travel costs are included, could you share the travel policy that needs to be adhered to?**
The financial proposal must contain all necessary costs – consultant fees (expressed as a daily rate), self-organised travel (no specific travel policy requirements), costs associated with the methodology proposed, contingency etc. Visa fees will not be accepted as a separate expense line.
The Travel policy is included within the Manual Staff policies Chapter VII published in the SPC website (<https://spc.int/resource-centre/manual-of-staff-policies>).
- **Noting the maximum of 70 days, is there a proposed budget range? Guidance on budget assists us to understand scope and think through potential delivery models.**
We are guided by consultancy rates set by our development partners, such as the Australian Government Aid Adviser Remuneration Framework (ARF). Please refer to their framework for more information ([Aid Adviser Remuneration Framework | Australian Government Department of Foreign Affairs and Trade \(dfat.gov.au\)](#))
- **Are unnamed team members allowed to be budgeted for?**
Yes, bids may include budget allocation for additional team members who have not yet been identified, such as research assistants. The leading specialists are to be named.
- **Does each team member have to be costed in the budget?**
The financial proposal should include consultancy fees per team member, as indicated in Annex 5 – Financial Submission Template.
- **Does SPC have a view on the effectiveness of a consortia approach to delivery?**
Consortiums of team members with relevant expertise are encouraged to submit bids. There must always be a consortium lead who would be signing the agreement with SPC and would be the focal point for all exchanges regarding administrative, financial, and technical actions.
- **Will SPC accept team proposal from and institutions rather than individual consultants?**
A proposal from an institution, rather than individual consultants, will be accepted.
- **Does SPC have expectations of the balance between Pacific Island based personnel and internationally based personnel?**
Bids may be submitted from teams based in the Pacific or internationally, or a mix thereof. There are no expectations for the location of consultants. Consideration will be given to the previous experience working in the Pacific and the methodology used for conducting the review. Refer to the weighting against the evaluation criteria set out in Pages 11 and 12 of the RFP.



- **If successful, will the selected team be able to bring on board additional persons (with no additional funding from SPC) to support the review itself?**

Additional team members can be included in the conduct of the review once the contract is signed, so long as there is no extra charge to SPC.

- **Is SPC looking for experts with prior experience in the Pacific?**

Whilst applications are not limited to experts who have previous experience in the Pacific, points will be awarded for Pacific experience and knowledge of PPHSN when the bids are assessed – see the weighting against the evaluation criteria set out in Pages 11 and 12 of the RFP.

- **Is it possible to add in the bid a local specialist from an organisation that is a permanent member of the PPHSN's coordinating body? Would the presence of such specialist be perceived as a conflict of interest given their employment?**

A bid coming from an organisation which is a permanent member of PPHSN's coordinating body will be deemed a conflict of interest. However, a consortium may include team members who have affiliations with multiple organisations, including one that is a permanent member of PPHSN's coordinating body, so long as the application is not submitted from the PPHSN member organisation.

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What is PPHSN?

The Pacific Public Health Surveillance Network (PPHSN) is a voluntary network of countries and organisations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of 22 Pacific Island countries and territories.

What do we aim for?

Our goal is to improve public health surveillance and response in the Pacific Islands in a sustainable way.

The first priorities of PPHSN are communicable diseases, especially those prone to outbreak. At this stage, the target diseases include: dengue, measles, rubella, influenza, leptospirosis, typhoid fever, cholera, HIV and STIs.

Who are its members?

PPHSN's core members are the ministries and departments of health of the Pacific Island countries and territories who serve as the governing body of PPHSN. The network is further supported by allied members — regional training institutions, agencies, laboratories, and other organisations or networks with an interest in public health surveillance in the region.

When was it created?

PPHSN was created in 1996 under the joint auspices of the Pacific Community (SPC) and the World Health Organization (WHO).

PPHSN Coordinating Body

The PPHSN Coordinating Body (CB), with the support of a focal point (SPC), serves the PPHSN. CB membership is rotated in a staggered manner.

The current membership of the PPHSN-CB includes:

Core members

- American Samoa,
- Cook Islands
- Federated States of Micronesia,
- Nauru,
- New Caledonia,
- Palau,
- Papua New Guinea,
- Tonga,
- Tuvalu,
- Vanuatu.

Allied members

- U.S. Centers for Disease Control and Prevention (U.S. CDC),
 - Fiji National University (FNU) College of Medicine, Nursing and Health Sciences,
 - Institute of Environmental Science and Research (ESR),
 - Pacific Community (SPC),
 - Pacific Island Health Officers Association (PIHOA), and
 - World Health Organization (WHO).
- SPC, WHO, PIHOA and FNU are permanent allied members of the CB.

The focal point

SPC has been designated as the focal point for communications and other ongoing support functions.

For more information on PPHSN, please contact:



Surveillance, Preparedness and Response Programme
Public Health Division
Pacific Community (SPC)
Focal Point of the PPHSN Coordinating Body

Email: FocalPointPPHSN-CB@spc.int

Website: www.pphsn.net

Pacific Public Health Surveillance Network (PPHSN)



PPHSN includes six services to prevent and respond to epidemics



PacNet

for alert and communication

Launched in 1997, PacNet is the PPHSN email listserv that connects more than 1200 health professionals from the Pacific region and beyond. It allows rapid overall communication, especially early warnings for epidemic threats, and consequently makes it possible to raise awareness and preparedness levels in the region. It also gives access to resources, including technical expertise.



EpiNet

for preparedness and response

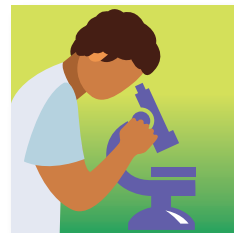
Initiated in 2001 to function as the response arm of the network, EpiNet is made up of multi-disciplinary national/territorial outbreak response teams. The EpiNet (or equivalent) teams were formed by Pacific Island health authorities in every country and territory. On top of coordinating surveillance and response field activities, EpiNet is also responsible for establishing and maintaining relevant PPHSN target disease surveillance and response protocols, including technical and resource-related aspects of public health operations.



Pacific Syndromic Surveillance System

for outbreak detection

Started in 2010, the PPHSN Pacific Syndromic Surveillance System (PSSS) serves as an early warning tool for common outbreak-prone diseases. The PSSS is both indicator- and event-based surveillance. Data are collected weekly on four syndromes – acute fever and rash, diarrhoea, influenza-like-illness, and prolonged fever – from over 200 health care facilities in 23 countries across the Pacific. The reports generated by the PSSS contain information that could indicate the start of an outbreak.



LabNet

for verification and identification

Inaugurated in 2000 by PPHSN, LabNet is a three-tier network of public health laboratory services that includes:
Level 1 (L1): National/territorial laboratories.
Level 2 (L2): Four public health laboratories from the Pacific Island region (in Fiji, French Polynesia, Guam and New Caledonia) that have agreed to provide select diagnostic services to neighbouring countries or territories according to their individual capacity.
Level 3 (L3): Disease-specific reference laboratories at the Pacific Rim (Australia, New Zealand and United States). These include WHO Collaborating Centres.



PICNet

for infection control

Launched in 2006, PICNet is the infection control network of PPHSN. It is to be used as a tool for communication and sharing of experiences, particularly how to be innovative with limited resources to ensure patient and health care worker safety from infectious diseases. Major activities of PICNet include the development of regional infection prevention and control guidelines, in-country technical assistance and training in infection control.



SHIP (DDM)

for capacity building

Capacity building in core epidemiological skills for health workers in the Pacific is among the key recommendations from health ministers in the region. In response, PPHSN introduced the Strengthening Health Interventions in the Pacific – Data for Decision Making (SHIP-DDM) programme, a 3-tier capacity development programme: Postgraduate Certificate in Field Epidemiology, Postgraduate Diploma in Applied Epidemiology, and Masters in Applied Epidemiology, all accredited programs by FNU. SHIP builds on the principle 'from work, at work, for work', and incorporates already existing initiatives for capacity building in essential public health functions.