

From: Arian Hatefi <ahatefi@worldbank.org>
Sent: Wednesday, October 7, 2020 1:50 PM
To: EIS Alumni <eisalumni@cdcfoundation.org>
Subject: Fw: World Bank looking for COVID support in Iraq

EIS Officers and Alumni,

I am a physician, former Emory student, and currently both faculty at UCSF/UCB and a senior health specialist at the World Bank. In the latter role, we are searching to staff our engagement on COVID-19 in Iraq with a few short-term consultants. We are searching for public health specialists with the profile of an EIS officer, and would be delighted to find a way to contract with a current or former EIS officer for this work. The TOR is attached. We are looking to staff right away, so please reach out if interested to ahatefi@worldbank.org.

My best,

Arian Hatefi, MD MS
Senior Health Specialist
Middle East and North Africa Region
Health, Nutrition and Population Global Practice
The World Bank Group
+1-202-458-4804
ahatefi@worldbank.org

Iraq: COVID-19 Response and Health System Strengthening (P174641)
Terms of Reference

1 BACKGROUND

Iraq continues to face considerable health challenges. Non-communicable diseases (NCDs) and injuries constitute the largest share of the overall disease burden in Iraq, predominately private delivery of primary health care services challenges high out of pocket expenditure, while access to high quality care is low. Compounding these chronic challenges is the acute stress of the COVID-19 pandemic, which has had a substantial impact in Iraq and placed great strain on health care resources.

COVID-19 remains a significant foreseeable threat for Iraq. Even in countries where outbreaks have been successfully contained, possible resurgence of COVID-19 puts populations at risk in the coming months especially with the potential for a second wave. Globally, one in five people could be at increased risk to become a severe COVID-19 case due to underlying health conditions, such as chronic kidney diseases, diabetes, cardiovascular diseases and chronic respiratory diseases.¹ Similarly, Iraq remains susceptible to a high risk of morbidity and mortality due to COVID-19, not only through its direct effects but also through indirect effects on the health system. This risk is attributable to a high and growing burden of NCDs (as previously alluded to), a diverse range of vulnerable and at-risk populations due to poverty, inequality and displacement, as well as a health system with low and inequitable levels of financing, fragmented and inflexible service delivery, limited human and physical resources, and challenges in surveillance and health information systems. Lessons learned since the beginning of the pandemic point to the need for stronger surveillance, testing and contact tracing capacity to mitigate and contain further spread of infections from identified clusters.² Despite Government of Iraq's (GoI) efforts in enforcing non-pharmaceutical interventions (NPIs), such as social distancing measures, lockdowns and closure of economic sectors, compliance to such measures by the public has been limited. In addition, there is lack of clear risk communication and community engagement plans to engage with the public to sensitize them and promote critical measures to prevent spread of infections. Due to shocks in both the supply and demand of services, coverage of services is expected to decline.

Against this backdrop, in August 2020, nested under the human capital priority of the World Bank's Iraq Reform, Recovery and Reconstruction Fund (IRRF), the Iraqi Ministry of Health and Environment requested World Bank's advisory services and technical assistance to 1) strengthen the Government of Iraq's response to the COVID-19 pandemic and 2) move forward with ongoing health sector reforms, such as on social health insurance and primary healthcare strengthening,

¹ Clark A, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. *Lancet Glob Health* 2020; 8: e1003-17. Accessed at <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930264-3> on July 26, 2020.

² Gavi, the Vaccine Alliance. Will we see a deadly second wave of COVID-19 later in the year? Accessed at <https://www.gavi.org/vaccineswork/will-we-see-deadly-second-wave-covid-19-later-year> on July 26, 2020.

with innovative and evidence-based policy recommendations to improve the financing, access and quality of healthcare services.

The scope of these Terms of Reference focus on the first component of the envisaged World Bank technical assistance program to the GoI, supporting the COVID-19 response in Iraq. The aim of this component is to strengthen the capacity of the GoI to respond to the ongoing COVID-19 crisis by enhancing the capacity to prevent further transmission, detecting cases at early stages, and providing appropriate care for those affected by the current COVID-19 pandemic. Activities supported under this component would also increase the resilience of the health sector for any future potential pandemics. This component encompasses three sub-components, namely, supporting development of an effective communication and behavior change strategy; strengthening the public health response for disease detection; and building capacity for safe and effective COVID-19 case management.

2 OBJECTIVES

The objective of this assignment is to provide technical inputs on infection prevention and control, testing, patient flow, and case management for COVID-19 in Iraq through technical analyses and capacity building.

3 DUTIES AND RESPONSIBILITIES

Two Public Health Specialists will be recruited to remotely support execution of the COVID-19 component of the envisaged technical assistance program. Duties may include any of the following:

- conduct a rapid analysis and literature review of COVID-19 testing options, as well as of guidelines and strategies;
- work with the Ministry of Health and Environment (MoHE) to assess and update infectious disease surveillance systems;
- develop COVID-19 standard operational procedures for infection prevention and control;
- lead the drafting of testing guidelines and infection control protocols, participate in the peer review process, and revise those outputs accordingly;
- conduct facility surveys and engage in patient flow and surge planning process improvement cycles;
- engage with MoHE and development partners in training and capacity building activities to implement the aforementioned activities; and
- assist in monitoring and evaluation activities.

The two specialists will be expected to work jointly to achieve the envisaged objectives for this task. In addition, they will be expected to contribute to any other activities or deliverables as necessary and in consultation with the Task Team Leader and Component Lead.

This is an international search for remote support; neither relocation nor travel are expected.

4 SKILLS AND EXPERIENCE

- Doctorate level degree in medicine and/or public health
- Minimum 5 years of relevant experience in epidemiology, disease surveillance, and infection control
- Clinical and public health experience with the COVID-19 response
- Experience developing clinical and public health guidelines and standards
- Work experience related to disease outbreaks and other public health emergencies
- Work experience in international organizations preferred
- Experience working with governments in the Middle East, especially in Iraq, desirable
- Experience with clinical process improvement desirable
- Excellent command of Microsoft Office.
- Excellent written and verbal communication skills in English (essential) and Arabic (preferable)

5 DELIVERABLES*

Deliverables shared among the two International Public Health Specialists will include:

- Disease surveillance needs and gaps description and analysis
- PDSA cycle working documents, including goals, indicators, and reporting, for updates to surveillance, contact tracing, and patient flow systems
- Comprehensive, updated national COVID-19 testing guidelines
- Updated national standard operating procedures for infection prevention and control
- Training of trainer workshops, in collaboration with partners

6 REPORTING REQUIREMENTS

The short-term consultant will report to the World Bank Task Team Leader and Component Lead on a regular basis via in-person meetings, emails and audio/video calls.

7 DURATION OF ASSIGNMENT

100 days per consultant between October 9, 2020 to June 30, 2021.

*Deliverables are considered submitted after final content is approved by the Task Team Leader of the World Bank.