

# TERM OF REFERENCE

## Development of the Medical Countermeasures (PCM) and Staff Mobilization Plan during a Public Health Emergency – Cabo Verde

### 1. Introduction and Background

Cabo Verde, as a Small Island Developing State (SID), faces significant vulnerabilities in the face of public health emergencies, including outbreaks of infectious diseases, as well as threats associated with natural disasters, such as heavy rainfall, volcanic eruptions, droughts, and tropical storms. These situations require a robust, coordinated and efficient response capacity, ensuring timely access to appropriate medical countermeasures and the effective deployment of qualified health staff.

Medical countermeasures (MC) are a critical component of national health security and a vital pillar of public health emergency preparedness and response. Investments in MCs contribute to the sustainable strengthening of health systems and the country's resilience.

Similarly, having technical and professional teams that are properly trained and mobilizable in an emergency is crucial for ensuring a timely and effective response. Regional and international collaboration plays a strategic role in overcoming legal, logistical, and regulatory challenges in the mobilization of human and technical resources in health emergencies.

Despite the advances in strengthening the National Early Warning and Response System and the existence of intermediate coordination mechanisms, Cabo Verde still does not have a National Plan for Medical Countermeasures and Staff Mobilization specific to public health emergencies, as identified in the Joint External Evaluation carried out in November 2019. This gap limits the ability to respond seamlessly and efficiently.

In this context, the National Coordination Body of the One Health Approach through the Multisectoral Commission in close collaboration with strategic partners, proposes to recruit a specialized consultant to support the development of the National Plan for Medical Countermeasures and Staff Mobilization, in accordance with WHO standards and guidelines, the International Health Regulations (IHR 2005) and other regional and global health security instruments.

The initiative is aligned with the World Bank Group's Health Security Program for West and Central Africa (HeSP). HeSP aims to support participating countries in strengthening essential International Health Regulations (IHR) capacities, harmonizing preparedness mechanisms, and promoting rapid, interoperable, and evidence-based responses. Developing the National Plan for Medical Countermeasures and Staff Mobilization will enable the country to strengthen its health security and integrate more

effectively into regional and global networks for preparedness and response to public health emergencies.

## 2. General Objective

Develop the National Plan for Medical Countermeasures (PCM) and Staff Mobilization for public health emergencies in Cabo Verde. Ensure the availability, distribution, and efficient use of medicines, vaccines, medical equipment, and essential human resources during health crises.

## 3. Specific Objectives

- ✓ Assess the current framework for medical countermeasures management and staff mobilization, including existing institutional policies, structures, and capacities;
- ✓ Identify legal, regulatory, logistical and operational gaps in existing mechanisms;
- ✓ Propose and structure a national system for the activation and coordination of medical countermeasures and the mobilization of staff;
- ✓ Prepare the National Plan for Medical Countermeasures and Staff Mobilization, with clear mechanisms for command, communication, monitoring and inter-institutional coordination;
- ✓ Develop an operational and scalable plan of medical countermeasures and staff mobilization;
- ✓ Develop an inventory of medical countermeasures for priority risks;
- ✓ Propose a strategy for the acquisition, storage and distribution of medical supplies, vaccines and equipment;
- ✓ Create multisectoral protocols for sharing information between national and international institutions;

## 4. Proposed Methodology

The consultancy, led by an international consultant preferably senior with a command of the Portuguese language specialized in public health and emergencies, should adopt a participatory, inclusive and evidence-based approach, combining:

- ✓ Initial meeting with key institutions to validate the work programme presented;
- ✓ Mapping and document review;
- ✓ Interviews and consultations with key stakeholders;
- ✓ Technical workshops on validation, prioritization and multisectoral harmonization;
- ✓ Preparation of preliminary and final versions of the National Plan.

## 5. Deliverables

Initial Assessment Report on Existing Capacity in Medical Countermeasures and Staff Mobilization.

Preliminary draft of the National Plan, including:

- ✓ Command, coordination, and activation structure
- ✓ Inventory of medical countermeasures and logistics flows
- ✓ Strategy for acquiring, storing, and distributing equipment and consumables
- ✓ Staff mobilization procedures and interinstitutional coordination
- ✓ Communication and information sharing protocols

A validated final plan incorporating contributions from national stakeholders and partners.

Technical training session for national teams on using and updating the plan.

## 6. Duration and Workplace

The consultancy will have a total duration of 45 working days, distributed over two calendar months, according to the schedule agreed with the Multisectoral Commission of the "One Health" Approach. The work will be developed in the City of Praia, with the possibility of partial remote work.

## 7. Supervision and Coordination

The consultancy will be technically coordinated by the Multisectoral Commission of the National Coordination Body of Cape Verde (INC-CV), in coordination with other institutional and technical partners (WHO, FAO, WOAHA, UNEP).

A One Health Technical Committee will be set up, responsible for technical guidance and product validation. Regular technical follow-up meetings will be held.

In addition, he will report to the Special Projects Management Unit (UGPE) for issues inherent to the administration of the contract.

## 8. Consultant Profile and Qualifications

- a) Advanced degree (Master's degree or higher) in Public Health, Epidemiology, Emergency Management, or related field;
- b) Minimum of 7 years of experience in public health emergency preparedness and response, logistics of medical countermeasures or human resource planning in crisis situations;

- c) Proven experience in the preparation of national or regional health response plans;
- d) Familiarity with the International Health Regulations (IHR 2005) and with the FAO/WHO/WOAH/UNEP guidelines;
- e) Strong skills in facilitation, multisectoral coordination, communication and technical writing;
- f) Proficiency in the Portuguese language (essential) and knowledge of English or French (desirable).

## 9. Deliverables and Indicative Timeline

Step	Product	Indicative Deadline
1	Initial Assessment Report	Week 2
2	Preliminary draft of the plan	Week 4
3	National validation workshop	Week 6
4	Final version and operating kit	Week 7
5	Technical training, policy <i>brief</i> for policy makers and final report	Week 8

Table 1. Deliverables and Indicative Timeline

## 10. Intellectual Property and Confidentiality

All deliverables and documents prepared within the scope of the consultancy will be the property of INC-CV. The consultant undertakes to respect the confidentiality of the information obtained and not to use it for other purposes without prior and express authorization from the Multisectoral Commission of the National Coordination Instance of Cape Verde (INC-CV).

## 11. Responsible Entity

National Institute of Public Health (INSP), as Coordinator of the Multisectoral Commission of the National Coordination Body of Cabo Verde in collaboration with the Ministry of Health, Ministry of Agriculture and Environment, and relevant institutions.

## 12. Delivery timeframe for the products

According to the schedule, with biweekly partial deliveries and final version validated by the month/year to be defined.

Item	Products	Delivery time	Percentage Payment
1	Initial Assessment Report	Weeks 2	15%
2	Preliminary draft of the plan	Weeks 4	15%

3	National validation workshop	Weeks 6	20%
4	Final version and operating kit	Weeks 7	25%
5	Technical training, policy <i>brief</i> for policy makers and final report	Weeks 8	25%

