

Terms of Reference

PACIFIC TECHNICAL ASSISTANCE MECHANISM 2 (PACTAM2)

Adviser Title	Epidemiologist - National all hazard public health emergency preparedness and response plan
PACTAM2 Partner Organisation	DFAT Pacific Security, Maritime and Climate Change Branch and DFAT post Kiribati
Duration	Up to 50 days total for at least 2 trips of 2 weeks each to Kiribati for scoping, team workshops and implementation and up to 13 days desk-based work
Location	Kiribati
Adviser Type (LTA or STA)	STA
Adviser Remuneration Framework (ARF) level	C3
Aid Investment Plan or Partner Government's national/sectoral priority	Aid Investment Plan Kiribati Priority 2: improve primary level health care through a more capable health workforce and better health information DFAT Health for Development Strategy 2015-2020
Primary capacity development role (check appropriate box, with reference to below)	<input type="checkbox"/> In line <input checked="" type="checkbox"/> Supplement capacity <input type="checkbox"/> Facilitate capacity
<p>Capacity Development Emphasis: <i>Minor / Indirect - the Adviser will be substituting for an existing or proposed in-line position, with minimal expectation of direct capacity building activities.</i></p> <p><i>Moderate – the Adviser will be directly supporting in-line staff member/s or team as well as helping the individual/s to increase their own job skills, knowledge and awareness - there is an expectation of supplementing capacity</i></p> <p><i>Major – the Adviser's primary purpose is to work with staff/teams in a training, mentoring, and/or facilitating way – there is significant expectation of implementing capacity building activities.</i></p>	

DCR55417 V3 2016-12-12

Purpose

The Epidemiologist Adviser will provide technical assistance to support and finalise the development of a **National all hazard public health emergency preparedness and response plan** and implementation capacity. This will include undertaking additional consultation in Kiribati, including scoping of health security challenges identified by the Ministry of Health and Medical Services (MHMS) in Kiribati in consultation with the DFAT Senior Health Advisers during field visits in 2018. With input from key stakeholders the adviser will develop a National Public Health Preparedness and Response Plan for the Kiribati Government and MoH and DFAT, aligning with PAHSEC and WHO recommendations.

Activities identified through this review will also consider how to support gender and disability goals of Australia and Kiribati within the context of strengthening health security. Australia's goals are outlined in the Gender Equality and Women's Empowerment Strategy and the 2015-2020 Strategy for Strengthening Disability-Inclusive Development.

Background

As part of Australia's stepped-up engagement with the Pacific region, Australia wants to strengthen cooperation with Kiribati in the areas of health security and border protection.

Health security as defined by WHO is reduced vulnerability of populations to acute threats to health through collective international public health action. The IHR (2005) is the legal framework for collective responsibility of countries, WHO and partners globally to prevent and respond to public health threats.

Public health security is defined by WHO as the activities required, both proactive and reactive, to minimise vulnerability to acute public health events that endanger the collective health of national populations. Global public health security widens this definition to include acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.

Public health events may be related to endemic or emerging diseases, or other public health emergencies for example related to antimicrobial resistance or severe weather events. Activities may involve prevention, to reduce the likelihood of outbreaks and other events, detection or response.

Antimicrobial resistance (AMR) is an increasingly serious threat to public health security and threatens the prevention and treatment of an ever-increasing range of infections as microorganisms develop resistance to antimicrobial drugs (such as antibiotics, antifungals and antivirals). Drivers of AMR include over-prescribing of antibiotics, poor patient compliance with treatment, poor infection prevention and control (IPC) in health care settings, and poor sanitation and hygiene.

Pacific Leaders consider climate change as the single greatest threat to livelihoods, security and well being of Pacific people. Climate change and climate variability are likely to increase the frequency and severity of extreme weather events in the Pacific, and these are commonly associated with outbreaks of climate-sensitive infectious diseases such as dengue. Direct and one-stop air links mean that Kiribati is only a flight or two away from emerging regional and global health threats.

The International Health Regulations (2005) (IHR) serve as the international legal instrument for global health security. The IHR provides a framework for certain minimum core public health capacities including surveillance, laboratory, legislation and risk communications. Strengthening the

capacity of Pacific Island Countries (PICs) to implement these capacities will help them to prevent, prepare for, detect and respond to public health events.

The WHO IHRs are the foundation of the global regime for the control of the international spread of disease. The entity responsible for IHRs oversight in Kiribati is the National Health Security Task Force which meets infrequently. The designated IHR focal point is one single person who does not have reliable after-hours contact arrangements, and is approaching retirement age without a clear succession plan. WHO has assisted with developing a draft all-hazards Emergency Preparedness and Response Plan. Kiribati has variable capacity in relation to core and non-core IHR functions, and has requested WHO and technical partners to assist with a joint external evaluation (JEE) of its IHR capacity and preparedness. The recently drafted Kiribati Health Program Design includes providing support for mandatory reporting under the International Health Regulations Monitoring Framework (IHR-MF), including preparation for a future Joint External Evaluation (JEE): This support will work within the overall technical guidance of WHO in accordance with the Pacific Health Security Coordination Plan, and will complement Australia's Pacific Regional Health Security Initiative. Bilateral support for emergency and disaster preparedness will include IHR-MF reporting and ongoing preparation for a possible JEE in 2021. The Kiribati DFAT post have indicated the need to provide technical assistance to support the finalisation of the National Public Health Preparedness and Response Plan. Planning should include enhancing vector control, thorough examination of AMR. This would need to be delivered in close liaison with collaborating organisations. Eg WHO's Division of Pacific Technical Support in accordance with the Pacific Health Coordination Plan.

Placement objectives	Core functions
<p>1. Draft aide memoire and presentation of initial findings to DFAT and MHMS at end of first field trip.</p>	<p>The Epidemiologist Adviser will travel to Kiribati in early 2019, with a follow-up visit to finalise the preparedness plan in Mid 2019.</p> <p>Preparation: administration, background reading, questionnaire guide development, commence planning workshop, pre-visit discussions – 4 days</p> <p>Kiribati trip 1: 5 days in-country with 2 days travel to:</p> <ul style="list-style-type: none"> ○ meet with Ministry of Health staff and local stakeholders; ○ facilitate a planning workshop; ○ meet with DFAT, WHO and other key local stakeholders ○ Develop an Aide Memoire – 7 days
<p>2. Draft National all hazard public health emergency preparedness and response plan</p>	<p>Prepare draft Kiribati National Public Health Preparedness and Response Plan – 5 days</p> <p>Planning 2nd trip, share draft plan with stakeholders, incorporate feedback – 2 days</p>
<p>3. Final National all hazard public health emergency</p>	<p>Kiribati trip 2: up to 5 days in country with 2 days travel to consult and finalise the Kiribati National all hazard public health emergency preparedness and response plan – 7 days</p>

preparedness and response plan	Finalise National Public Health Preparedness and Response Plan, following feedback – 2 days
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Accountability and working relationships

The Epidemiologist Adviser will be accountable to and managed by DFAT:

Director of Public Health , Australian High Commission Kiribati

DFAT will quality assure all deliverables.

Key selection criteria

All PACTAM2 Advisers are expected to

- Demonstrate effective interpersonal skills and the ability to work and communicate effectively and respectfully across cultures
- Foster empowerment and sustainability
- Adhere to Scope Global and DFAT policies

Essential

Qualifications

An undergraduate degree in health or health sciences; postgraduate qualifications in public health, applied epidemiology or a similar area related to health security.

Skills, experience, knowledge

- Knowledge of health and development context in the Pacific, including health security and the role of regional institutions and other development partners in developing and supporting planning and policies.
- A minimum of 10 years' practical experience in managing health security threats at the national, regional or global level.
- Fluency in English and demonstrated ability to express verbally and in writing complex ideas in clear and simple language.
- Demonstrated experience developing public health emergency preparedness and response plans

Desirable

- Knowledge of the health context in Kiribati, particularly relating to health security
- Experience working with WHO and other key stakeholders and NGOs in the Pacific region

Special conditions

Scope Global recruitment practices operate under equal employment opportunity principles and laws. We encourage all appropriately qualified and experienced people to apply regardless of their sex, age, race, ethnicity, physical ability or beliefs.

We require all Advisers to:

DCR55417 V3 2016-12-12

- (a) comply with the terms and conditions of the PACTAM2 Adviser Service Agreement including completing a police check, undergoing a medical examination, and attending a pre-departure briefing.
- (b) comply with DFAT safeguard policies and any other policies specific to their placement.

Date Terms of Reference Finalised

12.4.19

DCR55417 V3 2016-12-12