REQUEST FOR EXPRESSIONS OF INTEREST
CONSULTING SERVICES
BANK-EXECUTED OPERATIONS
FULL COMPETITIVE SELECTION PROCESS

Project name: Paving the Pan American Highway for Digital Health

SELECTION PROCESS #: RG-T4546-P006
SELECTION METHOD: Full Competitive
COUNTRY: Regional
SECTOR OR DEPARTMENT: Health
TC NAME: RG-T4546
FUNDING – TC #: ATN/JF-21093-RG
LINK TO TC DOCUMENT: IDB | Paving the Pan American Highway for Digital Health (iadb.org)

Attention Consulting Firms: Important Update Regarding BEO Bidder Portal Registration

Effective July 1, all consulting firms, both new and previously registered in the BEO Portal, **must add their Business Partner Number (BP Number)** to their organization's profiles to participate or continue participating in a BEO procurement process.

Please refer to the FAQs in the Portal for more details on **"How to Find or Obtain Your BP Number"**.

Avoid delays by not waiting until the last moment to complete this update. This process may take up to **48 hours** to complete and could prevent your organization from participating in a BEO Process.

For further questions or assistance, use the live chat on the BEO Bidder Portal page or email us at ocs.procurement@iadb.org

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The Inter-American Development Bank (the Bank) was established in December of 1959 to help accelerate economic and social development in Latin America and the Caribbean. Today, the Bank is a major catalyst in mobilizing resources for the region (For more information about the Bank, please refer to the Bank's website at www.iadb.org.)

Section 1. Purpose of this Request for Expression of Interest

1.1 The Bank is executing the above-mentioned project. The Bank intends to contract consulting services described in this Request for Expressions of Interest (REOI). The purpose of this REOI is to obtain sufficient information to enable the Bank to evaluate if the eligible consulting firms (CF) have the experience and qualifications relevant to provide the consulting services requested by the Bank.

Last Updated 09/10/2024

1.2 As defined in the Corporate *Procurement Policy* (GN-2303-33), participating CF must be from a Bank's Member Country[1] or Territory[2] to be eligible to submit an Expression of Interest (EOI). The Bank will conduct the shortlisting process of the CF that expressed interest. The shortlisted CF will then be invited to continue further in the procurement process.

1.3 This REOI is not to be construed as either an RFP or an offer to contract and in no way obligates the Bank to contract anyone. The Bank reserves the right to reject any and all participating CF for any or no reason without having to provide an explanation. The Bank does not bind itself in any way to select any participating consulting firm. No debrief will be provided as to why CF have or have not been shortlisted.

Section 2. Instructions to the eligible consulting firms

2.1 Expressions of interest must be delivered using the *Bidder Portal for the Selection and Contracting of Consulting Firms for Bank-Executed Operations* (the Portal) (http://beo-procurement.iadb.org) by: *1st November, 2024*, 5:00 P.M. (**Washington, D.C., Time**) in PDF format only (Max. 45MB).

2.2 To access the Portal, the CF must generate a registration account, including **all** the data requested by the Portal. In the event that any of the information requested is not included, the consulting firm will not be able to participate in this or any other Bank-executed selection process for operational work. If the consulting firm has been previously registered, please validate that you have **all** the consulting firm's information updated and complete before submitting an EOI.

2.3 Eligible CF may partner in the form of a Consortium/joint venture (JV) to enhance their qualifications. Such Consortium/JV shall appoint one of the CF as the representative responsible for the communications, the registration in the Portal, and the submission of the corresponding documents.

2.4 Interested CF may obtain further information during office hours, 09:00 AM to 05:00 PM (**Washington, D.C. Time**), by sending an email to: *Adrián Hernández*

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[1] **Member Countries:** Argentina, Austria, Bahamas, Barbados, Belgium, Belize, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Croatia, Denmark, Dominican Republic, Ecuador, El Salvador, Finland, France, Germany, Guatemala, Guyana, Haiti, Honduras, Israel, Italy, Jamaica, Japan, Mexico, Netherlands, Nicaragua, Norway, Panama, Paraguay, People's Republic of China, Peru, Portugal, Republic of Korea, Slovenia, Spain, Suriname, Sweden, Switzerland, Trinidad & Tobago, United Kingdom, United States, Uruguay and Venezuela.

[2] **Eligible Territories:** a) Guadeloupe, French Guiana, Martinique, Reunion – as Departments of France; b) U.S. Virgin Islands, Puerto Rico, Guam – as Territories of the USA; c) Aruba – as a constituent country of the Netherlands; and Bonaire, Curacao, Saint Marten, Saba, St Eustatius – as Departments of the Netherlands; d) Hong Kong – as a Special Administrative Region of the People's Republic of China.

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2.5 The Bank hereby invites eligible CF to indicate their interest in providing the services described below in the draft Terms of Reference for the consulting services. Interested CF must provide information establishing that they have the necessary experience and are qualified to perform the services. So that all responses may be properly evaluated, eligible CF must include in their submissions the information requested in the following section, with full and clear explanations.

Section 3. Consulting Services

3.1 The consulting services include   the "Support for the Design and Implementation of Regional Strategies for the Pan-American Highway for Digital Health: *Monitoring and Evaluation*" which consist of:

1. **General Objective**: To design and implement a Monitoring and Evaluation (M&E) strategy for the digital health initiative, facilitating secure and efficient health data exchange in Latin America and the Caribbean (LAC).
2. **Project Phases**:
    o **Design Phase (6 months)**: Create an M&E framework and a 36-month implementation plan, including the development of tools and methodologies for data collection in at least 10 countries.
    o **Implementation Phase (12 months)**: Execute the first part of the plan, collect and analyze baseline data, and establish a benchmarking analysis of access to digital health services.
3. **Expected Outcomes**:
    o An M&E plan with key performance indicators (KPIs) and evaluation protocols.
    o Collection of baseline data in 10 countries and creation of regional and national reports.
    o Implementation of a dashboard on the IDB website to display the progress of the initiative.
4. **Reporting Requirements**: All reports must be provided in English, Spanish, and Portuguese, adhering to IDB standards.
5. **Supervision**: The consulting firm will report monthly to the IDB and must meet the established delivery milestones for payment.

3.2 Although there is no standard format for presenting an Expression of Interest, eligible CF must submit an EOI containing the following information:

1) Basic Information—Provide the official name of CF, the contact's name, email address, phone numbers, and office address (es) of the key contact (s) responsible for the EOI.
2) Background—Provide a description of the CF. The CF may include brochures or documents that provide information about its organization, history, mission, structure, and number of staff.
3) Experience related to the requested consulting services—Provide all kinds of evidence the CF considers appropriate to show its experience and expertise in delivering services similar to those described in Annex A, Terms of Reference (e.g., brochures, reports, studies, description of similar assignments, references to cases in which it has provided similar services, experience in similar conditions, availability of appropriate skills among staff, etc.)

3.3 Estimated budget: *$225,000*

Annex A. Draft Terms of Reference

Please note that the attached Terms of Reference may be subject to changes by the Bank. The CF that have been shortlisted will be notified of these changes.

ANNEX A – Terms of reference

**Support for the Design and Implementation of Regional Strategies
for the Pan-American Highway for Digital Health:**
Monitoring and Evaluation

Consulting firm

RG-T4546
https://www.iadb.org/en/project/RG-T4546

Paving the Pan American Highway for Digital Health

1. Background and Justification

1.1. The Pan-American Highway for Digital Health (PH4H) is an initiative aimed at enabling connected health for all in LAC. Led by the IDB, PAHO, and countries of the region, this initiative strives to facilitate secure, efficient, and interoperable health data exchange both within and among countries, allowing people in the region to share and access their health information. By leveraging national investments in health information exchange and coordinating with regional bodies and networks, PH4H supports synergies within the region. PH4H aims to provide patients with better healthcare services, regardless of their location. It will also enhance healthcare for those who move temporarily for work or study, as well as for migrants, by enabling them to share their health history, thus improving their employability and access to education. Additionally, the digital highway will strengthen public health surveillance, optimize access to limited human resources, and promote research and innovation, leading to more efficient public health policies and boosting regional economies. As a result, countries will be better prepared for future pandemics and other health threats. Unlike a physical highway, the digital highway transcends boundaries, enabling universal access and leaving no one behind. Officially launching in 2024, the initiative is officially established with support from its first donor, the Government of Japan.[3]

1.2. The COVID-19 pandemic had a significant impact on Latin America and the Caribbean (LAC) region, accounting for a high number of cases and deaths compared to its population. According to official data, LAC accounted for 17 percent of reported COVID-19 cases and 29 percent of confirmed deaths, despite having only 8 percent of the world's population (Savedoff et al., 2022). The economic consequences of the pandemic were also substantial. The World Bank estimated a 6.9% decline in regional Gross Domestic Product (GDP) in 2020 (Savedoff et al., 2022).

1.3. The challenges exposed by the pandemic include inadequate data use and access, informal markets for health certificates, low vaccination coverage, and a lack of coordination and interoperability in digital health initiatives. These challenges hinder the exchange of critical health data and limit cross-border healthcare services, exacerbating the situation. The Pan American Health Organization (PAHO) has emphasized the vulnerability in the region caused by the lack of sustainable integrated and interoperable information systems for health. Access to timely and accurate information during public health emergencies is crucial, but it has been a challenge in the region. Previous research on emergencies like Ebola, Cholera, and MERS showed that insufficient data use and lack of access to quality data were common challenges (Park et al., 2020). The lack of coordination and interoperability in digital health initiatives further hindered the exchange of crucial health data and limited cross-border healthcare services in LAC (PAHO, 2021).

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[3] All countries of the Americas approved the PH4H during the PAHO 61th Directing Council with the approval of the Plan of Action to Strengthen Information systems for Health 2024-2030. 10 countries have formally joined the TC RG-T4546 (Belize, Chile, Colombia, Costa Rica, Ecuador, Jamaica, Panama, Paraguay, Peru y Suriname)

1.4. Interoperability and data exchange among countries in the region are crucial for a coordinated and agile response in times of need (World Health Organization - Global Vaccine Action Plan 2011-2020, 2016). The establishment of regional agreements for health information exchange can optimize resource management, aid public health research, and strengthen disaster response (Bagolle et al., 2022). In the LAC region, there is a pressing need for equitable access to healthcare and inclusive digital health solutions. The Principle of Inclusive Digital Health was approved in 2021, emphasizing appropriate access, digital skills, and usability in technological solutions (PAHO, 2021).

1.5. To address these challenges, **regional agreements and data exchange initiatives have been prioritized**. For example, the PAHO Plan of Action for Strengthening Information Systems for Health 2024–2030 aims to adopt and implement interoperable digital health solutions. The RELACSIS 4.0 event and the 2nd Regional LACPASS Connectathon demonstrated successful data exchange among sixteen countries, including digital vaccine certificates and critical clinical information.

1.6. Along with these initiatives and agreements, deep collaborations have been established to improve digital health in the LAC region. **Collaboration between the IDB and PAHO** has led to the development of national strategic plans and the identification of investment needs in multiple countries, as well as the implementation of standards-based digital COVID-19 Certificates. In addition, the adoption of digital transformation tools and cross-border data exchange for public health have been promoted. These initiatives are fundamental to achieving inclusive and equitable digital health in the region, overcoming inequality barriers based on income, gender, race and ethnicity. Currently, efforts are being made in the building of a Digital Pan-American Highway for health that can improve public health and empower patients to securely access and share their health data across borders.

1.7. The Pan-American Highway for Digital Health Initiative is a complex undertaking, including alignment of various regional and national initiatives and investments. To support an effective and efficient roll out of the Initiative, IDB is seeking expert consultancy services to design and implement the Regional Monitoring and Evaluation Strategy required for implementation.

2. Objectives

2.1. Support the design and implementation of the Monitoring and Evaluation regional strategy and implementation plan for the PH4H Initiative
2.2. Generate baseline and benchmarking analysis regarding access to digital health services in LAC

3. Scope of Services
3.1. **Design Phase (6 months)**: Design the Monitoring and Evaluation regional strategy, including framework and data collection instruments and methodologies; Design the 36-month implementation plan for the PH4H Initiative
3.2. **Implementation Phase (12 months):** Implement the first 12 months of the implementation plan (Phase 1); Collect and analyze baseline data in at least 10 countries and create a regional and country level benchmarking analysis regarding access to digital health services in LAC

4. Key Activities

4.1. **Design Phase (6 months)**: Design the Monitoring and Evaluation regional strategy, including framework and data collection instruments and methodologies; Design the 36-month

implementation plan for the PH4H Initiative

- Review existing monitoring & evaluation frameworks for digital health adoption such as CETIC.BR, Canada INFOWAY, the Global Digital Health Partnership, and the Office of the National Controller, among others.
- Design a Monitoring and Evaluation framework and implementation plan adjusted to the given schedule and budget and specific interventions of the PH4H and informed by the theory of change
- Design of instruments and methodologies to collect data from patients and health system providers in at least 10 countries
- Describe/revise the theory of change on how the specific interventions of the PH4H could have social, economic, and/or health outcomes, key intermediate outcomes, and expected timeline for them to materialize.
- Review methodologies for the social and economic evaluation for the social, economic and/or health outcomes expected through the PH4H within and between countries and over time.
- Based on the review and in consultation with the IADB propose different approaches for this evaluation and develop a protocol describing the evaluation based on the agreed methodology.

4.2. **Implementation Phase (12 months):** Implement the first 12 months of the implementation plan (Phase 1); Collect and analyze baseline data in at least 10 countries and create a regional and country level benchmarking analysis regarding access to digital health services in LAC

- Collect baseline data in 10 countries and calculate regional averages.
- Generate reports in English, Spanish and Portugues of regional and national results.
- Present results to IDB in database format as well as online reports (Dashboards) according to IDB standards and website requirements
- Design wireframes for IDB PH4H for internal and external views of the PH4H Dashboard.
- Implement Dashboard in IDB PH4H website according to IDB standards

5. Expected Outcome and Deliverables

5.1 Design Phase Products

- Monitoring and Evaluation Plan for PH4H, including the design and protocol of the social and economic evaluation of the Pan-American Highway for Digital health's impacts on patients and health systems and providers in the region
- Monitoring and Evaluation Framework with KPIs for Regional and National progress towards PH4H goals. Should consider KPIs for internal and External use, in line with the other strategies (Inclusion, Knowledge Management, etc). The M&E framework should consider KPIs based on the theory of change and indicators of access and adoption of digital health services by the public and providers that are key pre-requisites for the PH4H goals.
- National and Regional evaluation protocols including methodologies and measurement tools related to PH4H Objectives using existing KPIs where possible

5.2 Implementation Phase Products

- Collection of baseline data in 10 countries to capture among others KPIs identified in the M&E framework, access and adoption of digital health services, and those used to measure social and economic impacts of the PH4H for patients and health systems and create country and regional reports.
- Implementation of a public and internal dashboard to display progress in IDB PH4H website. The dashboard will include among others: KPIs (internal & external) identified in the M&E framework, data regarding access and adoption of digital health services essential for the PH4H objectives, key indicators of inclusion.
- Inclusion of all data collected in SCL Data portal

6. Project Schedule and Milestones

Deliverable	Detail	Estimated date
Product 1	Workplan and Methodology for design and implementation phase of project	2 weeks after contract signing
Product 2	Draft of design phase products	3 months after contract is signed
Product 3	Final version of all design phase products	6 months after contract is signed
Product 4	Bi-monthly execution report	8 months after contract is signed
Product 5	Draft versions of all implementation phase products	10 months after contract is signed
Product 6	Bi-monthly execution report	12 months after contract is signed
Product 7	Bi-monthly execution report	14 months after contract is signed
Product 8	Bi-monthly execution report	16 months after contract is signed
Product 9	Draft report with final versions of all products listed in 5.1	16 months after contract is signed
Product 10	Final report with final versions of all products listed in 5.1	18 months after contract signature

7. Reporting Requirements

7.1. All reports should be prepared in English, Spanish and Portuguese and shared in electronic format. If reports are to be published on the Bank's website, they should follow the standard IDB format.

8. Acceptance Criteria

8.1. All products must be approved by IDB, which must be made via official note or email by the person designated as a technical counterparty.

9. Supervision and Reporting

9.1. The consulting firm will report to Jennifer Nelson at the IDB and provide monthly updates or when

required, via email or meetings to the IDB on project status. It is the responsibility of the Firm to ensure that such meetings are held, and reports submitted to the Bank.

10. Schedule of Payments

10.1. Payment terms will be based on project milestones or deliverables. The Bank does not expect to make advance payments under consulting contracts unless a significant amount of travel is required. The Bank wishes to receive the most competitive cost proposal for the services described herein.

10.2. The IDB Official Exchange Rate indicated in the RFP will be applied for necessary conversions of local currency payments.

Payment schedule		
Deliverable	**Deliverable**	**%**
Product 1	Workplan and Methodology for design and implementation phase of project	10%
Product 2	Draft of design phase products	10%
Product 3	Final version of all design phase products	10%
Product 4	Bi-monthly execution report	10%
Product 5	Draft versions of all implementation phase products	10%
Product 6	Bi-monthly execution report	10%
Product 7	Bi-monthly execution report	10%
Product 8	Bi-monthly execution report	10%
Product 9	Draft report with final versions of all products listed in 5.1	10%
Product 10	Final report with final versions of all products listed in 5.1	10%
Total		100%