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-P003
SELECTION METHOD: Full Competitive
COUNTRY: Regional
SECTOR OR DEPARTMENT: Social Protection and 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.

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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 of October, 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 Pascual (adrianh@iadb.org)*

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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

- **Objectives**: The primary goal is to develop a tailored training and certification program that aligns with international standards, enhancing digital health skills among public sector employees across at least 10 countries.
- **Scope of Services**:

  o **Program Design**: Create a training program based on existing certifications and regional needs.

  o **Certification Management**: Establish a process using the IDB Digital Credential Framework to certify participants.

  o **Monitoring and Reporting**: Provide regular updates to the IDB on progress and outcomes.

- **Expected Results**: Train and certify at least 1,600 individuals across various countries, contributing to enhanced digital health capabilities in the region.
- **Timeline**: The project spans a maximum of 36 months, with specific milestones for deliverables.

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: *$400,000*

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

Terms of Reference

Design and implementation of certification and training platform for the public sector for key digital health competencies

Regional
ATN/JF-21093-RG
RG-T4546
https://www.iadb.org/en/project/RG-T4546
Paving the Pan American Highway for Digital Health

1.   Background and Justification

1.1. According to official data, Latin America and the Caribbean (LAC) were possibly the most affected region in the world during the COVID-19 pandemic, accounting 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). These figures underestimate the true impact of the pandemic; for example, in 2020, Peru reported 37,680 confirmed COVID-19 deaths, but analysis shows an excess of 102,267 deaths (Ibáñez et al., n.d.). The COVID-19 pandemic has dramatically demonstrated the importance of protecting public health: the World Bank estimates that regional Gross Domestic Product (GDP) in LAC fell by 6.9% in 2020.

1.2. The COVID19 pandemic exposed and accelerated new challenges and vulnerabilities that decision-makers must address including ensuring proper continuity of care for individuals within and among countries. The need for timely and accurate information during public health emergencies is well documented; based on research ranging past emergencies such as Ebola, Cholera, MERS, and others, access to quality data and insufficient data use was the most frequently encountered challenge (Park et al, 2020). Issues such as the informal market for health certificates and inadequate vaccination coverage pose threats to public health and raise concerns regarding authenticity and security. Additionally, the lack of coordination and interoperability in digital health initiatives hinders the exchange of crucial health data and limits cross-border healthcare services, exacerbating the situation. According to the Pan American Health Organization (PAHO) there is a significant vulnerability in the LAC region caused by the "lack sustainable integrated and interoperable information systems for health that allow them to capture, process, and share open and disaggregated data in real time (…) Access to this information is essential for public health insight, and digitized systems can provide greater opportunities for interoperability." Data interoperability and connectivity among countries in the region not only enable a continuous flow of medical information but also establish the foundation for a coordinated and agile response in times of need (World Health Organization - Global Vaccine Action Plan 2011-2020, 2016). Additionally, there is a critical need to improve the digital health workforce competencies in the public sector to ensure adoption and application of interoperability and cybersecurity standards.

1.3. Globally, there is recognition of a persistent need for a global mechanism to verify health document origins, crucial for pandemic readiness and uninterrupted healthcare. Based on discussions in the Indonesia and India G20, in June 2023, the WHO launched the Global Digital Health Certification Network (GDHCN). The GDHCN is an open-source platform based on solid and transparent standards, establishing the first pillar of digital public health infrastructure to develop a wide range of digital products aimed at strengthening pandemic preparedness and providing better health for all, and it is available for free use by WHO member states (WHO, 2023). Following the COVID-19 pandemic, the need for health certificates was recognized, and the GDHCN was created, which can support various uses, such as digitization of vaccination certificates, verification of medical prescriptions, sharing of the international patient summary (IPS), and certification of healthcare professionals. The WHO established the GDHCN, based on regional experiences and the certification system of the European Union, DIVOC (Digital Infrastructure for Verifiable Open Credentialing), LACPASS (Digital Vaccination Certificate for the Countries of Latin America and the Caribbean), and ICAO (International Civil Aviation Organization),

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and seeks interoperability, based on standards, with other existing networks (WHO, 2023). Various LAC countries have started the process to join the GDHCN, a crucial first step to enable cross-border digital health services.

1.4. **The countries in the Latin America and Caribbean (LAC) region have prioritized data exchange at both national and regional levels.** For example, the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas CD 59/6 aims for countries to participate securely, ethically, equitably, inclusively, and cost-effectively in the digital transformation process by adopting and implementing interoperable digital health solutions through a multi-actor approach. Integrated health information systems are required to support the leadership and governance function of health ministries. Likewise, in the Inter-American Development Bank's regional health policy dialogue in 2022, countries identified several priorities for cross-border digital health, including optimizing available human resources through international telehealth, validating digital certificates, ensuring continuity of care, and regional resilience to face health emergencies by sharing data for public health. During the IDB-PAHO co-led event, RELACSIS 4.0, a plan was launched to strengthen regional digital health services and resilience, through regional data exchange and policy harmonization. Sixteen countries successfully exchanged digital vaccine certificates (COVID-19, Polio, Measles, and Yellow Fever) and critical clinical information (diagnosis, allergy, and prescription information) using international standards during the 2nd Regional LACPASS Connectathon.[3]

1.5. **Establishing regional agreements regarding health information exchange accelerates national adoption and improves healthcare.** Interoperability processes and data management systems can optimize how actors within a country share data with the health system. This can help governments make better decisions about the health of their population. A health system that is interoperable can: 1) Reduce health care costs associated with redundant diagnostic testing, unnecessary hospitalizations, and preventable readmissions; 2) Make better use of resources and management to know how, when, and where those resources are used; 3) Effectively monitor notifiable diseases, seasonal diseases, communities' disease burden, and other aspects; 4) Aid public health research; and 5) Strengthen disaster response (Bagolle et al, 2022). A systematic literature review of 25 studies on health information exchange (HIE) systems found positive outcomes for the quality and cost-effectiveness of health care, while fifteen of the HIE studies (60%) demonstrated positive economic effects due to significant savings related to reducing duplicated diagnostics (medical images, laboratory tests) (Bagolle et al, 2022). Interoperability is also important for global public health; the COVID19 pandemic demonstrated that the current global health architecture is slow to respond to the current pandemic and ill-prepared to prevent future public health emergencies. To increase regional resilience, it is critical to prioritize regional foundations for data exchange that serve beyond the COVID19 use case, such as yellow fever vaccination certificates or the International Patient Summary. Regional agreements can assist governments in selecting standards and use-cases that are pertinent to their specific contexts, thereby accelerating the adoption process at the national level and optimizing investments. Additionally, regional training initiatives can promote mutual comprehension in this domain. In order to accelerate this process, coordination and investments in regional governance, agreements, policies, information standards, knowledge sharing and digital public goods[4] are critical.

1.6. **Global Health and Universal Health Coverage.** To address the challenges described, it is essential for the countries of LAC and the international community to implement policies that ensure equitable access to healthcare for all. The use of digital technologies and accessibility to clinical data through mobile devices and shared information systems allow for informed and precise decision-making during health emergencies. With electronic health records available in real-time, healthcare professionals can quickly

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[3] During a Connectathon systems exchange information with corresponding systems in a structured and supervised peer-to-peer testing environment, performing transactions according to international standards defined in interoperability use cases.
[4] Digital public goods are open-source software, open standards, open data, open AI systems, and open content collections that adhere to privacy and other applicable best practices, do no harm, and are of high relevance for attainment of the United Nations 2030 Sustainable Development Goals (According to the UN Secretary General's Roadmap for Digital Cooperation, 2020).

assess patients' situations, administer appropriate treatments, and coordinate care efficiently, even in situations of displacement or resource scarcity (Bashshur et al., 2018). Additionally, access to vaccination records and medical histories in a cross-border setting is crucial to ensure timely immunization during epidemic outbreaks (Nagata et al., 2019). Just as the Pan   -American Highway plays a fundamental role in promoting regional integration, economic development, cultural exchange, and resilience in the Americas, a Digital Pan-American Highway for health can improve public health and continuity of care, enabling reliable exchange of health information in LAC, as well as empowering patients to securely access and share their health data, regardless of the city, province, or country they are in.

1.7. **Inclusive digital health by design.** The Latin America and Caribbean (LAC) region stands out globally for its significant inequality, marked by stark income gaps and entrenched disparities based on gender, race, and ethnicity. Access to essential social services like healthcare, education, and employment often hinges on these factors. Amidst this backdrop, there's a pressing debate regarding the role of technology in either reduce or intensifying these inequalities. The digital and data poverty gap permeates all levels of the healthcare sector, impeding access to preventive tools and care services for many individuals. Moreover, they hinder healthcare providers' capacity to serve the entire population efficiently. Additionally, they pose challenges to unbiased decision-making and equitable resource allocation. Furthermore, the increasing reliance on algorithmic decision-making, often based on biased or incomplete data, perpetuates these disparities. Without deliberate efforts to deploy digital technologies equitably and inclusively, these disparities will likely worsen. (Bagolle et al., 2022).   In 2021, the countries of the region approved the Principle of Inclusive Digital Health, which implies appropriate access, digital skills, and usability and navigability aspects in the development of technological solutions, among others (PAHO, 2021). A digital highway for health has the potential to transcend boundaries if designed with this principle in mind.

1.8. Various efforts globally and regionally exist to support capacity building in digital health. Recently the WHO has begun efforts to create the WHO Digital Health Competency Framework. Many international organizations, such as development agencies, standard development organizations, universities, NGOS and others have created trainings and certifications to this end, however a curriculum for governments using existing free and paid existing courses, tailored to the Pan-American Highway for Digital Health objectives and context is required, particularly in but not limited to, the areas of interoperability and cybersecurity.

2. Objectives

2.1 Improve digital health competencies of the public sector in the LAC Region by designing and implementing a training and certification program tailored to the needs and context of the Pan-American Highway for Digital Health, based on international standards supported by IDB/PAHO.

3. Scope of Services

3.1 Design a training program tailored to the needs of the PH4H in the LAC Region: Based on research and mapping of existing free and paid international and regional health informatics certification and training providers (HL7 International, SNOMED-CT, NIST, PAHO virtual campus, WHO Digital Health Competency Framework, RACSEL, etc.), as well as country needs, propose a tailored program for LAC Countries linked to the priorities of the PH4H.

3.2 Propose a process to manage the certification process using the IDB Digital Credential Framework. Design an end-to-end process to manage participant identification and enrollment to certification according to 3.1. for a minimum of **1,600 individuals across at least 10 countries, including** development of the virtual platform, including graphic design, programing and deployment.

The firm will be responsible for generating agreements and paying third parties for courses (as applies) such as certification and training providers, as well as contacting and managing the government participants. Documentation, training and certification management will be supervised and directed by IDB staff who will act as the firm's technical counterpart.

3.3 Monitoring and reporting: The firm will be responsible for providing monthly updates and reports to IDB on the progress towards improving digital health competencies of the public sector for the PH4H.

The design and execution period comprises a maximum of **36 months.**

4. Key Activities

4.1 Review of technical documentation, organizational proceedings, training and certification offer in the health informatics field, focused on interoperability and cybersecurity.

4.2 Design and validation of a digital credential framework and curriculum in the field of digital health based on the IDB Digital Credential Framework.

4.3 Desing and develop the virtual platform to manage the process, including graphic design, programming and set up in the content management system provided, according to the look and feel defined by the client. The platform should be able to provide specific progress views to the individual, the organization (training provider, Ministry of Health) and the IDB regarding progress. IDB encourages firms to reuse existing platforms, as opposed to designing the platform from scratch. Digital platform should take into account best practices for digital inclusion.

4.4 Development and maintenance of training activities on the virtual platform. Selection, curation, and loading of materials on the platform.

4.5 Management of technical documentation, including the needs of the technical teams of the countries, as well as the organization and classification of the same.

4.6 Carrying out specific documentary searches as well as advice on specific technical documentation.

4.7 Management and support for users of the platform.

4.8 Monitoring and reporting of activities to the IDB. Firm should provide monthly reports to IDB on progress. IDB should also be able to directly access progress online.

5. Expected results and outputs

Products Overview:

5.1 Work plan and Methodology: Detailed plan outlining methodology, team, deliverables and risk management for the project using best practices.

5.2 PH4H Digital Health training program: Document outlining the proposed implementation plan, curriculum and participant profiles to offer to countries; list of partners/3rd party providers of course material participating in the program and costs per certification; proposed process, tools and methodology to onboard countries and participants and course providers; and plan to monitor and evaluate progress through online platform. Platform should be accessible in all IDB official languages (English, Spanish, Portugues and French).

5.3 Online platform to manage credentialling for PH4H Training Program. Deployment of the online

platform to manage end to end process using IDB specifications.

5.4 Implementation Reports of the PH4H Training and Credential Platform. Monthly rapid reports on progress, as well as detailed quarterly reports of the implementation of the program, including bottleneck identification and corrective action.

5.5 Documentation, knowledge transfer, and training for IDB PH4H team. All documentation (code, documentation, etc) for IDB to manage and update platform after implementation.

Expected results:

At least 1,600 individuals and 10 countries trained and/or certified through the Digital Health Credential Framework for the Pan- American Highway of Digital Health.

6. Detailed Product Schedule and Project Milestones

Products	Detail	Estimated Date
Product 1	Detailed work plan & methodology proposal approved by the client	7 days after signing the contract
Product 2	First draft for the PH4H Digital Health training program	30 days after signing the contract
Product 3 **Milestone**	**Final document: PH4H I Health training pro implementation plan**	2 months after signing the contract
Product 4	First version of Online platform to manage credentialling for PH4H Training Program	3 months after signing the contract
Product 4 **Milestone**	**Platform go live**	4 months after signing the contract
Product 5	1st Report on training and certification in the platform	6 months after signing the contract
Product 6	2nd Report on training and certification in the platform	12 months after signing the contract
Product 7	3rd Report on training and certification in the platform	18 months after signing the contract
Product 8	4th Report on training and certification in the platform	24 months after signing the contract
Product 9	5th Report on training and	30 months after signing the

	certification in the platform	contract
Product 10 **MILESTONE**	5th (FINAL) Report on training and certification in the platform, lessons learned and recommendations + **Documentation, knowledge transfer, and training for IDB PH4H team**	36 months after signing the contract

7.   Reporting Requirements

7.1.   All reports must be submitted in both languages (English and Spanish) and shared in electronic format. In the event that the reports are shared on the IDB website, they must be submitted in the standard format of the same.

8.   Acceptance Criteria

8.1. All products must be approved by the IDB through an official note or email from the person designated as a technical counterpart.

9.   Monitoring and Reporting

9.1. The consulting firm will report to Jennifer A Nelson at IDB and provide monthly updates or when requested, via email or meetings, on the status of the project. It is the responsibility of the consulting firm to ensure that such meetings and reports are complied with.

10.   Payment Schedule

10.1. Payment terms will be based on the delivery of products and milestones. The Bank will not make advance payments under consultancy contracts, with the exception of significant amounts of travel expenses. The Bank expects to receive the most competitive cost proposal for the services described in this document.

10.2. The IDB Official Exchange Rate indicated in RFP will be applicable for the required conversions into payments in local currency.

Payment Schedule		
N°	**Product**	**%**
Product 1	Detailed work plan & methodology proposal approved by the client	10

Product 2	First draft for the PH4H Digital Health training program	10
Product 3 **Milestone**	**Final document: PH4H Digital Health training program implementation plan**	10
Product 4	First version of Online platform to manage credentialling for PH4H Training Program	10
Product 5 **Milestone**	**Platform go live**	10
Product 6	1st Report on training and certification in the platform	10
Product 7	2nd Report on training and certification in the platform	10
Product 8	3rd Report on training and certification in the platform	10
Product 9	4th Report on training and certification in the platform	10
Product 10	5th (FINAL) Report on training and certification in the platform, lessons learned and recommendations + **Documentation, knowledge transfer, and training for IDB PH4H team**	10
TOTAL		100