

TASK ORDER PROPOSAL REQUEST

Preventing the Medical Transmission of HIV: Reducing Unsafe and Unnecessary Injections in Selected Countries of Africa and the Caribbean

Article I – Title

Preventing the Medical Transmission of HIV: Reducing Unsafe and Unnecessary Injections in Selected Countries of Africa and the Caribbean

Article II – Objectives

This activity will focus on the following objectives and is contingent on the availability of funding through the State Department Global AIDS Coordinators' Office:

1. It will assess current injection practices within the public (and private sector, if possible), from both a client and provider perspective in a subset of countries participating in the President's Emergency Plan for AIDS Relief. The eligible countries are Ethiopia, Nigeria, Guyana, Uganda, Mozambique, Zambia, and Namibia.
2. It will produce a national plan that includes the safe and appropriate use of injections.
3. It will design and field-test a district-level project to improve injection safety in selected areas including improving provider skills, improving procurement and management of safe injection equipment and supplies, increasing managers' awareness and skills, and advocacy to reduce demand for injections and increase knowledge about injection safety among the general public.
4. It will develop and implement an advocacy strategy for wider public understanding and support to the development of the national injection safety plan
5. It will establish program-level monitoring and evaluation systems to inform on progress with injection safety.

Article III - Background

A. Problem Statement

1. In addition to transfusion of HIV-infected blood, transmission of HIV in the health care setting can occur through unsafe injections and other unsafe medical practices, including occupational exposure to blood. The persons most-at-risk of infection through unsafe injections are the injection recipients, health care workers through contaminated needles and syringes, and the wider community through exposure to contaminated sharps waste.

2. Mathematical modeling used to estimate the global burden of disease from unsafe injections suggests that, in the year 2000, unsafe injections around the world accounted for 5% of HIV infections, 32% of hepatitis B virus infections, 40% of hepatitis C virus infections, 28% of liver cancers, and 24% of cirrhosis cases.²

Injection Practices & consequences in terms of viral hepatitis, HIV infection, in sub-Saharan Africa, year 2000²

	AFR D	AFR E	World
Injections per person & per year	2.2	2.0	3.4
Proportion of needle reuse	17%	19%	39.8%
Method to determine proportion of reuse³	Standard Surveys	Standard Surveys	-
Proportion of Hep B due to unsafe injxns	58.3% (26.2-82.4%)	22.4% (16.5-28.7%)	31.9% (9.4-56.9%)
Proportion of Hep C due to unsafe injxns	81.7% (52.1-95.0%)	30.8% (22.8-39.2%)	39.9% (18.2-66.7%)
Proportion of HIV due to unsafe injxns	2.5% (5.7-8.5%)	2.5% (5.2-8.9%)	5.4% (3.9-7.0%)

GLOBAL BURDEN OF DISEASE REGIONS: AFR D: Algeria, Angola, Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Comoros, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Mali, Mauritania, Mauritius, Niger, **Nigeria**, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Togo. **AFR E:** **Botswana**, Burundi, Central African Republic, Congo, **Côte d'Ivoire**, Democratic Republic of the Congo, Eritrea, **Ethiopia**, **Kenya**, Lesotho, Malawi, **Mozambique**, **Namibia**, **Rwanda**, **South Africa**, Swaziland, **Uganda**, **United Republic of Tanzania**, **Zambia**, Zimbabwe.

3. Specifically in the Emergency Plan countries, unsafe injections in the formal and informal health sectors are believed to account for more than 129 million unsafe injections (more than 52,000 HIV infections).⁴ While such estimates have limitations, existing data from standardized surveys suggests that injection overuse and unsafe injection practices contribute towards contaminated and often-unnecessary injections in the formal and informal health sectors constituting a substantial mode of transmission for HIV, Hepatitis B virus, and Hepatitis C virus. Concern about the negative outcomes of unsafe injections, including transmission of blood-borne pathogens and abscess formation, has focused attention on scaling up interventions to

⁴ Informal estimation exercise, provided by WHO SIGN to facilitate PEPFAR planning, using extrapolations from: Dziekan G, et al, "The cost-effectiveness of policies for the safe and appropriate use of injection in healthcare settings," *Bulletin of the World Health Organization*; 2003; 81(4): 277-85. Epub May 16, 2003.

stop the inappropriate and unsafe use of injection equipment and decrease unnecessary injections.

B. President's Emergency Plan for AIDS Relief (PEPFAR)

1. On January 28, 2003, President Bush introduced the Emergency Plan for AIDS Relief (PEPFAR), a five-year, \$15 billion initiative to turn the tide in combating the global HIV/AIDS pandemic. Specifically, the initiative is intended to:
 - Treat 2 million HIV-infected people: Capitalizing on recent advances in ARV treatment, this initiative will be the first global effort to provide advanced antiretroviral treatment on a large scale in the poorest, most affected countries.
 - Prevent 7 million new infections (60% of the projected new infections in the target countries): The initiative will involve large-scale prevention efforts, including the prevention of HIV transmission through unsafe medical injections and blood transfusions, and mother to child HIV transmission.
 - Care for 10 million HIV-infected individuals and AIDS orphans: The initiative will provide a range of care, including support for orphans and other children made vulnerable by HIV/AIDS.
2. President Bush and the United States Congress have recognized that interventions to prevent transmission of HIV in health care settings are both effective and cost-effective and have included language in HR 1298 that addresses the importance of both blood safety and injection safety in our response to the pandemic. By addressing injection safety, the Emergency Plan can help to reduce the spread of HIV and other infectious diseases and reduce the fear of infection among health care workers (HCW), thereby lessening HCW stigma and discrimination against people living with HIV/AIDS.

C. Relationship to the Emergency Plan Priorities

1. As part of its broader approach to preventing 7 million new HIV infections through the President's Emergency Plan for AIDS Relief, this Task Proposal Request (TPR) will solicit proposals from organizations that can rapidly implement programs to increase the safe and appropriate use of injections. Proposals addressing injection safety in the following priority countries will be considered: Ethiopia, Nigeria, Guyana, Uganda, Mozambique, Zambia, and Namibia. To achieve greatest impact, these activities should build upon existing country-based activities and be designed such that they can be expanded to include scale up of activities and address national policies and strategies for decreasing community demand for unsafe injections.

D. Technical Strategies

2. Proven interventions to reduce unsafe injections and the ways to deliver them exist.^{1,2,3} There is no need to wait for new interventions or new technologies as injection devices with reuse-prevention features are being rolled out by manufacturers, providing new prevention opportunities. Tools have been developed and tested for injection safety assessment, implementation, and evaluation through the Safe Injection Global Network (SIGN).
3. Local, national, and international partners have adopted the basic elements of injection safety interventions². At the September, 2003 Safe Injection Global Network (SIGN) Pre-ICASA Conference Satellite meeting in Kenya, a global alliance of stakeholders agreed that the current initiatives for “access to care” should include access to safe health care.
4. The factors that contribute to disease risk through the unsafe and inappropriate use of injections include: (a) the safety with which injections are administered, (b) the number of injections received by each person and (c) the disposal mechanisms available for used injection equipment. In the Emergency Plan countries, individuals within both the formal and informal health sectors administer injections.⁵ Within formal health settings, there is variability as to who is allowed to administer injections, the training level of health staff to safely administer injectable medications, and access to commodities for safe injections. Within the informal health care sector, pharmacists, traditional practitioners, community members, and family members also administer injections.
5. The four fundamental injection safety strategy elements² presented below provide a broad framework to guide selection and development of a set of emergency relief interventions, designed to have a rapid impact on unsafe injections with a high probability of success.

Standard Setting: In countries with an existing national safe injection policy, interventions should be designed in accordance with existing policies and national plans. In countries, where national infection control and/or safe injection policies do not exist, interventions should be designed using general principles outlined by the Safe Injection Global Network (www.injectionsafety.org) and the **Safe Injection Global Network Injection Safety Toolkit**. A safe injection is usually defined as an injection that does not harm the recipient, does not expose the health care provider to infection or injury, and does not produce waste that is dangerous for the community.

⁵ 2003 *Assessment of Injection Practices* (Draft), Uganda National Injection Safety Task Force (UNISTAF)

Assessment: The purpose of an assessment is to develop an intervention strategy appropriate for the target community. It also establishes a baseline to measure the impact of the interventions. Safe injection practice assessments focus on evaluating the practices of health care workers (e.g. injection frequency) and on identifying the specific components contributing to unsafe injection practices in the community. The Safe Injection Global Network has developed internationally accepted assessment tools. If the target countries have already conducted national or local assessments of injection safety practices, then an additional assessment is not necessary. (e.g. Ethiopia, Uganda, and Zambia.)

Implementation: Assisting facilities to move towards safer injection practices requires significantly more than the provision of commodities and training of providers. Client demand for injections, financial incentives for providers to administer injections, reuse of injection equipment among family members stemming from the belief that this is safer, unmonitored injections among traditional practitioners, and others in the informal health sector, all contribute to the spread of disease through unsafe injections. Critical first steps in assisting facilities and communities to move toward safer injection practices include the three key elements of a safe injection plan.²

- **Communication for behavior change** targeting health care worker and community members to develop safe injection practices.
- **Equipment and Supplies** and support with commodity management to avoid unsafe injection practices due to lack or inappropriate use of equipment.
- **Sharps Waste Management** to reduce the disease transmission hazards associated with sharps. Approaches should be in accordance with local environmental policies and standards.

Monitoring and Evaluation is also a critical component of the technical strategy. Program level assessments, or reviews, of activities monitors management of the project to ensure optimal efficiency and improves programming by identifying whether the current activities are the best use of resources.

6. A systematic method of identifying lessons learned and building them into the program is needed. Large donor funded efforts to support injection safety for HIV prevention are relatively new. For optimal programming, efforts must evolve in response to the context. Regular program reviews can be used to identify what is working and what is not working and to guide subsequent programming.
7. At the individual project level, recipients should collect baseline and end-line data to guide interventions, using internationally accepted assessment tools (the **SIGN Injection Safety Toolkit** and www.injectionsafety.org). Recipients are expected to collect qualitative data to help shape the content of project interventions and inform current and future efforts in this area.

Article IV: Statement of Work

A. Tasks and Methodology

Although the tasks listed below are described separately, there are many linkages and interrelationships among them. Contractors shall explicitly describe how these linkages and interrelationships will become an integral part of their technical and management approach.

Respondents to this TPR should include a section addressing how the following activities will be carried out identifying the sub-contractors who will be responsible for the work and in which of the following priority countries: Ethiopia, Nigeria, Guyana, Uganda, Mozambique, Zambia and Namibia. Respondents should indicate the costs of the different components of these activities.

The major tasks correspond to the technical strategies outlined above.

1. Assess current injection practices within the public (and private sector, if possible), from both a client and provider perspective.

Principal Sub-tasks

1.1: Adapt and/or apply existing injection safety assessment tools developed by SIGN, such as the *Rapid assessment and response guide* and/or the *Tool for the assessment of injection safety* (www.injectionsafety.org or the **SIGN Injection Safety Toolkit**).

1.2: Conduct an assessment, using SIGN tools, of injection safety, injection practices and frequency in selected districts / provinces including a review of policies, institutions and systems that are related to ensuring safe injection practices in the country. Target populations for assessment include the following:

- Public and private prescribers who make decisions over injections administration;
- Public and private health care providers who administer injections;
- Patients who receive injections;
- Program managers and decision makers;
- Relevant training institutions responsible for clinical skills development.

1.3: Assess health care worker and care seekers attitudes and behaviors related to administration of injections and injectable medications.

In countries where an injection safety assessment has already been conducted, the contractor would update and/or compile additional data to fill in any major information gaps, if necessary. The assessment will be used to inform decision making for policies and standards. In carrying out the above set of sub-tasks, the contractor is also expected to train national level staff in the rapid assessment process and methodology.

Illustrative Activities

- Conduct rapid appraisal of injection practices at the field level, analyze relevant policies, institutions and systems at the national level;
- Investigate demand for injections and public opinion of injection practices at the community level;
- Use rapid operational assessment techniques to identify the most common problems and feasible solutions towards improving injection safety within the target institutions and communities.

Performance Indicators-To be completed within 1 month of the award

- Baseline assessment and survey conducted and findings disseminated among relevant stakeholders.
- A discussion paper that summarizes issues and a clear set of action points as contribution towards developing a national plan for injection safety. The paper would also highlight potential interventions to be tested at field level through a pilot project.

2. *Draft a national plan that includes the safe and appropriate use of injections with recommendations for an initial project to improve injection safety in selected areas*

The development of a national plan should draw upon the principles and strategic framework developed by the Safe Injection Global Network (SIGN). The three basic elements of a safe injection plan should include:

- Behavior change and capacity building among health care workers and care seekers/patients to reduce unnecessary and unsafe injections;
- Provision of equipment and supplies to ensure all necessary injections are administered with a new, single use needle and syringe;
- Sharps waste management to ensure injection waste does not harm the community.

Additional elements can be added to a plan to broaden the concept of safe injection practices to include safe medical practices.

Principal Sub-tasks

2.1 Establishment of a national injection safety group with a set of core members that meets at least every other month and promotes the safe injection initiative in the country; the group should include but is not limited to the following:

- Representatives from the Ministry of Health, academic institutions
- Multilateral and bilateral agencies including USAID, CDC, UN agencies such as WHO and UNICEF
- NGOs involved in the delivery of health care in the country
- Representatives from HIV prevention and treatment, immunization, general medical, obstetrics, family planning, pediatrics, surgical and nursing programs

- Professional associations and private sector representatives.

This group may be a subset of the national infection control committee and/or should have direct links with national infection control efforts in the applicable countries.

2.2 Assist the national injection safety group to develop a draft plan to decrease unnecessary injections and provide necessary injections in a manner that is safe to the patient, healthcare worker, and community. The draft plan should include:

- The definition of national standards for appropriate injection use, injection safety, type of injection equipment, and safe sharps waste management.
- Assurance of the provision of injection equipment including: single use needles and syringes, safety boxes, diluent, gloves, soap for hand washing. Additional materials that can be included in a more comprehensive plan such as intravenous (IV) catheters, and IV tubing.
- A strategy for advocacy and behavioral change promoting injection safety among health providers, prescribers, managers, decision makers and the general public.
- Recommendations to conduct an initial project addressing both provider and consumer factors in selected areas to be initiated in the forthcoming month. The pilot project would include (a) making syringes available and (b) pilot testing communication/behavior change tools.

2.3 Provide technical support to identify and reach milestones to finalize the draft plan including the incorporation of lessons learned through the pilot project as well as to conduct any additional analyses needed to address identified information gaps.

Illustrative Activities

- Conduct a national workshop to review rapid assessment findings on current injection practices, frequency and public opinion of injection safety;
- Draft a national plan to improve injection safety with relevant stakeholders;
- Establish agreement with the national injection safety group and the MOH to pilot a package of field-based interventions in selected sites / facilities that would feed into the finalization of the draft national plan and scaling up of successful lessons.

Performance Indicators-To be completed within 2 months of the award

- Establishment of a national injection safety group with a set of core members that meets at least every other month and promotes the safe injection initiative in the country;
- The national injection safety group will provide feedback and updates to the Inter-Agency Coordinating Committee, the National AIDS Council and other pertinent groups within the country on at least a quarterly basis.

In countries where an injection safety national plan has already been created, the contractor will update the plan, committee membership, etc to include reference to HIV/AIDS prevention, if necessary. A more extensive and detailed proposal for Task 3 is expected in countries which have already completed Tasks 1 and 2. In carrying out the

above set of sub-tasks, the contractor is expected to work closely with the injection safety focal person within WHO/AFRO and/or WHO/PAHO in coordinating and developing this task.

3. *Design (and field test) a project to enhance injection safety in selected geographic area(s) including improving provider skills, improving procurement and management of safe injection equipment and supplies, increasing managers' awareness and skills, and advocacy to reduce demand for injections and knowledge about injection safety among the general public.*

These activities may be conducted in one or more geographic areas within one or more of the target countries. Under this scope of work, the contractor shall initiate a project that aims to improve injection practices through the following components:

- Training and capacity building of health care prescribers and providers as well as program / facility managers;
- Improving logistics supply and distribution systems that ensure availability of safe injection equipment;
- Reducing the frequency of unnecessary injections through advocacy and behavior change (Subtasks described in TASK 4).

Early results from the initial phase will be reviewed at a national workshop six months after the beginning of the pilot to inform the refinement and finalization of the draft national plan, if not already complete. It is expected that successful lessons would contribute to scaling up at the national level.

Principal Sub-tasks

3.1 *Training, Support and Capacity*

- Train and educate health care workers in safer infection control practices, including safe injection practices, universal precautions, selection of appropriate waste management options, and decreasing unnecessary medications, particularly injections;
- Develop and/or update institutional service delivery policies, standards, guidelines, job descriptions, monitoring tools, etc to reflect safe injection and sharps waste management practices (in accordance with national or international standards);
- Assist and train health care workers, logisticians, and other appropriate personnel in safe injection commodity forecasting, financing, procurement, logistics and supply management to ensure that both sterile, single use injection devices for injection and reconstitution and safety boxes are available in health care facilities in sufficient quantities for the number of injections administered;
- Advise and assist program managers and facility administrators to direct, supervise and monitor activities to improve injection safety within their areas;
- Develop a mechanism to review progress and lessons learned between the national injection safety group and personnel from the project.

Illustrative Activities

- Design and implement training and supervision of providers and other health care workers in safe injection practices, universal precautions and decreasing unnecessary injections. Approaches should be interactive and may include Interactional Group Discussions (IGD)⁶, Monitoring, Training, and Planning (MTP)⁷ or other facility-based strategies focusing on rational indications for the use of injections;
- After assessment of the current practices of health care staff, modify job descriptions and duties to reflect the appropriate injection practices.

Performance Indicators-To be completed within 8 months of the award

- Number of health care workers trained in safer medical practices, including injection safety;
- Number of health care facilities where injections are always given with a new syringe and needle.

3.2: Equipment, Supplies and Commodity Management

- Ensure that all health care facilities are provided with sufficient quantities of single use needles and syringes, diluent, safety boxes, gloves, and soap;
- Develop and strengthen existing systems for reliable commodity management, including selection, forecasting, procurement, financing, and distribution of injection equipment and safety boxes in sufficient quantities for the number of injections administered.

Illustrative Activities

- Ensure “bundling” of injectable vaccines, injectable contraceptives and tuberculosis medicines in donor-supported programs with single use needles and syringes that include reuse-prevention features and safety boxes;
- Provide appropriate commodities for safe injection practices, including single-use injection equipment, gloves, diluent, soap, and safety boxes, preferably using existing distribution systems, when appropriate;
- To decrease unnecessary injections, ensure oral formulations of commonly used medications are available at the health facilities. This may require revision of the essential drug list;
- Ensure inclusion of injection equipment on Essential Drug Lists on a facility and/or national level.⁸

Performance Indicators-To be completed within 8 months of the award

- Number of additional syringes and needles procured;

⁶ Interactional Group Discussions (IGD) were shown to significantly reduce overuse of injections by providers in Hadiyono JE, et al, “Interactional group discussion: results of a controlled trial using a behavioral intervention to reduce the use of injections in public health facilities,” Soc Science Med. 1996 Apr; 42(8): 1177-83.

⁷ SIGN Meeting Report, 2002, from SIGN Injection Safety Toolkit

⁸ This approach is believed to have contributed to the drop in unsafe injections from greater than 50% to 4% over the course of 5 years in Burkina Faso as described by Sophie Logenz in “Increased access to injection equipment in Burkina Faso,” SIGN Annual Meeting, 2001.

- Number of sharps disposal containers distributed, appropriately matched with number of single-use syringe/needle distributed;
- Number of health care facilities with sufficient stocks of using single-use injection equipment (in the facility or nearby pharmacy).

3.3: Sharps Waste Management

- Develop and strengthen systems⁹ to support proper disposal of sharps at the level of this intervention. This should be done in accordance with national policies for safe health care waste management, if such a policy exists. If such a policy does not exist, this should be done in accordance with international standards.

(www.injectionsafety.org , www.healthcarewaste.org and the **SIGN Injection Safety Toolkit**).

Illustrative activities

- Conduct focus group discussions with community members, clinic or hospital managers and waste disposal supervisors, and local partners to organize locally appropriate, and sustainable options for healthcare waste management (e.g. waste burial pit, burning, needle removal/destruction, sterilization followed by shredding, or other innovative, locally-determined approaches);
- Forecast and provide sufficient quantities of puncture-proof sharps containers (e.g. safety boxes) and related materials such as kerosene, matches for burning, etc to meet the disposal needs of injection equipment across the curative, immunization, and contraceptive sectors within the institution.

Performance Indicators-To be completed within 8 months of the award

- Number of health facilities in which a health care waste management plan is established;
- Among the areas within health care institutions in which health care workers can be exposed to needle-stick injuries, proportion of areas in which used injection equipment can be observed;
- Sufficient quantities of sharps waste disposal equipment available at health care facilities;
- Number of facilities who use safety disposal boxes or other recommended equipment.

In countries where components of the subtasks described above have already been implemented, the contractor will incorporate plans for building upon this within the proposal. In carrying out the above set of sub-tasks in the sub-Saharan countries, the contractor is expected to work closely with local partners.

4. Develop and implement an advocacy strategy for wider public understanding and support to the development of the national injection safety plan

⁹ The contractor would not directly support capital costs for waste management. The contractor's role would be limited to technical assistance in assessment, planning and leveraging support from other external agencies for items such as incinerators.

Principal Subtasks

4.1: Advocacy for Decision Makers: Assessment and design of pilot

The contractor shall include an assessment of perceptions, attitudes and knowledge of injection safety among a sample of the main decision makers in the health field. Decision makers include program managers, health facility administrators, professional associations, frontline health workers, pharmacies, and training institutions including medical schools. The methodology and tools for this assessment are available in the rapid assessment and response guide developed by SIGN. On the basis of this assessment, the contractor will draft an advocacy plan to increase public support for injection safety among the main target audiences in the pilot areas. During the pilot, the different activities under the plan will be tested and revised.

4.2: Pilot Behavioral Change Strategy

Under this scope of work, the contractor shall carry out a pilot activity. Part of the pilot will be to test the materials under the advocacy plan developed in Subtask 4.1. Another part of the pilot will be the development and testing of behavior change materials around injection safety for wider audiences, especially health care prescribers, providers, pharmacies and the general public. These materials will be based on the SIGN behavior change tool kit and be adapted and tested for the pilot areas. The result of the pilot will be modified advocacy and behavior change materials for the region and guidelines for adapting and taking these materials to scale in the subsequent implementation stages of the activity.

4.3: National Advocacy and Behavior Change Plan and Material

Under this scope of work, the contractor will combine the results of Subtasks 4.1 and 4.2 to present a national advocacy and behavior change plan and materials. In addition, the contractor will present a plan for reaching different audiences nationwide and, specifically, for working with NGOs and for integrating community-based activities to decrease the use of unsafe injections and increase knowledge of injection safety.

Performance Indicators-To be completed within 8 months of the award

- Field tested advocacy strategy including assessment tools and communication/behavior change materials promoting safe injection practices and reducing demand for unneeded ones produced
- National level advocacy strategy including the role and contribution of potential community / NGO / media partners developed
- Number of health workers trained on interpersonal communication skills.

5. Finalizing the National Plan for Injection Safety

Principal Subtasks

The following actions will be undertaken in partnership with the national injection safety group:

- 5.1 Review early findings from the pilot project and document policy implications to inform plan revisions;
- 5.2 Develop elements of a communication/behavior change campaign in collaboration with various sub-sectors, including reproductive and child health programs, directed towards the public to educate them about the risk of transmission of HIV and other bloodborne pathogens in medical settings. Content should include the important messages related to safe injections such as requesting an oral medication and requesting a new needle and syringe when injectable treatment is indicated. Content should also address false beliefs related to injections (i.e., injectable contraceptives transmit HIV). Partner with local media sources for information dissemination, news coverage, story telling, etc. SIGN has created tools to develop communication campaigns and has basic materials available for use.
- 5.3 Develop elements of training materials (see SIGN Toolkit) and a training program directed toward educating health care providers and prescribers about safe injections and proper infection control, and interpersonal communication skills to convey injection safety messages to clients.
- 5.4 Develop indicators for monitoring and evaluating the impact of the intervention and progress toward the targets laid out in the national standards.
- 5.5 Estimate the cost of the national plan adapting and/or applying the WHO costing tool, and coordinate financial inputs to the components among government and external agencies to ensure adequate financing for safe injection equipment within the public finance and budgeting system;

Illustrative Activities

- Review the essential drug list to exclude unnecessary injectable medications and to ensure that all common medications are available in oral formulations and single use needles and syringes are included on the list;
- Work with MOH, and partner agencies to address national level concerns to potential changes in the essential drug list;
- Coordinate the procurement and distribution of needles and syringes and injectable medications to assure sufficient quantities of needles and syringes for administering injections;
- Address health care worker concerns regarding their risk of infection with HIV and other bloodborne pathogens by promoting universal precautions in medical settings;
- Establish a process to address the following:
 - Proper use of multi-dose vials of medication
 - Appropriate separation of clean and dirty spaces so clean/sterile equipment/medication is not contaminated

- Recapping needles
 - Hand washing
 - The need for gloves when administering injections – i.e., gloves are not indicated when administering immunization injections or other injections where there is little risk of blood contact
 - Other aspects of proper infection control practices that would reduce HIV and other bloodborne pathogen transmission in medical settings such as proper sterilization.
- Finalize the draft document and convene a national workshop to obtain consensus on time frame, milestones, roles and responsibilities among all relevant stakeholders;
 - **Propose resource requirements for the follow-on phase of the contract that includes the continuation of the initial project and support to the implementation of the some components of the national plan for injection safety.**

Performance Indicators-To be completed within 9 months of the award

- The production of a written national plan addressing injection safety and safe medical practices endorsed by the national injection safety committee;
- Revised service delivery protocols reducing unnecessary injections;
- Essential drug programs supplying syringes, needles, diluent, and safety boxes in quantities matching supplies of injectable medications.

6. Meeting Travel

In addition to the major tasks listed above, the contractor should plan to attend two (2) two (2)-day injection safety meetings, including post-award debriefing, to be conducted by CDC and USAID. These meetings will be held in Atlanta, Georgia.

B. Deliverables

B.1. Within 3 weeks of award, the contractor shall submit the initial 11-month implementation action work plan to USAID:

Initial Work Plan: Action plan for the project including procurement plans for all steps in the Task Order

- a. An 11-month action plan due within 3 weeks of signing the award and will be a package including the steps outlined in the Task Order. The format of the different plans and reports should be compatible and designed to allow analysis among the plans of activities completed, expenditures, and results for each project year.
- b. The procurement plan for the project based on the 11-month action plan, and the timing of procurement actions will also be incorporated into the action plan.

- The procurement plan will indicate planned procurement actions for goods and services including items to be procured, relationship to planned activities, expected cost, anticipated source and origin, procurement mechanism(s), proposed timing and estimated delivery date.
- The procurement plan will conform to all applicable USG federal regulations incorporated into the Contract and updated and/or supplemented by the USG from time to time.

For each country, the following shall be submitted:

B.2. Within 1 month of the award, the contractor will submit the:

- Baseline assessment and survey findings and evidence of dissemination among relevant stakeholders;
- A discussion paper that summarizes issues and a clear set of action points as contribution towards developing a national plan for injection safety. The paper would also highlight potential interventions to be tested at field level through a pilot project.

B.3. Within 2 months of the award, the contractor shall submit a:

- Draft of the national safe injection plan;
- Recommendations for 8 month initial project addressing provider and consumer factors in selected areas to be initiated within 3 months of award;
- One to two page document describing current management and implementation issues.

B.4. Within 9 months of the award, the contractor shall submit a:

9-Month Report: Progress made with national level strategic planning and field pilot implementation and plans for follow-on assistance

- a. The Contractor's 9-month report will be a performance monitoring report, and will include the draft national implementation plan for injection safety, consensus, outcomes, roles and responsibilities related to the national plan, and also include the proposal for follow-on activities (including costs) for the contractor to help implement the broader national injection safety plan. This 9-month report will incorporate a full financial status report.
- b. The performance monitoring report is based on Section F.9 of the TASC2 IQC. A sample format is available as Attachment B at: www.tasc2.org/request.html. As specified in these plans, the data for performance monitoring may be from a variety of sources, including facility and community level assessments using the SIGN tools, field visits, other relevant analyses and reports, and the Contractor's primary monitoring and reporting system for this Task Order. It should contain at minimum the following information:
 - Contractor accomplishments against work plans to date, including

- Evaluation of field pilot on improving injection safety including provider as well as client outcomes;
 - Progress review of implementing the National Plan for Injection Safety;
 - A summary of next steps, including advocacy and procurement actions for scaling up at the national level.
 - Plan for the next months and proposal for follow-on activities that would complement the ongoing Task Order work and support implementation of national level injection safety efforts as described in Task 5, pending available funding.
 - New and outstanding problems and intentions to address outstanding problems.
 - Current data for output and performance indicators described in Tasks
 - Compelling individual-level success stories
- c. The financial report should contain at minimum the following information for all activities:
- Total funds committed to date by USAID into the Task Order.
 - Total funds expended by the Applicant to date, including direct and indirect administrative costs.
 - Funds and time remaining in the Task Order.
 - Financial status report information will be provided in a functional format to allow an examination of the cost of carrying out major action plan activities, rather than simply providing conventional "budget categories" for major expenditures.
 - The financial report will also provide meaningful information comparing the life-of-contract budget, expenditures to date, summary of estimated requirements for the next year, and a pipeline analysis of Task Order funds.

In addition, a final report should be submitted within one month of the completion of the Task Order and follow-on activities, if applicable.

B.5 Miscellaneous reporting requirements

a. **Ownership.** All plans, reports and other documentation under this Task Order shall become the property of the USG and may not be used by the Contractor for any other purpose than to satisfy the requirements of this Task Order.

b. **Report of USAID-funded property:** In accordance with USAID acquisition regulations, the Contractor is required to submit inventory reports of all non-expendable, USAID-funded property in the Contractor's custody at least.

Article V: Focus Countries

Proposals addressing injection safety in one or more of the Emergency Plan for AIDS Relief countries: Ethiopia, Nigeria, Guyana, Uganda, Mozambique and Namibia; may be submitted by any of the prime contractors) within the TASC2 Global Health IQC. This proposal to ensure injection safety under the IQC Task Order for HIV Prevention: Decreasing Unsafe and Unnecessary Injections should be no more than ten single-spaced, typed pages, not including resumes.

METHOD OF AWARD

USAID may, without discussion or negotiations, award a task order resulting from this Request for Task Order Proposal (RFTOP) to the responsible contractor whose proposal conforms to the Statement of Work (SOW) and offers the best value. Therefore, the initial proposal should contain the contractor's best terms from a cost and technical standpoint. USAID may reject any or all proposals, accept other than the lowest cost proposal, and waive informalities and minor irregularities in proposals received. The technical proposal evaluation criteria are in descending order of importance.

Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various proposals are to one another, the more important cost considerations become. The Contracting Officer may determine what highly ranked proposal based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

1. Technical Approach – In evaluating the different components of the technical proposal, USAID will examine the overall merit and feasibility of the proposals, as well as the specific criteria relevant to each of the tasks outlined earlier. Proposals should outline how the various tasks listed earlier will be undertaken. The technical components of the proposal will be evaluated based on the country specificity, the need, overall understanding and approach, and the design of the program. Whenever possible, applicants are encouraged to contact USAID missions in the applicable countries.
2. Personnel – Proposals should outline which subcontractors will conduct the various tasks listed earlier. Also, list the personnel and provide the CVs for the individual or individuals that your firm proposes to manage this work order, and who will be your firm's counterpart to USAID's CTO for this work order. These counterpart individuals will be "key" personnel for the work order. Also provide a list of individuals with expertise in injection safety or related subject matter(s) that you propose to use in executing this work order – in health service delivery, health systems strengthening, hospital / clinical infection control and waste disposal, advocacy and behavior change communications etc. These individuals should represent significant field research, program design and evaluation methodology experience working in Africa. Provide CVs for these individuals.
3. Past Performance – Describe your firm's experience with the type of work and activities described in the scope of work, including experience with other donors, university-based researchers or other USAID projects, presenting no more than five past performances to review. Each example should be accompanied by the name and

contact information for the individual that managed the program for USAID (or other donor agency, if appropriate).

- a. Strong preference will be given to applicants with one or more organizations within its consortium that are currently working with health care systems (e.g., in other areas of health care system strengthening) in the countries and/or communities where activities are being proposed. Although these health care system activities are not required to involve injection safety at the time of application, the applicant must demonstrate its past and present experience and capacity to plan, implement, and support injection safety programs within health-care settings in developing countries. Consideration should be given to having a specific subcontractor to address the commodity procurement, management and distribution aspects of the Task Order. Particular preference will be given to applicants with health systems strengthening experience in the target countries.

Adjectival Rating

USAID will award the contractor whose proposal(s) best meets the Statement of Work (SOW) and represents the best value to the Government, all factors considered. Proposals for the activity will be evaluated based on adjectival ranking for overall proposal and each section of the proposal, respectively. The following adjectives will be used in assessing the criteria set forth:

Outstanding: The proposal exceeds the fullest expectations of the Government. The applicant has convincingly demonstrated that the requirements have been analyzed, evaluated, and should result in an outstanding, effective, efficient, and economical performance under the agreement. An assigned rating within “outstanding” indicates that the proposal demonstrates an “outstanding” capacity, and exceeds the fullest expectations of the Government.

Very Good: The proposal demonstrates a level of effort that fully meets the SOW’s requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial to achievement of the goal of the development and testing of new and better tools, technologies, approaches, policies and/or interventions to improve the health status of infants, children, mothers, and families in developing and transitional countries. The proposal may or may not have any weaknesses. Fulfilling the definition of “very good” indicates that, in terms of the overall proposal and/or specific proposal sections, the proposal demonstrates a level of effort that fully meets the evaluation’s requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial.

Good: The proposal meets the requirements. The proposal may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. An assigned rating of “good” indicates that, in terms of the overall proposal and/or specific sections, the proposal demonstrates a “good” understanding and ability to fulfill the requirements. If

any weaknesses and/or significant weaknesses are noted, they should not seriously affect the contractor's performance.

Marginal: The proposal demonstrates a shallow understanding of the requirements and approach and marginally meets the minimum evaluation standard. The proposal contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist, they may be correctable. A rating of "marginal" indicates that, in terms of the overall proposal and/or specific sections the proposal marginally meets the standard for minimal but acceptable performance. The contractor may complete the goal of the development and testing of new and better tools, technologies, approaches, policies and/or interventions to improve the health status of infants, children, mothers, and families in developing and transitional countries; however there is at least a moderate risk that the contractor will not be successful.

Unacceptable: The proposal fails to meet a minimum requirement or contains a major deficiency or major deficiencies. The proposal is incomplete, vague, incompatible, incomprehensible, or so incorrect as to be unacceptable. The Evaluator feels that the deficiency or deficiencies is/are uncorrectable without a major revision of the proposal. The assignment of a rating within the bounds of "unacceptable" indicates that in terms of the overall proposal and/or specific proposal sections the proposal fails to meet performance or capacity standards.

Proposal Due Date

This Task Order, through the USAID Population, Health and Nutrition (PHN) Technical Assistance and Support Contract (TASC 2), will be valid for an 11-month period, contingent on the availability of funding through the State Department Global AIDS Coordinators' Office.

Proposals for this Task Proposal Request (TPR) must be submitted electronically no later than 9:00 am (EST) on Wednesday, January 7, 2004 to the following email addresses:

- chabrown@usaid.gov

The Cognizant Technical Officer (CTO) for TASC2 Global Health is:

Elizabeth Fox

Health Cognizant Technical Officer

(202) 712-5777

email: efox@usaid.gov

Applicable Documents

Applications must be consistent with current policies and guidelines provided at the Safe Injection Global Network website: www.injectionsafety.org and on the *Safe Injection Global Network Injection Safety Toolkit: His Life and Her Trust Are in Your Hands*. Copies of the toolkit are available upon request. Annex A includes key indicators to describe injection practices in a country and Annex B is a draft summary of current injection safety-related activities in the Task Proposal Request's target countries.

Article VI: Technical Direction

Before work is initiated on any of the components, OHA/GH will review the qualifications of the proposed consultants, activity methodology and test case site selection. The Technical Advisor on this activity will be Charlene Brown, OHA/GH (or her designee).

Copies of individual consultant reports, assessments, surveys, survey questionnaires and interviewer manuals, guidelines, health education materials, or other products funded by the contract will also be provided to USAID and designated USG counterparts.

All reports will be provided to OHA/GH in paper copy and in electronic format using Word 97 or higher. Tables and charts must be prepared using Excel 97 or higher. All documents should also be submitted to USAID/CDIE.

Inter-Agency Cooperation: The Office of the Global AIDS Coordinator within the State Department provides overall oversight of Emergency Plan activities. The Coordinator’s office works closely with other U.S. government agencies, including the U.S. Agency for International Development, the Department of Health and Human Services and its affiliated agencies including the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA.). USAID is submitting a Task Proposal Request for the procurement of technical assistance and support for injection safety activities under the USAID Indefinite Quantity Contract, TASC2. CDC will also submit a task proposal request under its IQC mechanisms. The USG funding agencies involved in injection safety activities, both at headquarters and at the country level will work closely together to review proposals, to harmonize activities supported, coordinate reporting requirements and broader evaluation efforts, and share lessons learned from program experience. Contracts will not be awarded without the concurrence of the U.S. Embassy in the country under consideration. Furthermore, in some circumstances, the U.S. Embassy in country may be requested to assume management and oversight of this program.

Article VII: Estimated Level of Effort (LOE) for Task Order Proposal Request

<u>Staff</u>	<u>Person Days</u>
1 Full-time Chief of Party, MD or other Health Professional	242
2-3 In-Country Technical Staff	605
Consultants, Local or Int’l	66
In-Country Administrative Assistant	132
Contractor Technical Backstopping and Support from Home Office	66
TOTAL ESTIMATED LOE	1,111

This illustrative LOE reflects the estimated needs for all of the tasks in one country over the course of an 11-month Task Order. The LOE and the personnel scenarios will vary significantly based on the geographic scope of the contract, including number and size of

target communities and countries that the contractor is working in, the number of subcontractors, and the decisions regarding regional versus country-specific expatriate staffing. For instance, the contractor may opt to have more highly skilled, in-country staff, with fewer expatriate personnel when working in more than one country or the contractor may decide to have a separate expatriate chief of party for each target country. The contractor will be expected to explain the rationale for the LOE choices made, with particular attention to acquiring the personnel necessary to facilitate the rapid implementation of the tasks outlined in the Task Order Proposal Request according to the timeline.

ANNEX A

From: *Managing an Injection Safety Policy: A framework to benchmark, assess, plan, implement, and evaluate a national strategy for the safe and appropriate use of injections*, WHO, March 14, 2003

Table 1: Key indicators to describe injection practices in a country*

PROGRAMME INDICATORS (INPUT)	IDEAL VALUE	NATIONAL TARGET VALUE
I.1. HIV/AIDS prevention and care programme communicating the risk of HIV infection associated with injections	Yes	
I.2. National drug policy discouraging injection overuse	Yes	
I.3. Number of injectable medications on the national essential drug list	Lowest possible †	
I.4. Essential drugs programme supplying syringes, needles, diluent and safety boxes in quantities matching supplies of injectable medications	Yes	
I.5. Donor or lender-funded programmes such as immunization or family planning services supplying AD syringes and needles in quantities matching supplies of injectables (vaccines or contraceptives)	Yes	
I.6. Health care waste management plan established within the health care system	Yes	
DETERMINANTS OF INJECTION PRACTICES (PROCESS)	IDEAL VALUE	NATIONAL TARGET VALUE
Injection Use		
P.1. Proportion of the population reporting a preference for injections in the case of fever	< 15 %	
P.2. Proportion of prescribers reporting a preference for injections among patients in the case of fever	< 15% ‡	
P.3. Proportion of the population recalling that the last injection received has been given at home	< 10%	
Injection Safety		
P.4. Proportion of the population spontaneously reporting the risk of HIV infection associated with unsafe injections	100%	
P.5. Proportion of prescribers spontaneously reporting the risk of hepatitis C virus infection associated with unsafe injections	100%	
P.6. Proportion of health care facilities using sterilizable injection equipment	0%	
P.7. Proportion of health care facilities using single-use injection equipment	100%	
P.8. Proportion of health care facilities using auto-disable injection equipment	100%	
P.9. Proportion of health care facilities with sufficient stocks of single-use injection equipment (in the facility or in a nearby public or community pharmacy)	100%	
P.10. Proportion of injections administered by unqualified or family providers	0%	
INJECTION PRACTICES (OUTCOME)§	IDEAL VALUE	NATIONAL TARGET VALUE
Injection Use		
O.1. Proportion of prescriptions including at least one injection**	Lowest possible †	
O.2. Average number of injections per prescription (for prescriptions containing at least one injectable medication)	Variable †	
O.3. Average number of injections per person and year	< 1	
Injection Safety		
O.4. Proportion of health care facilities where injections are always given with a sterile syringe and needle	100%	
O.5. Proportion of health care facilities where used injection equipment can be observed in places where they expose health care workers to needlestick injuries	0%	
O.6. Annual number of needlestick injuries per injection provider	0	
O.7. Proportion of health care facilities where used injection equipment can be seen in the surrounding environment	0%	

* The difference between the national target value and the observed value from the assessment will determine the objectives of the national injection safety strategy.

† Will vary according to many factors including health care settings, standard treatment guidelines, severity of illnesses when patients seek care.

‡ The value of P.2 should not exceed the value of P.1.

§ Estimation of the incidence of infection-associated infections as outcome indicator of a strategy for the safe and appropriate use of injections requires substantial epidemiological expertise and resources.

** Also referred to as "OTE indicator" to monitor essential medicine policies.

ANNEX B

Activities completed, ongoing and planned for safe and appropriate use of injections / infection control in eligible PEPFAR countries
Draft provided courtesy of WHO Safe Injection Global Network, 23 December 2003

Country	Key contacts	Assessment	Planning	Implementation	Evaluation
Ethiopia	<ul style="list-style-type: none"> ▪ WHO immunization programme officer ▪ WHO HIV/AIDS national programme officer 	<ul style="list-style-type: none"> ▪ Injection safety assessment in 2000. 	<ul style="list-style-type: none"> ▪ National policy for injection safety available for 2002 - 2006. ▪ Workshop to be planned for development of the plan of action . 	<ul style="list-style-type: none"> ▪ Policy and guidelines to be developed. 	<ul style="list-style-type: none"> ▪ -
Mozambique	<ul style="list-style-type: none"> ▪ National programme officer for HIV /AIDS ▪ Immunization Programme Officer ▪ UNICEF contact involved in injection safety 	<ul style="list-style-type: none"> ▪ Assessment planned for early 2004 (coordinated by UNICEF) 	<ul style="list-style-type: none"> ▪ Task force to be formed 	<ul style="list-style-type: none"> ▪ - 	<ul style="list-style-type: none"> ▪ -
Nigeria	<ul style="list-style-type: none"> ▪ National programme officer for HIV/AIDS and TB care. ▪ Immunization country programme officer 	<ul style="list-style-type: none"> ▪ Injection safety assessment done. Report pending ▪ Waste management assessment done in September 2003. 	<ul style="list-style-type: none"> ▪ Old plan available since 2001. ▪ Update pending following assessment results. 	<ul style="list-style-type: none"> ▪ Waiting to hear from country office for an update. 	<ul style="list-style-type: none"> ▪ -
Namibia	<ul style="list-style-type: none"> ▪ WHO HIV AIDS national programme officer 	<ul style="list-style-type: none"> ▪ Plans to conduct an assessment by March 2004 	<ul style="list-style-type: none"> ▪ - 	<ul style="list-style-type: none"> ▪ - 	<ul style="list-style-type: none"> ▪ -
Uganda	<ul style="list-style-type: none"> ▪ Dr Makumbi, WHO Office ▪ BASICS II ▪ John Snow ▪ WHO HIV AIDS national programme officer 	<ul style="list-style-type: none"> ▪ EPICENTRE injection frequency assessment completed ▪ BASICS assessment (?) ▪ JHPIEGO Infection control assessment completed 	<ul style="list-style-type: none"> ▪ Injection safety policy and guidelines formulated ▪ Active task force for injection safety ▪ Infection control planning meeting in June 2003 ▪ Injection safety policy workshop in September 2003 	<ul style="list-style-type: none"> ▪ - 	<ul style="list-style-type: none"> ▪ -
Zambia	<ul style="list-style-type: none"> ▪ WHO HIV AIDS national programme officer ▪ WHO inter-country immunization programme officer based in Zimbabwe 	<ul style="list-style-type: none"> ▪ Injection safety assessment completed in 2001 	<ul style="list-style-type: none"> ▪ Policy and guidelines available on injection safety, infection control and waste management ▪ Active committee on injection safety and infection control 	<ul style="list-style-type: none"> ▪ Training in infection control initiated with JHIEPGO support 	<ul style="list-style-type: none"> ▪ -