

State Institute “Agriculture Entrepreneurship Development”

One Health for Pandemic Prevention Food Systems Resilience and Ecosystem Health in Central Asia Project (OHP)

TERMS OF REFERENCE

DEVELOPMENT OF INFECTION PREVENTION AND CONTROL (IPC) STANDARD OPERATING PROCEDURES FOR PRIORITY PATHOGENS AND CASCADE TRAINING FOR ONE HEALTH WORKFORCE

I. BACKGROUND

The One Health approach is an integrated and unifying framework that aims to achieve optimal health for people, animals, and ecosystems. It recognizes the interdependence between human, animal, plant, and environmental health, and it mobilizes various sectors and communities to address global challenges, such as pandemic prevention, antimicrobial resistance (AMR), food safety, and environmental sustainability. This approach is essential for fostering well-being and tackling complex health issues in interconnected systems.

Phase 1 of the One Health for Pandemic Prevention Food Systems Resilience and Ecosystem Health in Central Asia Program for Tajikistan is funded from a US\$31.79 million grant, with US\$30 million sourced from the International Development Association (IDA) and an additional US\$1.79 million from the Pandemic Fund. This initiative, part of the World Bank's Multiphase Programmatic Approach (MPA), aims to support the five Central Asian countries (Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan) in addressing prevalent challenges related to zoonotic diseases, AMR, and food safety.

The One Health Program in Tajikistan, implemented as part of Phase 1 under the World Bank's Multiphase Programmatic Approach (MPA), is designed to strengthen the country's capacities for preventing, detecting, and responding to zoonotic diseases, AMR, and food safety risks. It supports investments across national and regional One Health coordination, communication, information sharing, regulatory frameworks, knowledge development, workforce capacity, risk-based surveillance, prevention and response systems, laboratory capacity, and data systems.

The project includes four key components:

- 1.Strengthening One Health Governance** – Establishing a cross-sectoral governance structure to enhance coordination and policy alignment.
- 2.Enhancing One Health Knowledge and Workforce Capacity** – Developing and implementing workforce training programs and research initiatives.
- 3.Improving One Health Prevention, Detection, and Response Systems** – Strengthening national and regional laboratory networks, enhancing risk-based surveillance, and supporting digital information systems.
- 4.Project Management, Monitoring & Evaluation, and Learning** – Establishing systems to manage and track project progress, ensure compliance, and facilitate knowledge dissemination.

The One Health Program in Tajikistan is implemented by the State Institute “Agriculture Entrepreneurship Development” (SI AED). The implementing agency works closely with national and regional stakeholders to ensure effective and sustainable implementation of the One Health approach.

II. OBJECTIVE OF THE ASSIGNMENT

The primary objective of this consultancy is to strengthen the response capacity of the One Health workforce in Tajikistan by developing comprehensive Standard Operating Procedures (SOPs) for Infection Prevention and Control (IPC) during outbreak investigations and laboratory diagnostics, and implementing cascade training to build workforce competency in IPC practices for priority zoonotic pathogens.

Specific objectives include:

- Support the establishment of a multi-sectoral TWG by preparing and submitting to MOHSPP a complete package of inputs, comprising: a draft MOHSPP Order establishing the TWG; proposed membership list by sector and institution (MOHSPP, CFS, CEP); draft TWG mandate and regulations covering scope, roles and responsibilities, decision-making procedures, and meeting frequency to guide the development and validation of IPC SOPs for targeted priority zoonotic pathogens, including: anthrax, brucellosis, Crimean-Congo hemorrhagic fever (CCHF), dengue, leishmaniasis, rabies, and salmonellosis for outbreak response and laboratory diagnostics;
- Conduct a comprehensive assessment of existing IPC practices, protocols, and infrastructure gaps in Especially Dangerous Pathogen (EDP) diagnostic laboratories and field investigation operations for both public health and veterinary sectors;
- Development of evidence-based Standard Operating Procedures (SOPs) for Infection Prevention and Control (IPC), aligned with international WHO WOAHA, and FAO standards and recommendations for targeted priority zoonotic pathogens, adapted to the context of Tajikistan. It will include joint field outbreak investigation SOP in a One Health approach and for each of the seven priority pathogens, laboratory diagnostic SOP covering IPC measures during diagnostic procedures. Laboratory SOPs will include sector-specific sub-sections for human health and veterinary laboratories. A mandatory inter-sectoral information sharing step will be added to each SOP, specifying notification requirements and timelines between sectors;
- Design and implement Training of Trainers (ToT) program to build national training capacity including development of a module designed for cascade delivery by certified master trainers;
- Deliver training to a minimum of 180 One Health workforce members as part of a One Health team, including sanitary doctors, veterinarians, epidemiologists, laboratory technicians, working in EDP laboratories (health and vet) and outbreak investigation teams including frontline environmental health officers (as part of outbreak investigation), border health officers, CHWs, and lab sample transport personnel.

III. SCOPE OF SERVICES, TASKS (COMPONENTS) AND EXPECTED DELIVERABLES

3.1. Preparation and Planning

- i. The organization/consultant will develop a detailed plan for the implementation of the terms of reference, detailing the deadlines and responsible persons for each stage of the project.
- ii. Assessment of the necessary resources, including human, financial and material, planning their allocation throughout the assignment.
- iii. Definition of the management structure, including team building.

- iv. Conduct initial consultations with the Committee for Food Security (CFS) to align on proposed TWG composition and mandate prior to formal submission to MOHSPP.
- v. Prepare a proposal to the MOHSPP on the establishment of technical working group consist of specialist in the relevant areas (sanitary-hygienic, infection prevention and control, laboratory services, medical waste management, veterinary medicine) for the development of SOPs. The proposed TWG composition shall ensure equitable representation from the veterinary sectors across all relevant domains.
- vi. The consultant shall establish and maintain a coordination mechanism with MOHSPP, CFS, and CEP throughout the assignment, including: regular progress meetings with all three agencies; a defined reporting line ensuring all agencies receive relevant outputs; and a documented decision-making process for SOP review and validation through the TWG.

Expected Outcome:

- A detailed implementation plan has been developed, including a stakeholder engagement strategy, a timeline for implementation, and the identification of responsible persons.
- List of necessary SOPs is prepared for development.
- A complete TWG establishment package submitted to MOHSPP, including: draft Order, proposed composition by sector and institution, draft TWG mandate covering governance, scope of work, member roles and responsibilities, decision-making procedures, and meeting frequency.

3.2. Study and Identify Shortcomings in Current Documents

- i. Review and collect all existing IPC protocols, SOPs, guidelines, and training materials currently used in SSI laboratories and field investigation operations for both human health and veterinary sectors for target priority zoonotic pathogens.
- ii. Conducting assessment of current IPC practices, infrastructure, equipment, and supply chains across a representative sample of high-consequence pathogen (HCP) laboratories (at least 8 facilities) within the healthcare and veterinary sectors, as well as epidemiological and epizootiological field investigation teams, through: structured observation of workflows and field investigation procedures; interviews with laboratory managers, technicians, epidemiologists, and veterinarians; review of incident reports and occupational health and safety documentation (where available); and assessment of biosafety levels and the availability of personal protective equipment (PPE).
- iii. Identify critical gaps in: IPC knowledge and practices among workforce, standard operating procedures for safe sample collection, transportation, and processing, laboratory biosafety infrastructure (biosafety cabinets, ventilation, waste management), PPE availability, quality, and proper use, decontamination and disinfection practices, occupational health and post-exposure management systems, and documentation and reporting systems, with due consideration of gender and social inclusion issues.
- iv. Conduct a comparative analysis against the WHO Laboratory Biosafety Manual, WHO IPC Core Components, WHO and IATA guidelines for infectious specimens, WHO/FAO/WOAH Competencies for One Health Field Epidemiology, the WOAH (OIE) Terrestrial Animal Health Code standards, the WOAH Manual of Diagnostic Tests and Vaccines for Terrestrial Animals, and other international and regional best practices (such as those in Kyrgyzstan and Uzbekistan) for handling priority zoonotic pathogens.

- v. Assess existing mechanisms for inter-sectoral collaboration between human health and veterinary teams during zoonotic outbreak investigations, and identify opportunities for joint activities, joint outbreak investigations, shared IPC protocols, and inter-sectoral data sharing.
- vi. Document findings in a comprehensive situational analysis report with prioritized recommendations, with specific considerations for each relevant sector.

Expected Outcome:

- Situational Analysis Report documenting current IPC practices, infrastructure gaps, and workforce capacity.
- Recommendations for the development of IPC SOPs for target priority zoonotic pathogens.

3.3. Development of IPS Standard Operating Procedures

- i. Development/Updating of IPC SOPs: Based on the situational analysis and international standards and recommendations (WHO, WOAHA, FAO, CDC), prepare comprehensive IPC SOPs for relevant pathogens in the healthcare and veterinary sectors, adapted to the specific conditions of Tajikistan
- ii. Approval of updated documents: Conducting stakeholder consultations to align and validate new documents. Revising the documents based on the feedback received.
- iii. Implementation and Publication of New Documents: Providing technical preparation for updated and new SOPs and offering advisory support during the official approval process. Publication and dissemination of the new documents to the relevant personnel.

IPC SOPs must cover the following domains:

1. SOP for field outbreak investigation and sample collection, including IPC considerations for vector surveillance and control (for relevant pathogens), including joint outbreak investigation in a One Health approach
2. Laboratory sample reception and processing
3. Pathogen-specific diagnostic procedures (IPC measures for each of 7 priority pathogens)
4. Personal Protective Equipment (PPE) management
5. Decontamination and waste management
6. Occupational health and post-exposure management
7. Laboratory biosafety management. (Laboratory Biosafety Management Framework)

Where relevant, the SOP should provide explicit distinct considerations for field and laboratory settings to distinguish between IPC measures that need to be applied across these two operational contexts. The specific structure and number of SOPs to be developed will be agreed upon with the selected vendor prior to contract signing, in consultation with PMU and the World Bank task team.

Expected Outcome:

- Comprehensive IPC SOP package covering all 7 priority pathogens.
- Finalized, officially approved IPC SOPs.

3.4. Training Modules and Training

- i. Development of Training Modules: Preparing training curricula and modules covering all areas of the new SOPs; including theoretical and practical components on the application of the updated documents within the training modules
- ii. Preparation of training materials: Development and reproduction of necessary training materials and manuals. Preparation of presentations and other visual aids for training sessions. Ensuring the availability of training materials in electronic format. Training materials shall be adapted to the functions and learning needs of different target groups.
- iii. Preparation of dedicated training material for Training of Trainers sessions. The ToT training package shall include all materials developed for the 180-participant audience, supplemented by additional content covering: adult learning methodology, facilitation and demonstration techniques, competency assessment design, and supervision of cascade training sessions.
- iv. Conducting Training of Trainers (ToT) sessions:) to certify 15-20 master trainers through intensive workshop covering training methodology, practical demonstration techniques, competency assessment, and all IPC SOP content.
- iv. Conducting cascade training for at least 180 participants from the following sectors:
 - Laboratory staff
 - Field epidemiologists
 - Veterinary field epidemiologists and laboratory staff

Expected Outcome:

- 15–20 certified Master Trainers have been prepared, who are competent in conducting further training on the relevant topics.
- Training sessions have been conducted through master trainers for 180 'One Health' system personnel, including both theoretical and practical components.

3.5. Final Report and Dissemination

- i. Collection and consolidation of all project results: Aggregating all data, reports, and materials developed throughout the project. Analysis of achievements and identified challenges.
- ii. Development of recommendations: Drafting recommendations for the further improvement of regulatory and guiding documents; strengthening of inter-sectoral IPC coordination mechanisms; institutionalisation of IPC SOPs, including integration into national training curricula, pre-service and in-service education programs; and sustainability of the One Health IPC workforce capacity developed under this assignment.
- iii. Preparation and submission of the final report: Compiling a final report with a comprehensive description of completed tasks and achieved results. Presentation of the final report to stakeholders and governing bodies (including the organization of a round table).
- iv. The Final Report shall provide a strategic synthesis of the entire assignment. Content that duplicates previous interim deliverables will be presented in summary form with cross-references, rather than reproduced in full, to ensure focus on final recommendations and sustainability.

Expected Outcome:

- Information package for the dissemination of results and a successfully conducted final roundtable with the participation of key stakeholders.
- Approved and submitted Final Report encompassing all project results and recommendations.

IV. TEAM COMPOSITION AND QUALIFICATION REQUIREMENTS OF THE CONSULTING FIRM AND KEY EXPERTS

Qualification requirements for the consulting firm.

- The consulting firm should have at least 3 years of providing consulting services in public health, accreditation systems or related fields. Experience working with the MOHSPP is mandatory.
- The consulting firm should have at least 3 years of experience in each of the following: (1) conducting situational assessments in public health, IPC, or laboratory biosafety; (2) developing national standards, SOPs, or regulatory/guidance documents in health or veterinary sectors; (3) designing and delivering training or capacity building programs for health workforce. This experience must be supported by documentary evidence, such as copies of contracts or positive client feedback.
- The consulting firm should demonstrate the capacity to effectively engage with national stakeholders and operate within the local institutional and regulatory context.

The consulting firm will engage technical, non-technical and administrative staff to ensure that the assignment is completed on time and that the required standards are met.

At a minimum, the team of consulting firm should include the following key employees with the listed qualifications and experience:

a) Supervisor / Epidemiologist: Advanced degree (Master's or PhD) in public health, microbiology, infectious diseases, or related field with specialization in infection prevention and control or laboratory biosafety. Minimum 10 years of professional experience in IPC and laboratory biosafety, with at least 5 years in developing countries context. Demonstrated experience in developing SOPs, training materials, and implementing capacity building programs for laboratory workforce. In-depth knowledge of WHO Laboratory Biosafety Manual, WHO IPC Core building programs for laboratory workforce. In-depth knowledge of WHO Laboratory Biosafety Manual, WHO IPC Core Components, and international biosafety standards. Experience working with highly dangerous pathogens (BSL-3 level) in field or laboratory setting. Demonstrated experience in project management, multi-stakeholder coordination, and team supervision in complex multi-sector assignments. Experience managing World Bank or other international donor-financed projects is an advantage. Previous experience in Central Asia or similar contexts is highly desirable.

b) Public Health and Epidemiology Specialist: Advanced degree (Master's or PhD) in public health, epidemiology, infectious diseases, or related field. Minimum 8 years of professional experience in Tajikistan's public health sector with expertise in outbreak investigation, surveillance, and infectious disease control. Strong understanding of Tajikistan's health system, SSI laboratory network, and field epidemiology operations. Experience in developing training curricula and delivering training to health professionals. Knowledge of IPC principles and biosafety practices. Experience working with MOHSPP, SSESS, or SSI laboratories is highly desirable.

c) Veterinary Specialist: Advanced degree in Veterinary Medicine. Demonstrated experience in field-based zoonotic disease investigations, including animal sampling, epizootiological investigation procedures, and application of IPC measures in field settings. Familiarity with One Health joint investigation frameworks and the human-animal interface in outbreak response. At least 5 years of professional experience in a veterinary medicine within Tajikistan. Knowledge of WOA standards and quality management. Awareness of priority zoonotic pathogens. Experience in training veterinary specialists.

d) Public health Laboratory Consultant: University degree in the field of laboratory or related fields. At least 5 years of experience in the laboratory part. Experience in the development and implementation of laboratory systems and monitoring. Proficiency in modern tools and software for laboratory work.

e) Veterinary Laboratory Specialist: University degree in veterinary medicine or veterinary laboratory diagnostics. Minimum 5 years of professional experience in veterinary diagnostic laboratory in Tajikistan or comparable settings. Demonstrated experience in field-based zoonotic disease investigations, including animal sampling procedures, epizootiology investigation protocols, and application of IPC measures in field settings. Knowledge of WOA standards and quality management for veterinary laboratories. Experience in training veterinary specialists is an advantage.

e) Legal and Regulatory Specialist: University degree in Law. At least 5 years of professional experience in legal practice or the drafting of regulatory acts. A minimum of 3 years of experience working with legislation in the healthcare or veterinary sectors.

V. REPORTING REQUIREMENTS AND TIME SCHEDULE FOR DELIVERABLES

The consulting firm will prepare and submit reports as follows:

- a) All assignment reports shall be submitted to the client in form of one (1) electronic copy (on USB) accompanied by PowerPoint presentations where appropriate and three (2) original hard copies. All documents to be submitted by the Consultant shall be in English and Russian.
- b) The reports will be submitted to the SI AED.
- c) The electronic data formats shall be compatible with the latest versions of Microsoft Office Suite and any other data formats subject to prior approval by the client.

Client Review Period: 10 working days for comments on interim reports and 15 working days for the final report.

As part of the assignment, the consulting firm must provide the following results:

№	Activity/Stage	Name of the Deliverable	Contents of the Deliverable	Time for Submission from contract effectiveness
1	Preparation and Planning	Inception Report	Detailed workplan, management structure, and TWG establishment plan.	1 month
2	Establishment of Technical Working Groups	Draft MOHSPP Order, validated from CFS, proposed	Official Order of the MOHSPP approving the	1-2 month

		TWG composition, draft mandate and regulations, operating procedures. The vendor's obligation is limited to delivering the package	TWG mandate and composition.	
3	Study and Identification of Shortcomings	Situational Analysis Report	Comprehensive assessment of existing IPC practices, protocols, infrastructure gaps in SSI laboratories and field operations for both human and veterinary sectors. Analysis of priority needs and recommendations.	2-3 months
4	Development of IPC SOPs	Draft IPC Standard Operating Procedures Package	Comprehensive IPC SOPs for 7 priority pathogens, including job aids and quick reference materials in Tajik language.	3-5 months
5	Training Modules and Training	Training Modules and Training Sessions Reports	Development of training materials, conducting training sessions, knowledge assessment, list of trained assessors.	6-8 months
7	Final Report	Final Comprehensive Report and Dissemination Materials	Consolidation of all project results and recommendations for further development.	9 months

VI. CLIENT'S INPUT AND COUNTERPART PERSONNEL

- a) The consulting firm is responsible for all logistics, accommodation and travel costs necessary for the execution of the assignment, as well as the costs of translation and interpretation associated with the execution of the assignment. All these costs, including all applicable taxes and fiscal obligations under the legislation of the Republic of Tajikistan (including but not limited to Value Added Tax (VAT), income tax, and any other mandatory levies), shall be reflected in and covered by the financial proposal submitted by the consulting firm.
- b) The MOHSPP, CFC and CEP of the Republic of Tajikistan will provide the consulting firm with the necessary administrative support, in particular, introductory letters to other departments, local authorities, etc., meeting rooms, and provide materials, documents and regulations necessary for the provision of services under the assignment.
- c) The following project specialists will provide day-to-day support in the execution of this assignment: PMU Project Coordinator, PMU Public Health Coordinator, PMU Veterinary and Food Safety Coordinator, PMU Environmental Specialist, PMU M&E Specialist.

VII. DURATION OF THE ASSIGNMENT

The period of service provision is **nine (9) months** from the moment of signing the contract.

VIII. STAKEHOLDERS TO BE MET

- Department of Sanitary and Epidemiological Safety, Emergency Situations and Emergency Medical Care of the MOHSPP
- State Sanitary and Epidemiological Surveillance Service (SSESS)
- Regional centers of State Sanitary and Epidemiological Surveillance
- Center for Quarantine and Especially Dangerous Diseases of the MOHSPP
- Tajik Scientific Research Institute of Preventive Medicine
- Committee for Food Security (CFS)
- Committee for Environmental Protection (CEP)
- Development partners (WHO, World Bank, CDC, etc.)

IX. TRANSFER OF KNOWLEDGE/CAPACITY BUILDING

The consultant should provide training to the designated staff in order to develop capacity and transfer knowledge. Consultants should include in their proposal a training approach and plan, assessment of trained personnel, and sharing of training materials. Topics to be covered developed SOPs and other topics deemed necessary by the consultant