ANNEX II: TERMS OF REFERENCE

1. BACKGROUND INFORMATION 2

1.1. Partner country 2

1.2. Contracting Authority 2

1.3. Country background 2

1.4. Current situation in the sector 2

1.5. Related programmes and other donor activities 2

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS 2

2.1. Overall objective 2

2.2. Purpose 3

2.3. Results to be achieved by the Contractor 3

3. ASSUMPTIONS & RISKS 3

3.1. Assumptions underlying the project 3

3.2. Risks 3

4. SCOPE OF THE WORK 3

4.1. General 3

4.2. Specific work 3

4.3. Project management 4

5. LOGISTICS AND TIMING 4

5.1. Location 4

5.2. Start date & Period of implementation of tasks 4

6. REQUIREMENTS 5

6.1. Staff 5

6.2. Office accommodation 6

6.3. Facilities to be provided by the Contractor 6

6.4. Equipment 7

7. REPORTS 7

7.1. Reporting requirements 7

7.2. Submission and approval of reports 7

8. MONITORING AND EVALUATION 8

8.1. Definition of indicators 8

8.2. Special requirements 8

# BACKGROUND INFORMATION

## Partner country

Republic of North Macedonia

## Contracting authority

Clinical hospital Bitola

## Country background

Republic of North Macedonia as a candidate country for membership in the European Union is erected before the challenges of the efficient implementation of serious reforms in the many sectors including health services to the citizens. Main cross-border challenges to be tackled by HEALTH-INFO project is the exchange of information and human resources in a unified information system as well as the lack of cooperation between Greece and Republic of North Macedonia in the health sector.

Project **“Unified information system for exchanging information between primary health units in the cross-border area for emergency health cases”** with project acronym **“HEALTH-INFO”**; with reference number CN1 – SO1.2 – SC036, is financed by “Interreg IPA Cross-border Cooperation Programme Greece- Republic of North Macedonia 2014-2020". The project is implemented jointly by the LB - National Organization for Health Care Services Provision, P2 – International Hellenic University, P3 – General Hospital of Pellas - Hospital unit of Edessa, P4 - Ministry of Health of Republic of Macedonia, P5 - Public Health Institution - General Hospital Gevgelija, P6 - PHO Clinical hospital Bitola.

HEALTH-INFO plans to support the health care centers and the preventive health care system by utilizing tools that already exist or developing new and innovative ones. Main focus of the project is reaching the inaccessible regions of the area as well as addressing the needs of vulnerable groups, i.e. children and seniors. As a result, a positive impact is expected to be brought on the health care services provided in the CB area. Inhabitants rarely take part in screening and preventive health care activities, due to the fact that the closest primary health care unit is many kilometres away. On top of that, there is a lack of convenient public transportation for large distances across the CB region. Furthermore, it is rather complicated for vulnerable groups (elders, children) to be under health care monitoring due to factors such as age, nationality, culture, language barriers and general education. It is worth mentioning that elder women face barriers related to operational limits, lack of public transportation and other administrative formalities. Access to high quality and crucial preventive care, such as breast cancer screening and gynaecological examination is limited and expensive, thus many women prefer to skip these important preventive tests.

Moreover, inequalities concerning the health condition present a critical challenge for the CB area, which can be tackled through the enhancement of access to social and health services as well as the transition from institutional central services to community based services. Challenges can also be tackled by mobile services that include applications and services of preventive medicine, especially services that can reach infrastructures familiar and comfortable to the target group of local population, such as community centers, schools and homes for the elderly. The use of technology is expected to increase the access of social groups to the health care system in the CB area. Indicative actions that can improve access to primary and preventive health care in isolated and poor communities of the CB area for children and elderly are the following: a) clinicians house calls, offering a direct and quick access to primary care, b) a portable electronic health record, securely integrated to the clinician’s HEALTH-INFO mobile application, c) elaboration of information and communication technology that includes telemedicine and smart applications related to the health services and social care d) cross border initiatives for the promotion of telemedicine e) educational activities in preventive medicine for the general population (vulnerable groups) f) promotion of cooperation between the authorities of health care services g) establishment, equipping and expansion of health services in the frame of a new practice of mobile primary health care h) support methods that can be used in a cross border technology oriented to health care i) a pilot preventive health program with a mobile unit for breast cancer screening and gynecological examination. These activities will assist in mapping the population's health needs along with epidemics in both sides of the CB area. The collected data will support the design of preventive health programs in order to limit any possible diseases and will also provide the required information for the enhancement of the health services that are needed. The impact of the economic resources can be measured and a possible reallocation of the resources will be more effective and corresponding to the needs. From this perspective, the results of the project have two main beneficiaries: a) the target groups (elders and children) as they will benefit from health and social services that are corresponding to their needs and b) the providers of health and social services that will limit their expenditures. After such a decision, the financial resources will be directed to the real needs. Both the providers and the population will be satisfied; the first because their efforts will bear fruits and they will gain trust and recognition among the target groups and the population because an important gap related to its needs will be fulfilled.

## Current situation in the sector

Health systems in Europe are at the core of its high level of social protection and they are a cornerstone of the European social market economy. The problems caused by the economic crisis, coupled with more structural changes in demography and the types of diseases affecting populations in Europe, reinforce the necessity to reform and modernize those systems. The data collection about the diseases in the area will lead to a more cost-effective provision and use of health services by improving primary healthcare services and disease prevention.

All the partner organizations have tried to implement similar activities or interventions related to the cost efficiency in combination with the improvement of health care services, whether this actions were located in cross border areas or not. The reformation of the health system in Greece the last 8 years due to the economic crisis is a characteristic example. The leader organization plays the core role in the frame of this effort and is currently focusing in interventions in areas, where the activities have more value than a plain change to the budget of the organization. Improvement and reformation of the health care system has also been achieved in the past. Mobile units exist in other areas of the two countries and they either belong to the partner organizations or not. Data collection about the diseases has been implemented, but in narrower limits. It is high time we tested it in a wider area.

The average levels of health equality have been improving across the two countries for many years, but this also hides major inequalities. Poor and disadvantaged people die younger and suffer more frequently from disabilities and diseases. Investing in reducing health inequalities will contribute to social cohesion and break the spiral of poor health contributing to, and resulting from, poverty and exclusion. Via the e-platform, the networking between the providers of health services and health professionals, the exchange of information and the mobile unit, we expect to bridge this gap for the benefit of all actors as health inequalities represent not only a waste of human potential, but also a huge potential economic loss.

## Related programmes and other donor activities

# OBJECTIVE, PURPOSE & EXPECTED RESULTS

## 2.1.Overall objective

The overall objective of the project of which this contract will be a part is as follows:

The overall objective of the project of which this contract will be a part is the improvement of the health care system in the CB area within the framework of the project **“Unified information system for exchanging information between primary health units in the cross-border area for emergency health cases HEALTH-INFO”.** This contract will be centred on engaging an external company for organization of 4 info-days.

## 2.2.Purpose

The purposes of this contract are as follows:

* The organization of 4 info days in Bitola region including:rent of a hall,rent of equipment for video presentations and catering (two different types depending of event).
* Maintaining contacts with the contracting authority ,especially with its Project manager and Financial manager, exchanging information and supporting documents needed .
* During the project implementation period, as well as the period after the completion of the procedure, for a period of 1 year, after the official closing of the Program, the External expert shall be available to the contracting authority in the event of necessary clarifications, provided that the control is envisaged by JS and other bodies set up for control
* To act in compliance with the provisions of the Treaty on the granting of subsidies, the Manual for implementation of projects of national and European legislation.

## 2.3.Results to be achieved by the contractor

# Successfully organization of Info days for PB6.

# ASSUMPTIONS & RISKS

## 3.1.Assumptions underlying the project

* Clear and full understanding of the contract objectives and purposes on behalf of the Contractor.
* Continuous communication and provision of information between the Project Team and the Contractor;
* Continued commitment of the Contracting Authority – PHI Clinical Hospital Bitola
* Functional and effective co-operation between Contracting Authority and the selected Contractor;
* The Contractor possesses appropriate expertise, experience and capacity for delivering above listed services.

## 3.2.Risks

The main risk attached to the assignment is the critical time schedule. The Contractor shall therefore take all necessary actions to avoid delays, and any potential delays shall be brought to the immediate attention of the Contracting authority so that corrective actions may be implemented.

# SCOPE OF THE WORK

## 4.1.General

### 4.1.1.Description of the assignment

The contractor will support the organization of 4 Info-days for Public Health Institution – Clinical Hospital Bitola in implementation of the project “Unified information system for exchanging information between primary health units in the cross-border area for emergency health cases HEALTH-INFO”, with Ref. No. CN1 – SO1.2 – SC036. The project is implemented jointly by the LB - National Organization for Health Care Services Provision, P2 – Helenic university of Greece P3 - Hospital unit of Edessa, P4 - Ministry of Health of Republic of North Macedonia, B5 - Public Health Institution - General Hospital Gevgelija, P6 - PHO Clinical hospital Bitola. The project is financed by “Interreg IPA Cross-border Cooperation Programme Greece- Republic of North Macedonia 2014-2020".

### 4.1.2.Geographical area to be covered

CBC regions of Republic of North Macedonia and Greece

### 4.1.3.Target groups

The main target groups of the project were selected based on the overall scope and objectives of the action: elders and children.

## 4.2.Specific work

Organization of 4 info days events with wider population for promotional and educational purposes.

**However, both PB6’s PM and FM** will be responsible to supervise the activities that be implemented by the external. These **PB6’s staff members** must be informed regarding the progress of the project, in order to organize and coordinate the project activities. Also, PM as a contact person with the JS/MA, must be well informed regarding the progress of the project in order to give the proper explanation to them.

## 

## 4.3.Project management

### 4.3.1.Responsible body

The Contracting Authority for the contract is:

Public Health Institution Clinical Hospital Bitola

### 4.3.2.Management structure

### 4.3.3.Facilities to be provided by the contracting authority and/or other parties

The Contracting Authority shall supply the Contractor promptly with any useful information and documentation which may be relevant to the performance of the contract.

# LOGISTICS AND TIMING

## 5.1.Location

The location of the project “Unified information system for exchanging information between primary health units in the cross-border area for emergency health cases HEALTH-INFO” is in Republic of Macedonia and in the Republic of Greece. The Consultant should be able to conduct activities in the territory of the Municipality of Bitola and by e-mail correspondation

## 5.2.Start date &period of implementation of tasks

The intended start date is 4.11.2019 and the period of implementation of the contract will be 9 months from this date.Please see Articles 19.1 and 19.2 of the special conditions for the actual start date and period of implementation.

# REQUIREMENTS

## Staff

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country,shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

Key experts are not required.

### Other experts, support staff & backstopping

CVs for experts other than the key experts should not be submitted in the tender but the tenderer will have to demonstrate in their offer that they have access to experts with the required profiles. The contractor shall select and hire other experts as required according to the needs. The selection procedures used by the contractor to select these other experts shall be transparent, and shall be based on pre-defined criteria, including professional qualifications, language skills and work experience.

The costs for backstopping and support staff, as needed, are considered to be included in the tenderer's financial offer.]

## Office accommodation

Office accommodation for each expert working on the contract is to be provided by the contractor.

## Facilities to be provided by the contractor

The contractor shall ensure that experts are adequately supported and equipped.In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities.It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion

## Equipment

**No** equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract.Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

# REPORTS

## Reporting requirements

No reports needed.

# MONITORING AND EVALUATION

## Definition of indicators

## Special requirements