**Consultant hiring to support the surveillance of Maternal, Perinatal and Sexual and Reproductive Health during the COVID-19 pandemic and its subsequent impact.**

**International PAHO Consultant**

**BACKGROUND**

COVID-19 is a new respiratory viral disease that took on worldwide relevance since the end of 2019 when it was identified in Wuhan-China.

Caused by the SARS-CoV-2 virus (according to its acronym in English), it has shown to have a rapid dissemination with the consequent ability to infect the general population, showing a high mortality especially in people over 65 years of age and in individuals with some comorbidities.

On January 30th, 2020, the outbreak was declared by WHO as a public health emergency of international concern and finally on February 11th of the same year it was declared a pandemic.

At the beginning of the pandemic, it was indicated that unlike what happened with SARS Cov-1 infections and AH1N1 influenza, the evolution of the disease in pregnant women was, in general terms, benign, probably the result of being a population of young women and generally with little or no comorbidities. However, several studies have shown that pregnant women may have a greater chance of developing severe forms of the disease. A large CDC study from October 2020 concluded that pregnant women have a higher risk of dying from COVID-19 than non-pregnant women.

Latin America and the Caribbean has been one of the continents where the pandemic caused the highest number of maternal deaths from covid-19, but at the same time, an increase in maternal deaths from conventional causes was seen in women without covid-19 infection , which would be explained by the impact that the pandemic control measures had on the health of pregnant women.

**JUSTIFICATION**

Latin America and the Caribbean has been one of the regions where the pandemic caused the highest number of maternal deaths from covid-19, but at the same time, an increase in maternal deaths from conventional causes was seen in women without covid-19 infection , which would be explained by the impact that the pandemic control measures had on the health of pregnant women, as well as the serious disruption of essential sexual and reproductive, maternal and neonatal health services.

Since the first maternal death reported in March 2020 in Brazil, there has been a sustained increase in maternal deaths, with a new peak in the first epidemiological weeks of 2021.

PAHO, aware of the highly worrying impact of the pandemic on pregnant women in the Region, included data on pregnant women and COVID-19 in its monthly epidemiological alerts, warning Member States of the need to pay special attention to this population group.

In August 2020, 357 maternal deaths from covid-19 had been reported and those figures have already exceeded 1200.

The impact of the pandemic is estimated to be not only linked to the direct effects of SARS CoV2 but also to the indirect effects, through the disruption of health systems and services, general measures and the impact on the socioeconomic conditions of populations, affecting women, pregnant women and newborns.

**OBJECTIVES**

* Describe and analyze the clinical and epidemiological characteristics of maternal deaths from covid-19 at the regional level produced from March 2020 to September 2021
* Analyze the excess of maternal, perinatal and neonatal mortality during 2020 and until September 30, 2021 in relation to periods prior to the pandemic.
* Describe the impact that the interruption of essential health services had on some specific indicators of maternal, reproductive and perinatal health between January 1, 2019 and until September 30, 2021.
* Contribute to the strengthening of the CLAP Network of Sentinel Hospitals for the surveillance of Maternal Health and Women in Situation of Abortion (MUSA)

**ACTIVITIES**

1. Participate in meetings in which his/her presence is required by:

• the PAHO/WHO representative in the country,

• the country advisor designated by the PAHO representative in the country office,

• the regional level (CLAP and/or AD office).

1. Maintain communications with the FPL country advisers and other departments and those they indicate to carry out the assigned task.
2. Respecting the hierarchical processes of the Organization, you the consultant be able to coordinate with national authorities, the epidemiological surveillance and information system, the Health Services Unit and hospitals / health establishments where deliveries are attended, where maternal deaths associated with COVID-19 occurred, neonatal, fetal deaths, etc.
3. Claim records that have not been submitted, and request clarification whenever necessary.
4. Type or supervise the processes of entry of medical records in the SIP COVID-19 Maternal Death Base.
5. Coordinate the updating and maintenance of the quality of the BCLC-MM and COVID-19.
6. Collect the necessary information to meet objectives 2 and 3.
7. Maintain updated the network of sentinel centers of CLAP Network for Maternal Health and MUSA, provide support to the centers already affiliated and promote the affiliation of new centers.
8. Coordinate and guarantee communications with those hospitals for the management of data and events that take place virtually or in person using the SIP as an impact monitoring tool.
9. Provide collaboration in sending data from CLAP databases, their evaluation and cleaning.

**PRODUCTS**

1. Technical document that synthesizes the sources and indicators to be reported for the preparation of products 3 and 4.
2. Create a local database of maternal death cases and covid-19 according to the MM LAC Collaborative Base protocol.
3. Maternal Mortality Report for causes from January 1st, 2019 to September 30th, 2021.
4. Report of a minimum set of selected indicators of maternal reproductive and perinatal health from January 1st, 2019 to September 30th, 2021.

**CONDITIONS**

Master's degree or proven experience in Public Health, and / or Social Sciences, and / or Epidemiology and / or, Biostatistics and / or Clinical Effectiveness.

Experience in maternal, reproductive and perinatal health and database management will be considered an advantage.

Established residence in the country that hires him/her (be it a natural citizen or with legal residence).

Availability to travel within the country if necessary and with a short notification period.

Availability for virtual or face-to-face meetings as indicated.

Language: The person must speak and write in the language of the country in which it is hired, with working knowledge of Spanish or English different from the language of the country in which it is hired.

**POSITION:**

International PAHO consultant

**PERIOD:**

From approximately September 1 to 15 December 20th, 2021, with a possibility of extension

**PAYMENT CONDITIONS:**

This is subject to the qualification of the applicant. Salary payments for the period ending 15 December 2021 is estimated at $15,000 US dollars with other benefits.