

Scope of Work – Provision of Medical Services for Remote Mine Sites

Barrick – Africa & Middle East (AME) Region

Phased Implementation Plan – Kibali Priority Deployment

1. Purpose

This Scope of Work (SoW) defines the phased engagement for the provision of on-site and off-site medical support services at Barrick-operated mines in the Africa and Middle East (AME) region, with priority deployment to the Kibali Gold Mine. The objective is to ensure immediate strengthening of medical capabilities at Kibali while systematically expanding services to all AME sites.

2. Service Coverage

The Contractor will provide services to all current and future operational sites in the AME region, following appropriate compliance and due diligence, which include but are not limited to:

- Phase 1 – Priority Site: Kibali Gold Mine, Democratic Republic of Congo (DRC)
 - Subsequent Phases: Tanzania, Zambia, Côte d'Ivoire, Saudi Arabia, and any new AME sites.
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3. Phased Implementation Timeline

Phase	Site(s) Covered	Key Deliverables	Timeline from Contract Approval
Phase 1 – Kibali Urgent Deployment of on site emergency medical care	Kibali Gold Mine, DRC	<ul style="list-style-type: none">- Deploy 1 on-site Paramedic within 4 weeks.- Establish core emergency medical equipment and consumables on site.- Initiate telemedicine link for 24/7 remote specialist access.	Weeks 0–4

Phase	Site(s) Covered	Key Deliverables	Timeline from Contract Approval
		<ul style="list-style-type: none"> - Commence site medical risk assessment and readiness audit. 	
Phase 2 – Kibali Enhancement	Kibali Gold Mine, DRC	<ul style="list-style-type: none"> - Add Senior Medical Officer to team (Doctor) within 8 weeks. - Establish Clinical governance procedures and minimum treatment guidelines - Begin full medical case management and incident reporting systems. - Launch first on-site medical training workshop for local staff. - Establish monthly KPI tracking. 	Weeks 4–8
Phase 3 – Regional Roll-Out	Tanzania, Côte d’Ivoire, Saudi Arabia	<ul style="list-style-type: none"> - Sequential site mobilization based on Barrick priorities. - Staffing of each site with a Senior Medical Professional + Paramedic where required. - Activation of remote consultation, evacuation, and case management services. - Develop Local staff development program customized to each site to ensure medical team development and upliftment in all facets of clinic management. 	Weeks 8–26
Phase 4 – Optimization	All AME sites	<ul style="list-style-type: none"> - Standardize medical capabilities across all sites. - Regular emergency drill at each operation. - Quarterly reporting with KPI review and continuous improvement actions. - Targeted upskilling and role promotion for local medical staff. 	Ongoing from Week 26

4. On-Site Medical Staffing Requirements

At each operational site, staffing shall include:

- Senior Medical Professional – Physician with advanced clinical and leadership skills qualified and experienced in remote site, travel and emergency care.
- Paramedic – Certified in advanced pre-hospital emergency care.
- All medical personnel to be qualified in ITLS, ACLS and PALS (Zambian operations only)

Mandatory Qualifications, Certifications, and Experience

Medical Qualifications and Licensing

All medical personnel shall:

- Hold internationally recognised medical or paramedical qualifications
- Be currently licensed to practice in at least one recognised jurisdiction
- Hold all necessary certifications required for emergency and remote medicine
- Meet applicable licensing requirements

Mandatory Certifications (Minimum)

- Advanced Cardiac Life Support (ACLS)
- Advanced Trauma Life Support (ATLS) or equivalent
- Pre-Hospital Trauma Life Support (PHTLS) or equivalent
- Pediatric Life Support certification where applicable

Experience Requirements (Mandatory)

Each senior on-site resource shall demonstrate:

- Minimum 10 years post-qualification clinical and international experiences
- Minimum 5 years' experience in remote, austere, or industrial environments (mining, oil & gas, construction, offshore, etc.)
- Proven experience in:
 - Emergency and trauma management
 - Pre-hospital and retrieval medicine
 - Interaction with multi-disciplinary emergency response teams

CVs must clearly document roles, durations, locations, and responsibilities.

Mandatory Mentoring, Coaching, and Capacity Building

Capability transfer is a core contractual objective.

The Service Provider shall demonstrate and deliver:

- Minimum 5 years' experience mentoring and coaching healthcare professionals
- Proven history of:

- Training local medical staff
- Skills transfer in emergency medicine
- Clinical governance implementation
- Competency assessment and professional development
- Training focus areas shall include:
 - Emergency and trauma medicine
 - Ambulance and evacuation readiness
 - Clinical decision-making
 - Clinical governance and reporting
 - Infectious disease and mass casualty response

Mentoring and training shall not be optional activities.

Mobilization During Phase 1 (Kibali):

- Paramedic deployed first within 4 weeks.
- Senior Medical Officer be in place within 8 weeks.

5. Off-Site Medical Support

The Contractor shall ensure:

- 24/7 Remote Specialist Consultation across all participating sites.
- Emergency Evacuation Coordination (ground or air).
- Evacuation facilitation and referral centers of excellence for definitive care
- Medical Case Management with follow-up and rehabilitation plans.

Integrated Emergency Response Framework

The Service Provider shall provide a fully integrated emergency medical response model aligned with:

- Kibali Emergency Response Plan (ERP)
- Site security arrangements
- Client emergency and aviation assets
- Local and cross-border healthcare pathways

Fragmented or standalone services will not be accepted.

Medical Evacuation Response Plan (MERP) or equivalent

The Service Provider shall develop, maintain, and annually review a site-specific Medical Evacuation Response Plan (MERP)

Minimum MTEP Requirements

- Defined clinical triggers for patient movement

- Clear decision-making authority and escalation pathways
- Integration with client-owned and third-party transport assets
- Identified referral hospitals in DRC and neighbouring countries
- Ground, rotary, and fixed-wing evacuation pathways
- Communications protocols for low-connectivity environments
- Defined roles of:
 - On-site clinicians
 - Client emergency representatives
 - Service Provider senior medical leadership

Medical Assistance and Assured Medical Network Capability

Medical Assistance

The Service Provider must provide 24/7/365 access to a medical assistance centre, available to:

- On-site medical staff
- Designated client emergency and operational representatives

Capabilities must include:

- Emergency medical advisory
- Evacuation decision support
- Case coordination during transfers
- Access to international provider networks
- Continuous case monitoring until clinical handover

Assured Medical Network Capability

The Service Provider shall demonstrate and maintain an assured medical provider network capable of securing timely admission of patients into the nearest appropriate and clinically specialised medical facility, both in-country and cross-border, when medically indicated.

Access to medical advice or referral alone is not sufficient. The Service Provider must demonstrate operational capability to convert clinical decisions into confirmed hospital admission.

Network Requirements

The Service Provider shall maintain formal, active access to a network of medical facilities that includes:

Facility Capability Types

- Emergency and trauma centres
- Surgical and critical care facilities
- Specialty services (orthopaedics, neurosurgery, cardiology, burns, infectious disease, etc.)
- Facilities capable of managing prolonged inpatient care

Geographic Coverage

- Democratic Republic of Congo (in-country facilities)
- Neighbouring regional hubs (e.g. Uganda, Kenya, southern Africa)
- International centres of excellence where clinically required

Admission Authority & Guarantee of Payment (Mandatory)

The Service Provider must have the operational authority and mechanisms to:

- Confirm bed availability
- Secure specialist acceptance

- Issue medical guarantees of payment where required
- Enable immediate patient admission without administrative delay

This capability must be available 24/7 and integrated with:

- The Assistance Centre
- The MERP
- Senior medical advisory functions

Integration with MERP and Emergency Response

Medical facility network access shall be fully integrated into the MERP and Emergency Response Framework, including:

- Pre-identified primary and secondary receiving facilities
- Specialty-based escalation pathways
- Defined admission procedures per facility
- Contingency options should primary facilities be unavailable

Facilities included in the MERP must be risk-assessed, capability-validated, and periodically reviewed.

Clinical Governance Framework

The Service Provider shall operate under a formal, auditable clinical governance framework, including:

- Named clinical leadership structure
- Medical protocols and escalation standards
- Regular clinical audits and case reviews
- Sentinel and serious incident reviews
- Quality assurance and continuous improvement processes
- Infectious disease surveillance and response protocols

Authority boundaries between advisory and decision-making roles must be clearly defined.

Senior Medical Oversight & Remote Advisory

The Service Provider **shall provide access to a Senior Regional Medical Director (or equivalent)** who:

- Licensed physician with more than 10 years experiences in Regional Medical Director role
- Has demonstrated experience in remote and industrial medicine
- Is available for escalation on complex or high-risk cases
- Provides oversight of serious incidents and evacuations
- Participates in governance reviews and audits

Junior or call-centre-only medical advisory support is **not acceptable**.

6. Training & Local Development

For Kibali and later all AME sites, the Contractor shall:

- Deliver minimum four (4) medical training workshops per site per month for the regional medical team.
- Conduct one (1) major emergency response drill monthly at each site.
- Weekly practical medical skills based training sessions
- Develop and action a Local Medical Development Plan to upskill existing staff.

7. Performance Standards / KPIs

KPI Category	Target Standard
Kibali Phase 1 Deployment	Paramedic on-site within 4 weeks of approval
Kibali Full Staffing	Senior Medical Professional on-site within 8 weeks
Emergency Response Time	≤10 minutes medical team arrival on incident site
Training Frequency	≥4 training workshops per site/year
Upskilling	≥2 local staff promoted annually
Specialist Call Response	≤20 minutes for urgent consultations
Evacuation Activation	≤1 hour from decision to initiate
Case Management Review	100% follow-up with documented improvements

8. Reporting Requirements

- Weekly status updates during Phase 1 to confirm mobilization milestones are met at Kibali.
- Monthly site medical service reports for all mobilized sites, including incidents, KPI tracking, and training updates.

- Quarterly regional performance reports and continuous improvement recommendations.
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9. Ethical & Legal Compliance

The Contractor must:

- Comply with all host nation medical and labour laws.
- Respect cultural sensitivities.
- Incorporate Barrick community health initiatives as requested.

Please use the following email address for submission:

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