

Final Terms of Reference

To be uploaded in GSM/ECM as **Contractual** - Terms of reference

Consultant Contract administered by:

Unit:	HSP/CCI
Department:	Health Security Preparedness (HSP)

1. Purpose of the Consultancy

To support the department coordinating the technical preparedness component of the Universal Health and Preparedness Review (UHPR) in: i) the development of the technical documents needed for the process, implementation and monitoring; ii) the designing of processes, templates and tool-s for national multisectoral review and report that engages all relevant sectors across government and key stakeholders, expert commission reviews, as well as global level review and reporting; iii) developing a protocol and plan for the roll out of pilots of the UHPR in selected countries; iv) refining a monitoring and evaluation framework for the UHPR, including indicators and methodology for collating and measuring the status of country preparedness; and v) reviewing, refining and incorporating the technical inputs from all stakeholders into various technical documents, tools and processes.

2. Background

The COVID-19 pandemic has resulted in a tragic loss of lives and livelihoods, worsening inequalities and is threatening to reverse progress made towards the achievement of health-related SDGs and the Triple Billion targets. It has revealed a collective failure of focus and investment in prevention, preparedness and response. The world must invest in emergency preparedness to ensure this never happens again. The protection from global health threats and public health emergencies of international concern relies on the preparedness of all countries, which should be based on Healthier populations, Universal Health Coverage and resilient health systems. More effective rules, better implementation and stronger oversight, both at the national, regional and international levels, are needed.

The COVID-19 pandemic demands an in-depth review of the global health governance architecture and accountabilities. A paradigm shift in global health governance and Member States' accountability is necessary. All Member States have the responsibility to build and maintain effective capacities and systems for prevention of and response public health emergencies of international concern and to abide by relevant international rules.

Evaluation mechanisms such as the Joint External Evaluation (JEE) and other functional reviews have already resulted in engaging stakeholders beyond the health sector to identify and address country level gaps in preparedness, detection and response to public health risks. However, these processes have not resulted in countries building enough critical capacities, sharing experiences and resources and fostering the transfer of knowledge, technologies and innovation needed for keeping the world safe, serving the vulnerable and promoting health. It has not created the level of shared accountability and the full recognition that countries are only as strong as the weakest link. National Plans of Action for Health Security and other plans have not been fully implemented. The UHPR will seek to ensure these issues will be considered at the highest political level and recommendations will be followed up upon.

3. Technical Supervision

The selected Consultant will work on the supervision of:

Responsible Officer:	Dr Jun Xing, Unit Head, Department of Health Security Preparedness	Email:	xing@who.int
Unit Head or Team Lead:	Dr Stella Chungong, Director, Health Security Preparedness	Email:	chungongs@who.int

4. Deliverables and Schedule of payment

S. No.	Deliverable	Expected delivery date	Amount to be paid
<u>Output 1</u>	<p>Development of technical documents</p> <p>Activity 1.1: Develop the guidance, templates, protocols, reports and tools;</p> <p>Activity 1.2: Support the rollout, review and updating of technical documents;</p> <p>Activity 1.3: Incorporate inputs into technical documents.</p>	31 Oct 2021	30%
<u>Output 2</u>	<p>Process for reviews</p> <p>Activity 2.1: Develop methodology and the broad consultation process to prepare the national UHPR report, including preparing for the review, data sources to be used and analysis of data;</p> <p>Activity 2.2: Develop a simple guideline template for standardizing the national submissions for the UHPR;</p> <p>Activity 2.3: Draft guidance at national and global levels to analyse the results of UHPR implementation in a standardized approach that facilitates understanding of current preparedness levels, including template for the traffic light system or grading/scoring system;</p> <p>Activity 2.4: Develop guidance and tool to support Member states in developing and costing a plan for implementation of the recommendations from UHPR;</p> <p>Activity 2.5: Develop a standard template for monitoring progress of national and global implementation of recommendations from UPHR and evaluating outcomes.</p>	30 Jun 2021	30%
<u>Output 3</u>	<p>Monitoring and evaluation framework</p> <p>Activity 3.1: Working closely with the technical lead, refine a monitoring and evaluation framework containing consolidated measure and indicators for health emergency preparedness taking into account countries' need to meet their national responsibilities and regional/global obligations;</p> <p>Activity 3.2: Develop methodology and technical guidance to conduct a review of the country situation</p>	31 July 2021	30%

	based on the proposed indicators and a deeper dive in a certain area as needed.		
Output 4	Pilot in countries Activity 4.1: Working with the technical lead, develop and support the roll out a plan to pilot test the review processes in selected countries; Activity 4.2: Update and finalize the framework, methodology and guidance for the review processes taking into account feedback from the pilot in countries.	31 Oct 2021	10%

5. Duration and Remuneration (exclusive of per diem, travel costs or other expenses)

Start date: 01/05/2021

End date: 31/10/2021

Total amount of consultancy: rate and total amount will be calculated according to WHO international rates for consultants at “Expert” level.

6. Specific requirements

- Qualifications required:

Essential:

- Advanced master’s degree in medicine, science or social sciences.

Desirable:

- Advanced university degree in public health, public policy or social sciences.
- Additional certifications or training in health emergency preparedness and response, governance or related areas.

- Experience required:

Essential:

- Minimum 10 years of professional experience in an international context, on the development and operationalisation of assessments, monitoring and evaluation of health emergency preparedness and response, and health policies or public health governance.
- Relevant experience working for a national or local authority
- Extensive experience working within a multicultural and multidisciplinary environment

Desirable:

- Relevant experience in international organization / UN agency.
- Experience in WHO rules and procedures and WHO computing environment

- Skills / Technical skills and knowledge:

Essential:

- Excellent and demonstrated writing, oral presentation and communication skills
- Proven knowledge and skills in health emergencies and health governance
- Positive attitude to learning new skills and working with a team
- Capable of working under high pressure and tight time constraints
- Focussed on quality with attention to details
- Analysis and troubleshooting skills, with aptitude and sound judgement for creative problem solving
- Knowledge of Microsoft Office Suite including Word, Excel, Powerpoint and Outlook

- Language requirements:

Essential:

- English – read, write and speak at expert level

Desirable:

- Knowledge of other UN languages would be an asset

7. Place of assignment

The consultant is expected to work remotely, due to the current situation

(The selected consultant will be expected to provide a medical certificate of fitness for work.)

8. Travel

The consultant is not expected to travel.