CONSULTANCY

Initial Terms of Reference – FWA/08/001

This consultancy is requested by:

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<tr>
<th>Unit:</th>
<th>Office of the Assistant Director-General</th>
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<tr>
<td>Department:</td>
<td>Family, Women, Children, and Adolescents Cluster</td>
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1. Purpose of the Consultancy

The purpose of this consultancy is to get the support of a consultant to:

1. Support the update and management of the data portal of the Every Woman Every Child Global Strategy on Women’s, Children’s and Adolescents’ Health (EWEC Global Strategy) on the Global Health Observatory, across the 60 indicators in the monitoring framework.
2. Support annual progress reporting on the 60 indicators for the EWEC Global Strategy, including to the World Health Assembly.
3. Support for YoungVoicesCount strategic initiative development and review – including project management support for external strategic review of initiatives to engage young people in tracking and shaping health and SDG progress, and development of related multimedia materials, including website, videos etc.
4. Provide technical support as required for literature review, analysis, visualization and referencing for publications.

2. Background

The objectives of the Every Woman Every Child Global Strategy on Women’s, Children’s and Adolescents’ Health 2016 – 2030 (EWEC Global Strategy) are for all women, children and adolescents to survive and thrive and transform progress towards the SDGs.\(^1\) Aligned with the SDGs, achieving the ambitious targets set in the EWEC Global Strategy will require strong data to track progress and evidence-informed policies and action across sectors, with multi-stakeholder accountability at all levels. To support accountability – across monitor, review and act - the EWEC Global Strategy Indicator and Monitoring Framework\(^2\) is structured around the strategy’s Survive, Thrive and Transform objectives and 17 targets. Based on technical reviews and an open consultative process, 60 indicators were selected to track progress on the Global Strategy. 34 indicators are from the SDGs and 26 from agreed global initiatives to try and minimize country monitoring burden. From the 60 indicators, 16 key indicators were selected as a minimum subset to provide a snapshot of progress on the Global Strategy.

WHO is the lead agency for reporting on Health and the Sustainable Development Goals (SDGs). The sixty-ninth World Health Organization (WHA) in 2016 adopted Resolution WHA69.11 on “Health in the 2030 Agenda for Sustainable Development” which requested the Director General:\(^3\)

- (4) to work with the Inter-Agency and Expert Group on Sustainable Development Goal Indicators;
- (11) to support Member States in strengthening national statistical capacity at all levels to ensure high-quality, accessible, timely, reliable, and disaggregated health data, including through, where appropriate, the Health Data Collaborative;
- (12) to support Member States to strengthen reporting on the 2030 Agenda on Sustainable Development, in particular the health Goal and its interlinked targets;
- (14) to report on progress in implementing this resolution to the Seventieth World Health Assembly, reporting to future Health Assemblies at least once every two years thereafter.

Alongside the SDGs, the UN Secretary-General and world leaders launched the Global Strategy for Women’s, Children’s and Adolescents’ Health (Global Strategy) as an implementation platform. The WHA in 2016 adopted the Resolution WHA69.2: “Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health”.\(^4\) This resolution requested the Director General:
To provide adequate technical support to Member States in updating and implementing national plans and relevant elements of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), including good-quality data collection and analysis;

(2) to continue to collaborate with other United Nations agencies, funds and programmes, and other relevant funds, partners and stakeholders, to advocate and leverage assistance for aligned and effective implementation of national plans;

(3) to report regularly on progress towards women’s, children’s and adolescents’ health to the Health Assembly.

To fulfil this mandate, as reported in WHA A70/37, WHO with the H6 and other partners developed a data portal to track country progress across the 60 indicators. This portal was launched in May 2017 on WHO’s Global Health Observatory (GHO): http://www.who.int/gho/en/. These data will inform the WHO Secretariat’s reports to the Health Assembly and support Member States in reviewing progress. In addition, this report will contribute to the overall EWEC progress reporting coordinated by the Partnership for Maternal, Newborn and Child Health under the auspices of Every Woman Every Child in collaboration. As noted in the WHA report A70/37, WHO also will support innovative approaches, including through the Young Voices Count initiative in which adolescents and young people themselves will monitor and help to shape progress towards their health and the attainment of the Sustainable Development Goals.

3. Planned timelines (subject to confirmation)

Start date: 15/January/2018
End date: 15/December/2018

4. Work to be performed

Output 1: Up-to-date data portal for the 60 indicators for the Global Strategy for Women’s, Children, and Adolescent Health, that includes visualization and communication of related analysis and infographics.

Deliverable 1.1: Contact and meet the focal points in different WHO departments who are in charge of the indicators to keep track of updates (January to May 2018).

Deliverable 1.2 Gather inputs and coordinate with Global Health Observatory colleagues to update indicators and data visualization for the Global Strategy data portal. (January to May 2018).

Output 2: EWEC Global Strategy progress reporting on the 60 indicators, including for the World Health Assembly.

Deliverable 2.1: Provide scheduling, draft agendas, background materials as necessary, and meeting notes to help coordinate different sections of the progress reporting (January to April 2018).

Deliverable 2.2: Contribute to the development of the reporting on the 60 indicators by providing technical support (see Output 4) and coordinating with consultants as required for progress dashboards, writing and graphic design (January to April 2018)

Output 3: YoungVoicesCount strategic initiative development

Deliverable 3.1: Liaise on the project management with WHO team and the contracted consultants for strategic analysis, coordinate with internal and external stakeholders, develop project materials and proposals, and support communications. (January to December 2018)

Deliverable 3.2: Support the development and update of multimedia materials related to YoungVoicesCount, including the website and videos, including facilitation of translation to WHO official languages in coordination with related WHO departments. (January to December 2018)

Output 4: Technical Support
Deliverable 4.1: Technological support including literature review, analysis, visualization and referencing (using reference management software and databases). (January to December 2018)

Deliverable 4.2: Technical support for other related work as agreed with the consultant and supervisor. (January to December 2018)

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5. **Technical Supervision**

The selected Consultant will work on the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer:</th>
<th>Shyama Kuruvilla, Senior Strategic Adviser, ADGO, Family, Women, Children and Adolescents</th>
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<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:kuruviillas@who.int">kuruviillas@who.int</a></td>
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<tr>
<th>Manager:</th>
<th>Name, Title, Department, Unit</th>
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<tr>
<td>Email:</td>
<td><a href="mailto:xxxxxxxxxxx@who.int">xxxxxxxxxxx@who.int</a></td>
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6. **Specific requirements**

- **Qualifications required:**
  
  - Essential: University degree in medicine, public health or related field.

- **Experience required:**
  
  - At least five years’ experience in public health, including experience in project management support, data management and analysis.
  - Familiarity with women’s, children’s and adolescents’ health
  - Experience with data visualization, web platforms and multimedia strategies
  - Desirable: experience in low- or middle-income settings

- **Skills / Technical skills and knowledge:**
  
  - Literature review, analysis, referencing using reference management software
  - Synthesizing information and transforming it for use for an electronic platform
  - Working skills for data visualization and web design
  - Ability to work effectively with and in an interdisciplinary team.

- **Language requirements:**
  
  - Required: Fluency in English
  - Working knowledge of an additional WHO official language is desirable.

7. **Place of assignment**

The Consultant is expected to perform her/his work in Geneva and should have the required visa clearance. Travel for consultation meetings might be required, as agreed between the consultant and supervisor.

8. **Medical clearance**

The selected Consultant will be expected to provide a medical certificate of fitness for work.
9. Travel

Some travel may be required, currently not planned.

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<td>Purpose:</td>
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All travel arrangements will be made by WHO — WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive subsistence allowance.

Visas requirements: it is the consultant's responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.

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