**Terms Of Reference (TOR)**

**UHC & Surveillance officer in ICT District Health Office**

**Purpose:**

The aim of this APW is to provide technical support to the DHO ICT & MoNHSR&C Government of Pakistan to introduce a holistic health system approach including essential public health functions into the ongoing health reforms activities for UHC and to provide technical assistance on UHC & Surveillance assistance for UHC ICT secretariate.

# **Background and Introduction**

**1.**WHO and its Member States in the Eastern Mediterranean Region are highlighting the urgent need for whole-of-government, whole-of-society action to reorient health systems towards quality, accessible, affordable and comprehensive primary health care (PHC), which provides the strongest, most efficient foundation to achieve UHC and health security. Universal health coverage has a direct impact on a population’s health. Access to health services enables people to be more productive and active contributors to their families and communities. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets. Universal health coverage is thus a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities.

Similarly, the Integrated Disease Surveillance and Response (IDSR) haa s key role to strengthen the UHC index through active surveillance, and timely collection of laboratory data, providing of technical support to public health managers and decision-makers to improve detection and response to the leading causes of illness, death, and disability. Surveillance is one of the important essential public health functions and building the capacity of the district health office ICT on it will help to support detection and response services. In ICT District Health Office (DHO) Disease surveillance and response program unit (DSRU) is working on surveillance related to Dengue, Covid-19, Vaccine-preventable diseases VPds, and other notifiable infectious and non-communicable diseases.

**2.**In March 2021, the Department of Universal Health Coverage/Health Systems at EMRO/WHO conducted a ‘PHC for UHC mission’ in Pakistan along with seven partner organizations of Global Action Plan for Healthy Lives and Well Being. The multi-agency team, in its end-of-the-mission joint statement identified six areas to support Government of Pakistan (GoP) to achieve its target for Service Coverage Index (SCI): 65 out of 100 by 2030. The mission specifically reviewed the status of PHC and health financing in the country. While proposing the ‘UHC Vision’ for Pakistan, one of the strategic directions suggested by the mission is development of a **‘Model of Care’** for effective implementation of UHC Benefits Package (UHC-BP), which has been recently endorsed by the Inter-Ministerial Health & Population Council. The Ministry of National Health Service, Regulations and Coordination (MNHSR&C) already has a vision to develop a model healthcare system in Islamabad Capital Territory (ICT), and soon after the current government took over in 2018, a first ever Islamabad Healthcare Strategy was developed and launched in November 2018, a Memorandum of Understanding was signed with WHO in February 2019 for developing a model health care system for Universal Health Coverage (UHC) in Islamabad and a model health care facility was established in a Basic Health Care Unit near Islamabad. In this context, it was proposed for piloting of a PHC-oriented ‘Model of Care’ in two districts Islamabad Capital Territory (ICT) and Charsada. Within the proposed model of care, three dimensions of PHC are the main focus; namely multisectoral policy and action; empowered people and communities, and primary care and essential public health functions as the core of integrated health services available throughout the course of life.

**3.**The DHO ICT and MoNHSR&C requested WHO Pakistan to provide technical support on UHC & Surveillance assistance for UHC ICT secretariate, through this, the team will conduct active diseases surveillance and response experiences for the data analysis and interpretation in disease trends, outbreak investigations, maintaining a line list of the notifiable diseases, generating graphs, epi-curve, and presentations. It will also generate alerts in case of an unusual increase in the number of cases along with feedback from the field along with daily situation report of COVID-19, dengue fever and communicable diseases.

**Objective:** to provide support on UHC & disease surveillance for the UHC ICT secretariat.

**Timeline:**

**Start Date: 7th July 2023,**

 **End date: 15th December 2023**

# **Deliverables:**

The APW holder will be expected to produce the following deliverables:

**Output 1:** Develop and maintain close working relationships with the District Health Office and MoNHSR&C and other national counterparts in the development, implementation, monitoring, and evaluation of the program budget work plan to contribute to Universal Health Coverage and Sustainable Development Goals Particularly Goal 3.

 **Deliverable 1.1:** Organization and management of health services: with a focus on strengthening frontline services that are integrated, accessible, safe, and of adequate quality of healthcare services at the hospital and PHC levels.

* Improve access to safe, effective, affordable medicines, and regulation of medical products.

**Output 2:** Alerts are generated on communicable diseases in general (including threats from emerging pathogens) and timely action will be taken

**Deliverable 2.1:** To generate alerts in case of an unusual increase in the number of cases

* Gathering feedback from the field

**Output 3:** Infectious diseases data maintained

**Deliverable 3.1:** To maintain all the data regarding infectious diseases related to dengue, COVID-19, VPds, and other notifiable infectious and non-communicable diseases.

* Surveillance on MS Excel

**Output 4:** Monitoring and Supervision of health facilities in a month.

**Deliverable 4.1:** To produce reports of monitoring of HF

**Output 5:** Internal quarterly monitoring of the availability of essential medicines

**Deliverable 5.1:** To produce reports of monitoring Internal quarterly monitoring report on the availability of essential medicines/supplies including SRHR-related Medicines / Supplies at Community, Health Facilities.

**Technical Supervision**

The selected assignment will work on the supervision of:

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| --- | --- | --- | --- |
| Responsible Officer:  | Dr HassanAli Dalvi Shirazi, Health System Cluster Coordinator | Email: | dalvih@who.int |
| Manager: | Dr Palitha Mahipala, WR Pakistan | Email: | MAHIPALAP@who.int |

**Characteristics:**

**Education:** Master’s degree in medicine or public health

**Experience:** Minimum of seven years of progressive and relevant experience working in the area of public health with an emphasis on health policy, systems development, and civil society engagement, 3 to 5 years of experience in Disease Surveillance and Response.

* Knowledge about Disease Surveillance and Response
* Strong professional skills in MS Excel, data analysis, interpretation, and development of situation reports
* Previous work experience with WHO, other UN organizations, or international organizations will be an asset
* Demonstrated ability to work effectively in a team with multiple disciplines
* Experience in monitoring and supervision

Other Skills: Proficiency in Microsoft Office: word processors, spreadsheets and other data processing, presentation programs, Outlook and Internet, and email are essential.

* Proficiency in Statistical / Epidemiological Analysis software desired.
* Able to follow instructions and work independently would be an asset.

**Language:**Excellent knowledge of written and spoken language skills in English

**Place of assignment:** Islamabad