Terms of Reference

**Technical support towards writing a book on Pakistan’s response to COVID-19**

World Health Organization, Pakistan Office

1. **Purpose of the Consultancy**

The World Health Organization, Pakistan office is supporting the documentation of Pakistan’s response to COVID-19 in a book form. The project started in December 2023 with an editorial panel on-board, supported by a consultant engaged by the WHO Country Office. In the first phase, an outline of the proposed chapters and a list of respective authors was finalized. Overview of 22 chapters were drafted and all chapter-authors were contacted. Drafts for five of these chapters were received during the first phase.

In this second phase, a continued liason and coordination will be provided to all chapter-authors for successful completion of their drafts. Through a consultant, the WHO Pakistn Office will continue supporting this second phase of the project likely to extend over a period of three months. This phase will also involve reviewing the draft chapters, as they are submitted, by the book editors and back-and -forth coordination with authors for finalization of their mansuscripts. Reviewers outside of the editorial panel may also be invited, if deemed appropriate by the panel. A final editorial decision by the editors is expected by the end of this phase, which will take the book to its formatting, design, and publishing steps.

The consultant supporting this assignment will work with the team of editors, authors, and international discussants through this second phase of the book. Following will be the outcomes of this phase:

1. List of contents of the proposed book with final names of authors, and international experts writing the commentary
2. Drafts of the proposed chapters, reviewed by the panel of editors, and under review of the international discussants.
3. A work plan for next steps
4. **Background**

Pakistan is the fifth most populous country in the world[[1]](#endnote-1), with poor health indicators and infrastructure. Despite the dismal context and complexities of the national response[[2]](#endnote-2), Pakistan is included in the countries that managed COVID-19 relatively better. In November 2020, the WHO Director General, Dr. Tedros included Pakistan in a list of seven countries whose preparation and response offer lessons for the rest of the world on how to deal with a global pandemic[[3]](#endnote-3) and in January 2022, the Economist ranked Pakistan on the top of its normalcy index.[[4]](#endnote-4) Compared to other large countries, the morbidity and mortality due to global pandemic in Pakistan has been less[[5]](#endnote-5) despite a limited health system capacity[[6]](#endnote-6) and not imposing blanket lock-downs in the country.

The response can offer several insights for global pandemic preparedness. For example, without an active disease surveillance system, how the 24/7 disease data was managed? Without enough critical care facilities, how did the country enhance this capacity in no time? Without producing vaccines, how it vaccinated around 90% of the eligible population? Without enough oxygen production capacity, how the country doubled its production within days, and without a prior health risk-communication set-up, how 150 million mobile phone holders were reached through ringtone messages for SOPs compliance? The creation of the National Command and Operation Center (NCOC) which had authority and convening power in a decentralized political system, turned out to be a critical decision that effectively drove the national response. This is a story of unprecedented national coordination, simultaneous policy development and implementation in real-time and intersectoral cooperation at its best.

What went right in Pakistan? How was an effective national response generated and sustained over three years? What are the key learnings from this experience? And how do the lessons learnt guide us to prepare better for any future health emergencies? Answers to these questions will bring about a yet untold story of how Pakistan dealt with the COVID-19 global pandemic. A book is envisaged to present all important dimensions of the national COVID-19 response. The richness of experience needs to be captured as a country case study; for policymakers and researchers; for disaster management planners and practitioners; for students of public health and those specializing in emergency preparedness and response; and for posterity. A singular resource with all the necessary details of a successful national response, including its pitfalls, is currently not available in any low- and middle-income country. If an attempt is not made now, it is possible that the details will be forgotten, experience will fade, interest will fizzle, and a great learning opportunity will be lost.

1. **Planned timelines** (subject to confirmation)

**Start date: 1 April 2024**

**End date: 30 April 2024**

1. **Work to be performed during this phase**

Output 1: Coordinate with editors and organize monthly meetings of the editorial team to update and formalize the process.

* *Deliverable 1.1*: Summary of the current status of the project along with estimated timelines for this phase.
* *Deliverable 1.2*: Inception report of the 2nd phase.

Output 2: Coordinate with authors and panel of editors for different phases of writing/finalization of all book chapter. Develop a list of contents along with respective authors to track the status of each chapter (e.g., awaited from authors, draft submitted by authors, under review of editors etc.) to understand the progress.

* *Deliverable 2.1*: List of chapters (~22) along with list of authors of each chapter and current status of the writing/editing phase.
* *Deliverable 2.2*: Mid-term report with progress made against each chapter and expected timelines of completion.

Output 3: Contnued coordination with authors, editors and international commentators for successive stages of writing, as planned.

* *Deliverable 3.1*: Manuscripts of chapters (~22) ready for taking to the next level of the publishing process, along with the complete list of contents.
* *Deliverable 3.*2: Activity report summarizing all 3 outputs and deliverables of this phase.

1. **Specific requirements**

- Qualifications required:

* Master’s or equivalent (along with preferably a PhD) degree in public health, health systems, health communication, or another related field.
* Formal training in science writing and publishing.

- Experience required:

* At least 15 years of work experience in the field of public health, documenting challenges and opportunities of health programmes, venturing into various genre of science writing, preferably with international exposure.

- Skills / Technical skills and knowledge:

* Proven track record of examining public health programs and documenting their case studies as article in peer-reviewed journals or book/book chapters.
* At least 25 publications with 10 of them published in peer-reviewed journals during the past five years.
* Ability to conceptualize book chapters, policy papers, and journal articles from program evaluations and performance documents.
* Proven ability to understand various elements of a pandemic response and their documentation in national and international scenarios.
* Proven experience mentoring team members at various levels and in various roles.
* Strong leadership and inter-personal skills
* Commitment to teamwork and be able to work in a multi-disciplinary/cultural environment.
* Outstanding communication, networking, and negotiation skills, with an ability to build strong relationships both internally and with external stakeholders.
* Demonstrated ability to work with minimum supervision, be dynamic, proactive, and creative.
* Understanding of key pandemic preparedness and response issues. Knowledge of global health and/or WHO an asset.
* Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.

- Language requirements:

* Excellent knowledge of written and spoken English.
* Being equally good in Urdu is also a requisite.

1. **Place of assignment**

Hybrid format including both online and in-person interactions.

1. **Travel**

Traveling to Pakistan may be required for in-person part of the assignment, in case of an international consultant.

1. [World Population Clock: 8 Billion People (LIVE, 2023) - Worldometer (worldometers.info)](https://www.worldometers.info/world-population/) (accessed February 21, 2023) [↑](#endnote-ref-1)
2. A-S Jung, V Haldane, R Neil et al, National responses to COVID-19: drivers, complexities, and uncertainties in the first year of the pandemic. BMJ 2021;375:e068954 <https://www.bmj.com/content/375/bmj-2021-068954> [↑](#endnote-ref-2)
3. [7 countries we can all learn from to fight future pandemics | World Economic Forum (weforum.org)](https://www.weforum.org/agenda/2020/09/5-countries-we-can-all-learn-from-to-fight-future-pandemics-according-to-the-who) (accessed on February 20, 2023) [↑](#endnote-ref-3)
4. [The global normalcy index | The Economist](https://www.economist.com/graphic-detail/tracking-the-return-to-normalcy-after-covid-19) (accessed February 20, 2023) [↑](#endnote-ref-4)
5. H Wang, K R Paulson, S A Pease et al, Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21, The Lancet. 399 (2022) 1513-36. <https://www.thelancet.com/article/S0140-6736(21)02796-3/fulltext#%20> [↑](#endnote-ref-5)
6. Mirza, Zafar, COVID-19 response: a perspective from Pakistan, International Journal for Quality in Health Care, Volume 35, Issue 2 <https://academic.oup.com/intqhc/article/35/2/mzad015/7087184?searchresult=1&login=false> [↑](#endnote-ref-6)