TERMS OF REFERENCE

TITLE – *Policy and Strategy Consultant*

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	Vientiane, Lao (Office Based)
DURATION OF CONTRACT	6 Months

Purpose of Assignment

Advancing Lao PDR's Pandemic Response and Transformation" (ALERT-LAO) is a government-led, multisectoral One Health project co-led by the Ministry of Health (MOH) and the Ministry of Agriculture and Environment (MAE).

It is funded by a Pandemic Fund allocation of US$17,585,716.07 of which, with national co-investment and partner co-financing, mobilizes over US$124 million for pandemic prevention, preparedness and response (PPR).

UNICEF supports the human health component and FAO the animal health component as Implementing Entities.

The Department of Disease Control (DDC), as de facto National Public Health Institute, project lead and IHR National Focal Point, leads coordination and hosts the Project Coordination Unit (PCU).

Several Year 1 (July 2026 – June 2027) milestones in the Project-Specific Results Framework (PSRF) depend on the Government producing national strategies, standards, standard operating procedures (SOPs), protocols and inter ministerial agreements.

The related consultation and validation meetings are budgeted in the ALERT-LAO workplan and organized by DDC through government channels. What DDC looking for is dedicated technical capacity to prepare drafts, consolidate multisectoral input and finalize documents to the standard required for endorsement.

This consultancy covers the following nine PSRF activities:

• PSRF 1.1.1 – National surveillance strategy: a national surveillance strategic plan with an operational plan, aligned with the NAPHS, One Health priorities, the national AMR strategic plan and the national risk profile.

Year 1 target: National Surveillance strategy drafted and developed with relevant sectors

• PSRF 1.3.1 – Multisectoral data sharing and joint risk assessment SOP: a mechanism for routine multisectoral information sharing and a joint risk assessment (JRA) methodology, integrated into the updated Emergency Operations Plan (EOP) and Public Health Emergency Management (PHEM) SOP.

Year 1 target: EOP and PHEM SOP drafted and updated based on the JRA methodology

• PSRF 1.4.3 – Points of Entry (PoE) standards and strategy: draft national standards and a national strategic plan (2027–2030) for PoE surveillance and public health emergency preparedness, and the updated public health emergency response SOP for Wattay International Airport.

Year 1 target: draft standards and strategy developed through consultation with diverse stakeholders.

• PSRF 1.5.1 – NAPHS sustainability plan: a costed sustainability plan for human health surveillance systems as part of the NAPHS 2026–2030, and support to the annual NAPHS review.

Year 1 target: A sustainability plan drafted based on the endorsed NAPHS

• PSRF 3.3.2 – PoE training plan: a training module guideline and training plan for PoE personnel and public security staff on surveillance and information sharing with the public health sector.
Year 1 target: PoE training plan drafted to train 12 international or traditional PoEs

• PSRF 4.1.1 – Prevention and control strategy for a high-priority pathogen: a national multisectoral strategy for influenza pandemic preparedness and response.

Year 1 target: Prevention and control strategy for one high-priority pathogen drafted and developed with relevant sectors

• PSRF 4.3.1 – IPC and patient referral SOPs: updated infection prevention and control (IPC) SOPs and an SOP for a safe patient referral system, developed with the Department of Healthcare and Rehabilitation (DHR) to meet WHO minimum requirements.

Year 1 target: Technical assistance to draft patient referral SOP with the inputs from relevant hospitals.

• PSRF 4.6.1 – Incident Management System (IMS) protocol: an updated IMS manual and a protocol for district level Public Health Emergency Operations Centres (PHEOCs) that integrates the animal health, environmental health and security sectors.

Year 1 target: IMS Manual reviewed and updated

• PSRF 5.1.3 – Formalized One Health governance: a review of existing MOUs and legal documents and draft updated MOUs, starting with the MOH–MAE MOU on One Health zoonotic disease prevention and control and extending to other relevant ministries (e.g., MOPS, MOD, MOLSW).

Year 1 target: MOUs and legal documents reviewed and updated

Purpose

Under the supervision of the UNICEF Health Manager (Pandemic Fund), and working day-to-day with the Head of the DDC PCU and the technical leads of the responsible DDC divisions and the Department of Healthcare and Rehabilitation (DHR), the Consultant provides technical, analytical and drafting support so that the Government can produce the nine documents listed above to the stage required by the Year 1 PSRF targets.

The Government retains full ownership and leadership of every document; the Consultant analyses evidence, drafts, facilitates technical discussion, consolidates input and prepares documents for

endorsement, but does not set policy.

The assignment is temporary, time-bound and deliverable-based: payments are made only on submission and acceptance of the deliverables listed below.

Scope of Work

Function 1 – Surveillance, joint risk assessment and health security planning (PSRF 1.1.1, 1.3.1, 1.5.1)

• National surveillance strategic plan (1.1.1): assess the performance of the current surveillance system across indicator-based, event-based and community-based surveillance, and draft the national surveillance strategic plan and its operational plan. Align priority pathogens with the national risk profile, the NAPHS, One Health priorities and the AMR strategic plan, and include equity-focused indicators (disaggregation by sex, geography and other social determinants) and a monitoring framework for the 18 provinces. Build on the national consultation held under sub-activity 1.1.1.1 and work closely with DDC and NCLE.

• Multisectoral data sharing and joint risk assessment mechanism (1.3.1): review the 2021 EOP and the PHEM SOP and compile lessons learned (sub-activity 1.3.1.1). Draft the mechanism for routine, timely sharing of disaggregated surveillance data between human, animal, wildlife and environmental health sectors, covering data elements, frequency, channels, data-protection arrangements and roles. Develop a JRA methodology and toolkit (triggers, standard templates, scoring, reporting and feedback of decisions to all sectors) adapted from the WHO–FAO WOAH Joint Risk Assessment Operational Tool, and integrate both into the updated EOP for finalization under sub activity 1.3.1.2.

• NAPHS sustainability plan (1.5.1): draft a costed sustainability plan for human health surveillance systems within the NAPHS 2026–2030, covering financing sources, the transition of donor-funded functions to domestic budgets, human resource retention and institutional arrangements. Prepare technical inputs for the NAPHS dissemination meetings and propose a format and indicator set for the annual NAPHS review, linked to SPAR reporting.

Function 2 – Points of Entry standards, strategy and workforce training plan (PSRF 1.4.3, 3.3.2)

• National PoE standards and strategic plan (1.4.3): review IHR (2005) PoE core capacity requirements, the JEE and SPAR PoE findings and current practice at designated and traditional PoEs. Draft national standards for PoE surveillance and public health emergency preparedness, with an assessment checklist that can be used to measure the proportion of priority PoEs meeting the standards from Year 2. Draft the national PoE strategic plan 2027 2030. Both documents address coordination and information sharing between public health and PoE and public security authorities, gender-responsive and accessible practice, and the needs of mobile, marginalized and vulnerable populations. Support the consultations under sub-activities 1.4.3.1 and 1.4.3.2.

• Wattay International Airport SOP (1.4.3.3): provide technical inputs to update the SOP on public health emergency response at Wattay International Airport, consistent with the national PoE standards.

• PoE training plan and module guideline (3.3.2): prepare a training plan for 12 international or traditional PoEs (selection criteria, target cadres in health, immigration, customs and public security, schedule and

sex disaggregated participant targets). Draft the training module guideline on surveillance and information sharing with the public health sector, including session plans, case scenarios, reporting tools and pre- and post-tests, for validation at the workshop under sub-activity 3.3.2.1. Provide a training report template that captures sex- and sector-disaggregated data for PSRF reporting.

Function 3 – Prevention, infection prevention and control and emergency response (PSRF 4.1.1, 4.3.1, 4.6.1)

• Influenza pandemic preparedness and response strategy (4.1.1): review the existing joint national preparedness and contingency plan for zoonotic influenza and lessons from COVID-19. Draft a multisectoral national strategy for influenza pandemic preparedness and response aligned with WHO pandemic influenza preparedness guidance, the national risk profile, the NAPHS and One Health frameworks, covering surveillance, laboratory, clinical management, IPC, risk communication, countermeasures, continuity of essential services and coordination. Support the review and endorsement consultations under sub-activity 4.1.1.1.

• IPC and patient referral SOPs (4.3.1): working with DHR, review the current national IPC guideline against WHO minimum requirements. Draft the SOP for a safe and efficient patient referral system for patients with suspected or confirmed priority infectious diseases, and update the IPC SOPs on standard precautions, hand hygiene and environmental cleaning. Prepare training content for the WHO-standard IPC training at central and provincial hospitals (sub-activity 4.3.1.2) and provide technical review of the IPC information and education materials (sub activity 4.3.1.1).

• IMS protocol for district-level PHEOCs (4.6.1): review the current IMS manual and PHEOC arrangements. Draft the updated IMS manual (sub-activity 4.6.1.2) and a protocol for district-level PHEOCs that defines activation levels, IMS functions and roles, reporting lines to provincial and national PHEOCs, and the participation of animal health, environmental health and security sectors. Prepare a tabletop exercise scenario to test the protocol and draw on findings of the after-action review planned under sub-activity 4.6.1.4.

Function 4 – Multisectoral governance and legal instruments (PSRF 5.1.3)

• Review of MOUs and legal documents: map existing MOUs, decrees, ministerial decisions and committee terms of reference that govern One Health coordination on zoonotic diseases, and identify outdated provisions, missing ministries and gaps in routine information sharing, joint risk assessment and joint response.

• Draft updated MOUs: draft the revised MOH–MAE MOU on One Health zoonotic disease prevention and control for review at the workshop under sub-activity 5.1.3.1 and prepare draft MOUs or annexes for engagement of other relevant ministries (e.g., MOPS, MOD, MOLSW). Include joint response protocols with national security and civil protection sectors and terms of reference for the governance structures, consistent with the information-sharing and JRA mechanism under PSRF 1.3.1.

• Legal coordination: work with the MOH Department of Legislation and the legal units of partner ministries so that the drafts follow Lao legal drafting conventions and the correct approval route.

Standard drafting process (applies to every document)

• Review: analyse existing national policies, laws, plans and SOPs, assessment findings (JEE, SPAR, PVS, NBW, after action and intra-action reviews) and international frameworks (IHR (2005); WHO, FAO and WOAH guidance), and summarize the gaps the document must address.

• Concept note and annotated outline: set out purpose, scope, legal basis, structure, institutional roles and the consultation and endorsement pathway, for agreement with the lead division.

• Zero draft: prepare the full draft in English in clear, implementable language, with a Lao version of key sections as agreed. Strategies and plans include a results framework, implementation plan, roles and responsibilities and, where required, costing; SOPs and protocols include step-by-step procedures, decision algorithms, tools and templates; MOUs and legal texts follow Lao drafting conventions and are coordinated with the MOH Department of Legislation.

• Consultation and validation: prepare presentations and discussion questions for the meetings budgeted under each sub-activity, facilitate technical sessions, and record comments and decisions.

• Revision: consolidate all comments into a comment-response matrix, revise the draft, and ensure consistency across related documents (NAPHS, National One Health Strategy, national AMR strategic plan, national risk profile, EOP).

• Finalization: prepare the endorsement-ready version with a two-page summary for decisionmakers and a short dissemination and implementation note and track the document through the endorsement process.

Working modalities

• Deliverable-based contract: payments are made only on submission and acceptance of the deliverables listed in the deliverables table below. Each deliverable is reviewed by the responsible DDC division (or DHR) and certified by the UNICEF supervisor before payment.

• Inception and prioritization: within the first month, the Consultant agrees with DDC, DHR and UNICEF a document by-document work plan that confirms the target stage for each product by 30 June 2027 (drafted, ready for submission or endorsement), the lead division, the review chain and the dates of the related workplan meetings. Where DDC has already held initial consultations or produced drafts, the Consultant builds on them rather than starting again.

• Requests outside scope: documents not listed above require prior written agreement between DDC and UNICEF and, where they change the workload, a contract amendment.

• Government ownership: documents are drafted on behalf of, and under the direction of, the responsible division. The Consultant does not represent the Government or UNICEF in negotiations and does not commit either party to policy positions.

• Coordination with partners: the Consultant works alongside technical partners already supporting these activities (including WHO, FAO, PSI, Fondation Mérieux and CHAI), avoids duplication, and ensures that

partner input is reflected in a single consolidated draft.

• Multisectoral and inclusive process: drafting follows the One Health approach, with input from MAE, security and other relevant sectors, and with consultation of women-led organizations, civil society and representatives of mobile, marginalized and underserved populations where relevant.

• Exclusions: the Consultant is not assigned routine administrative, clerical or logistical duties; does not handle cash, approve expenditure, or sign or certify fund requests; and does not organize meeting or training logistics, which are financed under the relevant sub-activities through government channels.

• Intellectual property: all products are the property of the Ministry of Health and UNICEF and carry Pandemic Fund visibility in line with project requirements.

• In-country travel: the assignment is office-based in Vientiane Capital (MOH/DDC). The Consultant may be required to undertake up to two in-country trips (up to six travel days in total) to selected provinces, districts or Points of Entry for consultations, field verification and validation of draft documents (for example, the PoE review under PSRF 1.4.3 and 3.3.2). Destinations, timing and duration will be agreed in advance with DDC and UNICEF based on operational needs. Travel costs are covered by UNICEF in line with its rules, separately from the professional fee. Travel as per operational needs, reimbursed separately.

Key performance indicators

• All deliverables are submitted on schedule and accepted by DDC (or DHR) and UNICEF with no more than two rounds of major revision.

• Each of the nine products reaches the stage required by its Year 1 PSRF target, as confirmed in the inception report.

• Each document is technically sound, consistent with IHR (2005), the NAPHS and related national frameworks, and written in clear, implementable language, agreed by key technical focal points.

• Consultations are multisectoral and inclusive, and all stakeholder comments are documented and addressed in a comment-response matrix.

• DDC and UNICEF receive a written progress update at least every month, and risks to delivery are flagged early with proposed solutions.

Work Assignment Overview	**Deliverables/ Outputs**	**Delivery deadline**
Inception and work planning	Deliverable 1 – Inception report: methodology; desk review summary; document-by-document work plan confirming the target stage of each of the nine products by 30 June 2027, the lead division, review chain and consultation dates. *Payment: 10% of fees*	29 January 2027
Review and scoping (all	Deliverable 2 – Reviews and outlines: concept notes	26 February 2027

functions)	and annotated outlines for all nine products; EOP and PHEM SOP review report with lessons learned (1.3.1); review report of existing MOUs and legal documents with gap analysis (5.1.3). *Payment: 15% of fees*	
Functions 2 & 3 – First set of drafts	Deliverable 3 – First set of drafts: draft PoE training module guideline and training plan for 12 PoEs (3.3.2); draft updated IMS manual and district-level PHEOC IMS protocol (4.6.1); draft influenza pandemic preparedness and response strategy (4.1.1); draft patient referral SOP and updated IPC SOPs with hospital training content (4.3.1); technical inputs to the Wattay International Airport SOP (1.4.3). *Payment: 20% of fees*	26 March 2027
Functions 1 & 2 – Second set of drafts	Deliverable 4 – Second set of drafts: draft national surveillance strategic plan and operational plan (1.1.1); draft national PoE standards with assessment checklist and draft PoE strategic plan 2027–2030 (1.4.3); draft multisectoral information-sharing mechanism and JRA methodology (1.3.1); draft costed NAPHS sustainability plan for human health surveillance (1.5.1). *Payment: 20% of fees*	30 April 2027
Functions 2, 3 & 4 – Validation and draft MOUs	Deliverable 5 – Validated products and draft MOUs: validated PoE training package (3.3.2), IMS manual and protocol (4.6.1) and IPC and patient referral SOPs (4.3.1), each with a comment-response matrix; draft updated MOH–MAE MOU and draft MOUs or annexes for other relevant ministries, with joint response protocols (5.1.3). *Payment: 15% of fees*	28 May 2027
All functions – Finalization and close-out	Deliverable 6 – Finalization and close-out: endorsement-ready information-sharing mechanism and JRA methodology integrated into the updated EOP (1.3.1); revised drafts of all remaining products at their agreed Year 1 stage, with decision-maker summaries where applicable; final consultancy report with a status tracker of all nine products and recommended technical assistance for Year 2. *Payment: 20% of fees*	30 June 2027

Payment Schedule:

Payment will be made on submission and acceptance of deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

Important Notes

- Individuals engaged under a consultancy or individual contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- Contracts are conditional upon the selected candidate's willingness to comply with any current or future vaccination requirements that may be established by UNICEF, where applicable. Failure to comply with applicable vaccination requirements, where required and without an approved medical exemption by UNICEF, may result in the withdrawal of the consultancy offer or termination of the contract in accordance with the General Terms and Conditions of Contract.
- UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT

Minimum requirements:

Education:
Post graduate degree in Public health, epidemiology, medicine, health policy, law or another relevant field. A first-level university degree combined with two additional years of qualifying experience may be accepted in lieu of an advanced degree.
Work Experience:

• Minimum five years of progressively responsible professional experience in public health, health security, disease control or health policy.

• Proven track record of drafting national-level strategies, action plans, standards, SOPs, protocols and/or MOUs or other legal instruments for the MOH or other government institutions in Lao PDR; candidates must list documents drafted or co-drafted and provide one writing sample.

• Experience in at least three of the following: disease surveillance and early warning; joint risk assessment; Points of Entry and IHR (2005) core capacities; health emergency operations and Incident Management Systems; infection prevention and control; pandemic influenza preparedness; NAPHS, JEE or SPAR processes.

• Experience leading or facilitating multisectoral consultation and validation processes with senior government officials and partners, including in a One Health context.

Language Requirements:

Fluency in English (spoken and written) is required, including the ability to draft formal policy, technical and

legal texts.

Fluency in Lao is a strong advantage.

Knowledge/Expertise/Skills:

• Excellent analytical and writing skills; able to turn complex technical and stakeholder input into clear, well-structured and implementable documents.

• Sound knowledge of the Lao legal and policy-making process, government structures and endorsement procedures, particularly in the health sector.

• Strong technical knowledge of health security, the One Health approach, IHR (2005), surveillance, emergency response and IPC systems.

• Ability to develop results frameworks, implementation plans and basic costing for strategies and plans.

• Strong facilitation and consensus-building skills; proficiency in MS Word, Excel and PowerPoint.

• Highly organized, diplomatic and respectful of government ownership; able to manage several documents in parallel; committed to gender equality, equity and inclusion and the highest standards of integrity.

Desirables:

• Formal training in health policy, health security, IHR (2005), One Health, emergency management, field epidemiology (FETP) or legislative drafting.

• Experience with a United Nations agency (e.g., UNICEF, WHO, FAO, IOM) or a donor-funded health security programme (strongly preferred).

• Experience in costing health plans, or in designing training programmes for PoE, PHEOC or hospital staff.

• Fluency in Lao, including the ability to translate accurately between Lao and English.

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