



## TERMS OF REFERENCE FOR NATIONAL CONSULTANT

<b>Job ID/Title:</b>	<b>National Consultant for WHO FCTC Article 5 Support</b>
<b>Duty Station:</b>	Paramaribo, Suriname
<b>Category:</b>	HIV, Health and Development
<b>Additional Category:</b>	
<b>Brand:</b>	UNDP
<b>Post Level:</b>	--
<b>Type of Contract:</b>	Individual Contract
<b>Category (eligible applicants):</b>	External
<b>Application Deadline:</b>	2 November 2020

<b>Languages Required:</b>	Arabic	<input type="checkbox"/>	English	<input checked="" type="checkbox"/>	French	<input type="checkbox"/>	Russian	<input type="checkbox"/>
	Spanish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Dutch	<input checked="" type="checkbox"/>

<b>Starting Date:</b>	16 November 2020
<b>Expected Duration of Assignment:</b>	November 2020 – March 2020, maximum of 80 working days

**A. Background**

The United Nations Development Programme (UNDP) is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life, as envisaged by 2030 Agenda for Sustainable Development. We are on the ground in more than 170 countries and territories, working with governments and people on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners that can bring about results.

The Bureau for Policy and Programme Support (BPPS) has the responsibility for developing all relevant policy and guidance to support the results of UNDP's Strategic Plan and help countries to achieve the Sustainable Development Goals. BPPS's staff provides technical advice to Country Offices; advocates for UNDP corporate messages, represents UNDP at multi-stakeholder fora including public-private dialogues, government and civil society dialogues, South-South and Triangular cooperation initiatives, and engages in UN inter-agency coordination in specific thematic areas.

BPPS supports UNDP's 2014-2017 Strategic Plan, focusing on 7 outcomes including strengthening institutions to progressively deliver universal access to basic services (outcome 3). The HIV, Health and Development Group (HHD), within BPPS, is helping to contribute towards this outcome.

UNDP is a founding cosponsor of the Joint UN Programme on HIV/AIDS (UNAIDS), a partner of the Global Fund to Fight AIDS, TB and Malaria, and a co-sponsor of several other international health partnerships.

UNDP's work on HIV, health and development, as described in the HIV, Health and Development Strategy 2016-2021: Connecting the Dots, leverages UNDP's core strengths and mandates in human development, governance and capacity development to complement the efforts of specialist health-focused UN agencies. UNDP delivers three types of support to countries in HIV, health and development.

First, UNDP helps countries to mainstream attention to HIV and health into action on gender, poverty and the broader effort to achieve and sustain the Sustainable Development Goals. For example, UNDP works with countries to understand the social and economic factors that play a crucial role in driving health and disease, and to respond to such dynamics with appropriate policies and programmes outside the health sector. UNDP also promotes specific action on the needs and rights of women and girls as they relate to HIV.

Second, UNDP works with partners to address the interactions between governance, human rights and health responses. Sometimes this is done through focused or specialized programmes, such as promoting attention to the role of the law and legal environments in facilitating stronger HIV responses, including the use of flexibilities in intellectual property law to lower the cost of drugs and diagnostics. UNDP also works to empower and include marginalized populations who are disproportionately affected by HIV, such as sex workers, men who have sex with men, transgender people, drug users, migrant workers, prisoners and people living with HIV. Beyond these focused efforts, UNDP plays a key role in ensuring attention to HIV and health within broader governance and rights initiatives, including support to municipal action on SDGs, sustainable responses for Health and HIV such as improving sustainability of AIDS financing, sustainable health procurement, strengthening of national human rights institutions and increasing access to justice for key populations.

Third, as a trusted, long-term partner with extensive operational experience, UNDP supports countries in effective implementation of complex, multilateral and multisectoral health projects, while simultaneously investing in capacity development so that national and local partners can assume these responsibilities over time. The UNDP/Global Fund partnership is an important part of this work, facilitating access to resources for action on SDG 3 by countries that face constraints in directly receiving and managing such funding. UNDP partners with countries in crisis/post-crisis situations, those with weak institutional capacity or governance challenges, and countries under sanctions. When requested, UNDP acts as temporary Principal Recipient in these settings, working with national partners and the Global Fund to improve management, implementation and oversight of Global Fund grants, while simultaneously developing national capacity to be able to assume the Principal Recipient role over time.

## **B. Context**

The significant harms of noncommunicable diseases on developing countries are usually understood primarily through a health lens. This overlooks the extensive impact of these diseases on social, economic and environmental progress. NCDs are a development issue and success against them relies on sectors such as commerce, trade, finance, agriculture, justice and education working with the health sector to their mutual advantage. With the international community including strengthened implementation of the WHO FCTC (target 3.a) within the UN's 2030 Agenda for Sustainable Development, demand for whole-of-government tobacco control support has quickly grown.

Significantly increased investments are necessary to meet Sustainable Development Goal target 3.a on WHO FCTC implementation. These investments will need to rely primarily on domestic public finance. Tobacco taxation (i.e. WHO FCTC Article 6) was specified in the Addis Ababa Action Agenda on Financing for Development for its potential to reduce the health burden and associated costs of tobacco use while generating significant revenue for countries to finance their development priorities. Raised tobacco excise taxes, along with the multiple other interventions outlined across the WHO FCTC's 38 Articles, is one of the most cost-effective and proven health and development interventions. Yet perceived incentive conflicts amongst government sectors, particularly between the health and economic sectors, remain a barrier to its implementation and to implementation of the treaty broadly.

To support increased investments in tobacco control, and to facilitate stronger coordination across governments, the UN has been invited to assist countries in quantifying the significant costs of the status quo – to the health sector and the economy at large – against the investments and benefits of scaled up action.<sup>1</sup> The ability of governments – especially ministries of health – to make a compelling, evidence-informed advocacy case for action on tobacco control is crucial for reversing the trend of more and younger people falling ill, living with chronic and debilitating conditions, being unable to participate in labour markets, and dying of diseases stemming from tobacco and their associated risk factors.

UNDP works closely with the Convention Secretariat of the WHO Framework Convention on Tobacco Control to conduct investment cases in over 20 countries under the FCTC 2030 project. Suriname was selected in 2019 under phase II of the project to receive both an investment case and technical assistance to implement Article 5 of the treaty, which pertains to national planning, governance structures and reducing tobacco industry interference in policymaking.

Given the challenges and opportunities of multisectoral engagement for tobacco control, Article 5 of the treaty covers tobacco control governance and related General Obligations of the Parties. For example, Article 5.1 calls upon each Party to “develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes.” Article 5.2(a) obliges Parties to establish or reinforce, and then finance, a governance process for managing tobacco-related institutional complexities. And Article 5.3 requires Parties to protect their tobacco control efforts from interference by commercial or other vested interests. UNDP and the Secretariat of the WHO FCTC are working together to help countries ensure multi-sectoral tobacco control policies, including coherence between national health policies and those governing commerce, trade and the economy.

The objective of this consultancy is to provide high quality technical support to UNDP and WHO in the implementation of WHO FCTC Article 5 provisions. Specifically, the consultant will assist the Ministry of Public Health and other relevant stakeholders in the establishment of a multisectoral National Coordinating Mechanism (NCM) and the development of a National Tobacco Control Strategy (NTCS) in Suriname, in accordance with articles 5.1 and 5.2a of the WHO FCTC. The national consultant will be required to engage with a variety of governmental and non-governmental sectors to be included in the NCM, in addition to drafting key documents to enact the NCM and initiate implementation of the NTCS.

### **Duties and Responsibilities of the National Consultant**

Under the overall supervision of the Programme Specialist, Health and Development, during development of activities pertaining to the implementation of FCTC Art 5.2a , the consultant will be responsible for:

1. Conduct comprehensive stakeholder mapping, identifying those to be included in the National Coordinating Mechanism, as well as their interests, resources and roles in tobacco control;
2. Mobilizing key stakeholders (government and non-government) towards the creation of a National Coordinating Mechanism for Tobacco Control, including by communicating Investment Case findings and other relevant information;
3. Supporting the joint UNDP/WHO team in integrating other FCTC 2030 project deliverables into the NTCS to be developed, where appropriate, and reflecting these planning choices as updates/adjustments to the FCTC 2030 workplan;

---

<sup>1</sup> WHO FCTC Decision COP6/17 requested UNDP and WHO to help countries make the business case for investments in tobacco control.

4. Share the main findings of the situation analysis with the joint UNDP/PAHO/WHO team.
5. Where relevant, work with the joint UNDP/PAHO/WHO team and associated consultants to find synergies and efficiencies with NCD investment case, Tobacco Investment Case and Article 5 processes, aligning the processes to the extent appropriate.
6. Ensure timely delivery of the major deliverables associated to the National Coordinating Mechanism:
  - a. Situation analysis and stakeholder mapping;
  - b. Draft four-year National Tobacco Control Strategy;
  - c. Draft two-year Action Plan for NTCS implementation;
  - d. Draft legislation (bill, decree or other, as appropriate) establishing the NCM;
  - e. Terms of Reference for NCM members;
  - f. Rules of procedure and roadmap for a functioning NCM;
7. Support the presentation of the National Coordinating Mechanism during handover of related deliverables to the Government;
8. Assist UNDP, WHO and Suriname Ministry of Public Health with preparing policy support material (policy, issue Briefs) and key input documents to drive strategy buy-in and implementation, as appropriate;
9. Assist and/or lead Article 5.1 and Article 5.2 capacity building activities.

***Deliverables:***

<b><i>Milestone</i></b>	<b><i>Estimated Date</i></b>	<b><i>Due</i></b>
<b><u>Deliverable 1 – Situation Analysis and Stakeholder Mapping</u></b>  Based on the WHO FCTC Needs Assessment, UNDP Institutional Context Analysis, and in consultation with the Ministry of Public Health, the consultant will prepare a situation analysis accompanied by a list of stakeholders to include in the National Coordinating Mechanism and the National Tobacco Control Strategy. The situation analysis should briefly identify policy gaps, strategies for addressing these gaps (with an emphasis on strengthening FCTC implementation), as well as risks and barriers for strategy implementation. This analysis can be used to inform the creation of a Working Group for steering subsequent activities for the development of the National Tobacco Control Strategy.	2 December 2020	
<b><u>Deliverable 2 – Facilitate drafting of NTCS</u></b>  The consultant will provide direct support to the relevant stakeholders (multisectoral strategy committee, NCM, or working group, as appropriate) in drafting a four-year multisectoral National Tobacco Control Strategy based on a whole-of-society, whole-of-government approach, aligned with the global Strategy approved by FCTC COP8, as well as the targets set in the Strategy and Plan of Action to strengthen tobacco control in the Region of the Americas 2018-2022. The strategy should provide the rationale for tobacco control, outline the main goals and targets to be achieved in the given timeframe, and the overarching principles guiding implementation.	20 January 2021	

<p><b><u>Deliverable 3 – Facilitate drafting of Action Plan</u></b></p> <p>The National Tobacco Control Strategy will be supplemented by a two-year multisectoral action plan, to be developed with the stakeholders involved in the drafting of the NTCS. A comprehensive action plan will include strategies for achieving the goals set forth in the NTCS, targets and their related indicators (outcome evaluation), as well as outputs, milestones and indicators for the related activities (process evaluation). Appropriate data collection/surveillance mechanisms to ensure timely tracking of outcomes and activities should be identified. Moreover, the Action Plan should be developed keeping in mind that the planned actions will have to be costed to the fullest extent possible.</p>	<p>10 February 2021</p>
<p><b><u>Deliverable 4 – Draft legislation creating the NCM</u></b></p> <p>In consultation with the members of the NCM Working Group, the consultant will draft a bill, decree or other suitable binding mandate, to formalize the NCM. The draft legislation should include, at a minimum, the NCMs roles, responsibilities and scope of activities, list of members, rules regarding the appointment of members, and a generic provision on the Secretariat of the NCM. The creation of the NCM can be in the results framework of the National Tobacco Control Strategy.</p>	<p>24 February 2021</p>
<p><b><u>Deliverable 5 – Terms of Reference and draft rules of procedure for NCM members</u></b></p> <p>In addition to the broad NCM terms of reference included in the legislation, the consultant will be expected to submit draft terms of reference for the NCM representatives, secretariat and NCM chair. The terms of reference should clearly differentiate among the roles and responsibilities appropriate to each position. Furthermore, with a view to ensuring a functioning NCM, meeting regularly, by the end of the current FCTC 2030 project timeframe (March 2021), the consultant will assist the recently created NCM or Working Group in crafting rules of procedure and a roadmap, with clear activities and milestones, for implementing the NCM.</p>	<p>5 March 2021</p>

***Reporting:***

The consultant will regularly evaluate progress in meeting the specific deliverables with the UNDP Country Office, with support from UNDP Regional Office and the Global Health and Development Team.

***Travel:***

No travel foreseen in this consultancy.

***Time-frame:***

The consultancy will be based in Suriname for a period of up to 80 days during the six-month FCTC 2030 project period.

***Evaluation***

Applicants will be screened against qualifications and competencies specified below through a desk review that combines the results of a technical and financial evaluation. Specifically, the award of the contract will be made to the Individual Consultant whose offer has been evaluated and determined as:

- responsive/compliant/acceptable, and
- having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation; Technical Criteria weight: 70 points; Financial Criteria weight: 30 points.

Only candidates obtaining a minimum of 49 points (70%) out of a maximum 70 points on the Technical Evaluation will be considered for the Financial Evaluation.

***Criteria for Technical Evaluation (70 points maximum)***

- Minimum of a master's degree or equivalent in Public Policy, Law, Public Health, Social Sciences or a related field (15 points maximum);
- At least three years' experience of drafting legislation and working with coordinating mechanisms such as committees, commissions and working groups (15 points maximum);
- At least three years' experience with strategic planning, including strategy development and implementation, preferable involving multisectoral coordination (20 points maximum)
- Experience with advocacy and promoting stakeholder engagement in a multisectoral context, preferably related to public health (20 points maximum);

***Criteria for Financial Evaluation (30 points maximum)***

**The following formula will be used to evaluate the financial proposal:**

- $p = y (\mu/z)$ , where;
- $p$  = points for the financial proposal being evaluated;
- $y$  = maximum number of points for the financial proposal;
- $\mu$  = price of the lowest priced proposal;
- $z$  = price of the proposal being evaluated.

***Payment***

Final payments will be made upon agreement that the deliverables have been satisfied.

The payment schedule is as follows:

- Upon submission and approval of Deliverable 1 – Situation Analysis and Stakeholder Mapping - payment of 10% of the contract amount
- Upon submission and approval of Deliverable 2 – Facilitate drafting of NTCS – payment of 20% of the contract amount
- Upon submission and approval of Deliverable 3 – Facilitate drafting of Action Plan – payment of 20% of the contract amount
- Upon submission and approval of Deliverable 4 - Draft legislation creating the NCM – payment of 20% of the contract amount

- Upon submission and approval of Deliverable 5 - Terms of Reference and draft rules of procedure for NCM members – 30% of the contract amount

### **C. Competencies**

#### ***Corporate Competencies***

- Demonstrates integrity by modeling the UN's values and ethical standards.
- Promotes the vision, mission, and strategic goals of UNDP.
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.

#### ***Functional***

- Familiarity with and experience in global health policy, including tobacco control.
- Knowledge of the development dimensions of health.
- Familiarity with national health and development multisectoral coordination processes.
- Familiarity with the sustainable development goals and targets, including how UNDP's work on health advances these.
- Competence with Microsoft Word, PowerPoint, and Excel.

#### ***Project and Resource Management***

- Exceptional organizational skills.
- Ability to work independently, produce high quality outputs.

#### ***Partnership Building and Teamwork***

- Demonstrated flexibility to excel in a multi-cultural environment.
- Provides and receives constructive feedback.
- Demonstrated ability to mobilize stakeholders from government and non-government sectors.

#### ***Communications and Advocacy***

- Exceptional writing skills.
- Ability to clearly and briefly generate insights on policy environment based on analysis of qualitative data and stakeholder interviews.
- Strong capacity to communicate clearly and quickly.

## **D. Qualifications**

### ***Education***

- Advanced degree in Public Policy, Law, Public Health, Social Sciences or a related field.

### ***Experience***

- At least five years relevant work experience in NCDs, HIV and/or health, especially in a development context.
- Research, writing, and analytical skills.

### ***Language Requirement***

- Fluency in written and spoken English and Dutch is required.

## **G. Guidelines for Applications**

Interested applicants are advised to carefully review this advertisement and ensure that they meet the requirements and qualifications described.

Applicants should submit:

- **Signed and Updated Personal History Form (P11).** The template can be downloaded from this link: [http://sas.undp.org/documents/p11\\_personal\\_history\\_form.doc](http://sas.undp.org/documents/p11_personal_history_form.doc)
- [Letter to UNDP Confirming Interest and Availability](#) indicating **all-inclusive daily rate in USD**. The daily rate specified in the submission will be considered as a ceiling amount / maximum daily fee.

\*Please note that the financial proposal is all-inclusive and shall take into account various expenses incurred by the consultant/contractor during the contract period (e.g. rent of dwelling, fee, health insurance, vaccination, visa costs and any other relevant expenses related to the performance of services...). All envisaged costs (except of the unforeseen travel costs for missions, if any) must be included in the financial proposal. Unforeseen travel costs for missions, if any, will be paid separately according to UNDP rules and regulations.

Incomplete applications will not be considered. Please make sure you have provided all requested materials

Due to large number of applications we receive, we are able to inform only the successful candidates about the outcome or status of the selection process.

\*\*\*\*\*