1. Background:

**Tonga** is a Polynesian Kingdom comprised of over 170 islands, 36 of which are inhabited. The total area of the islands amounts to 747km², spread over an area of around 700,000 km² in the Pacific Ocean. Tonga is made up of four main island groups: Tongatapu, Vava'u, Ha'apai, and Niuatoputapu and Niuafo'ou. The capital is Nuku'alofa. The total population is estimated at 107,000. Most of Tonga's population live in rural areas compared to urban areas. The government is the main provider of health services in Tonga and 90% of health services are delivered from four hospitals in the country. The government is the main financer of the health system (47%), with considerable funding also from donors (38%). The immunization service is delivered as a public service, with no services being provided in the private sector. It is estimated that 70% of immunization services are delivered through fixed site services, 20% by outreach and 10% home to home services. Reported immunization coverage rates varies between 78% to 96% (DTP3), and 80%-91% (BCG).

**Disease burden of pneumonia, diarrhea and cervical cancer:** A Tongan study in 2017 found an incidence of invasive pneumococcal disease (pneumococcal meningitis and sepsis) of 113 per 100,000 in children under the age of two, with a case fatality rate of 25%. Diarrhea is estimated to cause 2% of child deaths under the age of five and it is estimated that RV kills 1.5 per 100,000 children. Unpublished data from Vaiala Hospital shows an incidence of cervical cancer of 11.2 cases per 100,000 women, recorded in 2017. Mortality rate from cervical cancer is approximately 3.9 per 100,000 women, and there are approximately 5 new advanced cervical cancer cases seen each year. Similar to data for other diseases, this data is likely to be underrepresented due to lack of a nationwide screening program, e.g. pap smear, and awareness amongst women to identify early danger signs for diagnosis, particularly at the sub-national levels.

**Tuvalu** is in the western Pacific, and is one of the Pacific's smallest States, made up of nine small islands, including the main island and capital, Funafuti. Prior to achieving independence from the United Kingdom in 1978, Tuvalu was known as the Ellice Islands, and separated from the Gilbert Islands after a referendum in 1975. The most recent World Bank data (2016) estimated the total population at 11,000.

Most health services are provided by the public health services, with the exception of family planning services delivered jointly with Tuvalu Family Planning Association. Tuvalu has one hospital on the main island, two health clinics, and eight health centers covering the outer islands. Reported immunization coverage rate is relatively high amongst Pacific DMCs, with 96% for measles first dose, and 94% for DTP3, with minimal variation from WHO/UNICEF estimates.

**Disease burden of pneumonia and diarrhea:** In Tuvalu, from 2011 to 2014, the majority of general outpatient and pediatric admissions were attributed to acute respiratory infections such as pneumonia. In 2014, diarrhea was the cause of 17.3% of admissions (n=358) under five years of age at Princes Margaret Hospital (PMH). PMH admission data for children under five years of age with pneumonia and diarrhea was provided from 2011 to 2012 and from 2014 to 2016, and it showed 850 admissions to PMH for children under five years old, (median 156, IQR 154-212). Pneumonia admissions comprised 26.8% of all admissions at PMH among children under five years of age. Acute gastroenteritis (AGE, diarrhea) accounted for 10.5% of all admissions in this age group. Tuvalu does not have a cancer registry. Data for cervical cancer inpatient hospitalization were requested instead,
and there were six deaths due to cervical cancer from 2007 to 2016. Without an official cervical cancer registry, it is likely cases and deaths are underreported.

To reduce disease burden of pneumonia, diarrhea and cervical cancer the Governments of Tonga and Tuvalu recognizes the importance of expanding their immunization programs with the addition of three new vaccines: human papillomavirus (HPV) vaccine, pneumococcal conjugate vaccine (PCV) and rotavirus (RV) vaccine and using the introduction of these vaccines to strengthen immunization programs, health systems and regional cooperation. The Asian Development Bank (“ADB”) and UNICEF will provide financial support to the Government of Tonga and Tuvalu to reduce the disease burden of three vaccine preventable diseases, cervical cancer, rotavirus and pneumococcal disease, and to strengthen immunization programs through Systems Strengthening for Effective Coverage of New Vaccines.

UNICEF will provide technical assistance to Tonga and Tuvalu government to procure vaccines (HPV, PCV and RV) through the Existing VII Agreement. UNICEF will procure and install WHO Performance, Quality and Safety (PQS) pre-qualified cold chain equipment.

UNICEF will build the capacity of the MOH to establish and strengthen the reaching every child approach as part of the introduction of new vaccines and strengthen new vaccine integration into routine immunization services. This will entail microplanning, outreach services, supportive supervision, strengthening production, quality and use of data for decision making, and linking services with communities. As part of this approach effective catch-up campaigns will also be prioritized including the planning of HPV school-based campaigns. UNICEF will provide advisory services upon request to the Government in leveraging existing community structures through partnerships with Ministries of Health and other Ministries, non-government and civil society organizations, community and church leaders and other local community groups on vaccine awareness and in developing vaccine communication material to address vaccine hesitancy concerns improve public health knowledge, attitude and practice for better overall health seeking behavior and vaccine acceptance.

UNICEF Pacific is seeking a qualified and skilled international consultant for Tonga and Tuvalu to provide technical guidance and expertise for strengthening routine Immunization, human resource capacity building, vaccine management, immunization supply chain, and embedding the reaching every child approach into the system as the main approach to the introduction of three new vaccines.

2. Purpose of the Assignment:

UNICEF recently signed an output agreement with the Ministry of Health in Tonga and Tuvalu for procurement in installation of cold chain equipment and the provision of technical services for new vaccines introduction, cold chain maintenance, and immunization programme strengthening support over. The output agreement follows funding from the ADB to the Governments of Tonga and Tuvalu to reduce the disease burden of three vaccine preventable diseases, cervical cancer, rotavirus infection and pneumococcal diseases, and to strengthen their immunization programmes through system strengthening for effective coverage of new vaccines.

The deliverables and results from this consultancy will be used by the MoH for the introduction of three new vaccines, to strengthen the routine immunization and to increase the immunization coverage.

The Consultant will guide the MoH on the readiness of the country to introduce the three new vaccines and will provide the government with the requisite policy, guideline and job aids following
the global standard. As a result, the MoH will be able to close the gaps for all components of the routine immunization including vaccine management, planning, monitoring, data management.

3. Objectives

Through the provision of technical assistance and advice, the current performance of routine immunization and health system readiness for new vaccine introduction will be assessed against a benchmark of performance standards with the following questions to be answered:

1. What is the current status of readiness of Tonga and Tuvalu to introduce three new vaccines?
2. What gaps remains within the routine immunization programme to address the successful introduction of new vaccines and strengthen routine immunization?
3. What additional measures need to be taken by the MoH for sustainability and to further improve routine coverage with equity?

4. Scope of Work/ Work Assignments:

The Child Health Consultant will work in close collaboration with the Ministries of Health in Tonga and Tuvalu and other partners including integrated project management team (IPM), to plan and coordinate the implementation of the introduction of three new vaccines. The Consultant will build the capacity/collaborate and oversee with the Government in the lead the following work assignment:

1. Update immunization and cold chain policies, guidelines, standard operating procedures to include the new vaccines and meet international best practice.
2. Develop implementation guide for the introduction of the new vaccines
3. Coordinate training of trainers and facilitate trainings of health workers and on-the-job training in vaccine administration, routine and adverse event reporting, inventory management, preventative maintenance, supportive supervision, and supply chain management;
4. Build the capacity of health workers on health facility level microplanning, procurement forecasting for all vaccines, buffer stock maintenance; and evidence-based planning for routine integrated outreach with an equity focus;
5. Assess the country readiness for the three new vaccines and facilitate the introduction of the three new vaccines
6. Update the child health cards, record keeping forms, reporting templates and cold chain monitoring
7. Provide technical guidance to the MOH to generate robust data through training on data quality self-assessment
8. Develop the HPV campaign plan and an implementation guide for health workers in coordination with C4D consultant.
9. Facilitate and build the capacity of MOH in the preparation of funding request (FACE and ICE)) for the implementation of workplan activities
10. Provide monthly updates on workplan progress
11. Act as UNICEF focal point in Tonga and Tuvalu for introduction of three new vaccines and strengthening of routine immunization in collaboration with the MoH and with the integrated project implementation team (IPM) based in Tonga and Tuvalu, as well as the consultants on cold chain, C4D, and training.
12. Embed reaching every child strategy in the Tonga and Tuvalu routine immunization programme.
13. Assist the government in emergency preparedness and response
14. Prepare regular/mandated project reports for MOH and UNICEF and keep them informed of project progress.
15. Identify, capture, synthesize and share lessons learned for knowledge management and to build capacity of stakeholders.
16. Working with C4D consultant in supporting the MoH on development and printing of materials for communication strategy addressing vaccine hesitancy and benefits of immunization including aids for community mobilization and engagement with gender considerations and school-based strategy.
17. Participate in HIS coordination guiding the inclusion of new vaccines in HIS reporting

5. **Work Assignment/Specific Tasks:**
Duration of consultancy is 11.5 months. Expected starting date of the consultancy 01 July 2020.

Specific major tasks:
- Review and update immunization and cold chain policy, strategy, SOPs and guidelines Child Health cards, record keeping forms, reporting forms, Temperature monitoring and AEFI
- Develop implementation guidelines for three new vaccine introductions.
- Build the capacity of health workers on health facility level microplanning, procurement forecasting for all vaccines, buffer stock maintenance; and evidence-based planning for routine integrated outreach with an equity focusDevelopment of training package - on introduction of new vaccines, strengthening routine immunization practices, microplanning and integrated disease management approach for prevention and control of pneumonia and diarrhea
- Update the child health cards, record keeping forms, reporting templates
- Coordinate training for new vaccine introductions, strengthening routine immunization practices, microplanning and integrated disease management approach for prevention and control of pneumonia and diarrhea and immunization supply chain and cold chain management
- Develop HPV campaign implementation guidelines and conduct HPV campaign training
- HPV school-based planning and implementation with messaging on the importance of HPV vaccine to cervical cancer prevention.

6. **Work Schedule/ Work Plan**

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Duration/ Estimated # of month</th>
<th>Schedul e of Payment</th>
<th>Paymen t timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inception report with detailed workplan with timeline for Tonga and Tuvalu approved by UNICEF</td>
<td>1 2 3 4 5 6 7 8 9 10 11 15</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Revisited and updated immunization and cold chain policy, strategy, and standard operating procedures (SOPs)</td>
<td>1 2 3 4 5 6 7 8 9 10 11 15</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Developed and endorsed by the MOH the new vaccines introduction guidelines (PCV and Rota), Child Health cards, record keeping forms, reporting forms, temperature monitoring and AEFI.</td>
<td>1 2 3 4 5 6 7 8 9 10 11 15</td>
<td></td>
<td>8%</td>
</tr>
</tbody>
</table>
Developed and endorsed implementation guidelines for HPV introductions.

Training report-Coordinate training on introduction of new vaccines, strengthening routine immunization practices, microplanning and integrated disease management approach for prevention and control of pneumonia and diarrhea

Assess the country readiness for the three new vaccines and facilitate the introduction of the three new vaccines- assessment report

Capacity building on vaccine forecasting, procurement, setting up alert mechanisms for vaccine shortages, overstocks and wastage.

HPV school-based planning and training with messaging on the importance of HPV vaccine to cervical cancer prevention. - training completion report

Support annual micro-planning at district and facilities levels- Micro plans report

PCV and Rota introduction report, identify, capture, synthesize and share lessons learned for knowledge management

HPV campaign report and final report

Coordination with the Ministry of Health; consultants on cold chain maintenance, C4D, training and with the IPM based in the country.

<table>
<thead>
<tr>
<th>Task</th>
<th>Progress</th>
<th>Percentage</th>
<th>End of Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed and endorsed implementation guidelines for HPV introductions.</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 4</td>
</tr>
<tr>
<td>Training report-Coordinate training on introduction of new vaccines, strengthening routine immunization practices, microplanning and integrated disease management approach for prevention and control of pneumonia and diarrhea</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 5</td>
</tr>
<tr>
<td>Assess the country readiness for the three new vaccines and facilitate the introduction of the three new vaccines- assessment report</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 6</td>
</tr>
<tr>
<td>Capacity building on vaccine forecasting, procurement, setting up alert mechanisms for vaccine shortages, overstocks and wastage.</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 7</td>
</tr>
<tr>
<td>HPV school-based planning and training with messaging on the importance of HPV vaccine to cervical cancer prevention. - training completion report</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 8</td>
</tr>
<tr>
<td>Support annual micro-planning at district and facilities levels- Micro plans report</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 9</td>
</tr>
<tr>
<td>PCV and Rota introduction report, identify, capture, synthesize and share lessons learned for knowledge management</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 10</td>
</tr>
<tr>
<td>HPV campaign report and final report</td>
<td>[ ]</td>
<td>100%</td>
<td>End of Month 11.5</td>
</tr>
</tbody>
</table>

Coordination with the Ministry of Health; consultants on cold chain maintenance, C4D, training and with the IPM based in the country.

Total duration: of the consultancy is 11.5 months.
Tentative timeline attached. Some activities. Task may take longer than anticipated. If additional time is needed, the contract will be amended accordingly with prior approval.

7. Deliverables and Payment Schedule:

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

Consolidated consultancy fee including living allowance and anticipated travel costs should be included in the financial offer by the applications. Financial offer should provide the detailed breakdown of the cost items.

Payments will be made upon satisfactory delivery of the key deliverables and guided by the principles mentioned above. However, the timeline of deliverables can be negotiated based on competing priorities.

The consultant will deliver monthly progress reports 3 pages maximum to the supervisor, highlighting progress against each planned activity in the work plan, barriers and gaps in implementation, main achievements and challenges suggesting possible solutions for Tonga and Tuvalu.

All products should be in electronic and hard copy submission.

8. Supervisor Name and Type of Supervision that will be provided:

The consultant will work under the overall guidance from the Chief, Health & Nutrition Section and the MNCH Specialist, Suva, with overall day to day supervision, technical direction, contract management and quality assurance by the Maternal & Child Health Officer based in Suva, Fiji.

9. Official Travel

• The Consultant will arrange their own travel from place of residence to countries where work is carried out. Air tickets will be purchased in Economy Class for the most direct and most economical itinerary, provided it is not longer than the lowest fare by more than 4 hours.
• UNICEF will approve quotes prior to purchase of air ticket and reimburse travel costs and subsistence allowances upon submission of receipts.
• Where applicable living allowance will be paid for field work to cover subsistence and accommodation. Consultant must put this as part of the financial proposal.
• The consultant should not travel without a signed contract and authorization to travel prior to the commencement of the journey to the duty station.
• Unless authorized, UNICEF will buy the ticket of the consultant where applicable. In some cases, the consultant may be authorized to buy their travel tickets and shall be reimbursed at the most economical and direct route, but this must be agreed beforehand. Consultant must put this as part of the financial proposal.
• The candidate selected will be governed by and subject to UNICEF’s General Terms and Conditions for individual contracts.
• UNICEF will agree with the consultant the required travel between the countries and within the country of assignment and UNICEF will cover these transport costs. DSA will not be provided in addition as living allowance has already been included.
10. Workplace:
The consultant will be based in both Tonga and Tuvalu travelling between the two countries (Tonga (60%) and Tuvalu (40%)). Upon the start of assignment, the consultant will come to Suva, Fiji for orientation. Between each country mission, the consultant will plan with Suva team a certain number of days in Suva for discussions, face to face guidance. The consultant should bring his/her own computer/ laptop. If based in the office a shared office space and temporary internet access within the office will be provided. The Consultant will budget for office supplies to be used during this consultancy and must be included in the proposal.

11. Qualifications or Specialized Knowledge/Experience Required:

Qualifications
- Post-graduate qualifications in epidemiology and public health, medical science or equivalent

Experience
- At least 8 years’ experience working in low- or middle-income settings
- At least 8 years relevant experience in implementing immunization programme in low- or middle-income settings, new vaccine introduction experience, an advantage
- Minimum of 5 years working in child health, working in child health in low- or middle-income settings, an advantage
- Familiarity with WHO/UNICEF guidelines in child health and immunization
- Experience working in an international development context, particularly PICs, an advantage
- Proficiency with relevant Windows-based technology at a high level, especially Microsoft Office
- Ability to work independently, under pressure, and within deadlines, including strong planning and coordination skills
- High-level communication and cross-cultural skills

Languages
- Fluency in written and spoken English required.

Competencies
- Solid analytical, negotiating, communication and advocacy skills.
- Demonstrated ability to work in a multi-cultural environment and establish harmonious and effective working relationships, both within and outside the workplace.
- Versatility, judgment and maturity.

APPLICATIONS
Applicant must submit: (1) a cover letter including a narrative explaining why they are qualified for this consultancy and dates of availability; (2) financial offer (professional fees and living allowance); (3) scan copy of highest degree; (IV) examples of previous work relevant to the consultancy.