

TERMS OF REFERENCE

National Consultant to Support the Development of the National Primary Health Care (PHC) Strategy

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	Luanda, Angola (Home based)
DURATION OF CONTRACT	5.8 months

Purpose of Assignment

1. STRATEGIC CONTEXT AND JUSTIFICATION

The development of the National Primary Health Care (PHC) Strategy forms part of the broader process of consolidating the reform of Angola's National Health System (SNS). PHC constitutes the structural pillar of the service delivery model, responsible for ensuring the population's first contact with the health system, continuity of care, service integration, and response to priority health needs across the life course.

In the Angolan context, PHC holds particular centrality because of its strategic function in operationalizing territorial equity, municipalization of services, and proximity to communities. Recent political discourse explicitly reinforces this orientation, positioning PHC as the central axis of public health policy and a key instrument for improving universal health coverage and reducing regional inequalities in access to care.

Angola faces a dual reality: on the one hand, significant progress in maternal and child mortality indicators (Maternal mortality rate declined from 233 to 170 per 100,000 live births and under five mortality from 68 to 52 per 1000 live births between 2015 and 2024); on the other hand, persistent structural weaknesses in first-line service performance, particularly in family planning, reproductive and maternal health, immunization coverage, nutrition, child and newborn health, epidemiological surveillance, and integrated management of chronic and communicable diseases. These challenges reflect systemic limitations in financing, governance, human resources, quality of care, service integration, and strategic use of health information.

Global normative frameworks establish that a modern PHC strategy should be grounded in three structural principles:

1. People-centred health systems rather than disease-centred approaches.
2. Functional service integration, overcoming fragmented programmatic approaches.
3. Adaptive, data-driven governance with clear accountability and community participation.

PHC should be understood as a strategic subsystem of the National Health System (SNS), whose performance results from the dynamic interaction between preventive, curative and rehabilitative services as well as organizational, financial, political, and social factors. Effective PHC performance depends not only on the availability of services or human resources but on how these elements are governed, financed, coordinated, and oriented toward the real needs of the population.

The development of a National PHC Strategy therefore constitutes a systemic planning exercise requiring alignment with national legislative and normative frameworks, including the National Health Policy, the National Development Plan 2023–2027, and sectoral planning and budgeting instruments. Simultaneously, it requires a broad and structured consultation process involving public, private, and community stakeholders at all levels of the health system to ensure political legitimacy, institutional ownership, and implementation feasibility.

The National Directorate of Public Health is leading this reform through a dedicated technical working group (TWG) which includes experts from Ministry of Health, UNICEF, WHO and UNFPA, however due to its nature, specialized technical assistance is essential to methodologically facilitate the development process, ensuring technical rigor, systemic coherence, and interinstitutional articulation.

The TWG agreed on the need to engage two consultants — one international and one national — with complementary roles, to facilitate the development of the strategy supported by the TWG as consultative board. As result UNICEF received and formal request from National Directorate of Public Health to support with the recruitment of Nacional Consultant for development of primary health care strategy.

These Terms of Reference is intended guide the work of the National Consultant, whose role will secure institutional memory is integrated in the development process, playing a central role in bridging international approaches with the institutional, political, and operational realities of Angola.

Scope of Work

Goal

To provide technical and methodological support to the development of Primary Health Care Strategy and its implementation plan, ensuring alignment with the national context, institutional ownership, and effective stakeholder participation.

Specific Objectives

The National Consultant shall:

1. Ensure systemic coherence and institutional alignment of the PHC Strategy with Angola's legislative, political, and programmatic frameworks.
2. Facilitate technical and political dialogue among stakeholders from Ministry of Health (MINSa), provincial governments, municipal administrations, private sector, development partners, and other stakeholders.
3. Ensure technical quality, methodological consistency, and operational feasibility of strategic proposals.
4. Support the development of implementation plan and the Monitoring and Evaluation (M&E) framework.

SCOPE OF WORK

The work will be organized around four domains in collaboration with the International Consultant:

1. Facilitation of Political and Institutional Processes
 - Perform stakeholders mapping and list key participants for consultative meetings.
 - Facilitate technical meetings, sectoral consultations, and validation processes.
 - Support consensus-building around PHC priorities.
2. Ensure Strategic Alignment
 - Ensure alignment of the strategy with the Basic Health Law, PND 2023–2027, National Health Policy, the Luanda Declaration on PHC and Immunization and other documents.
 - Ensure the costing of the strategy is coherent with national planning and budgeting instruments (State Budget – OGE, Annual Development Plan – PAD, and PESOE).

- Support the translation of global recommendations for operationalizing primary health care into operationally feasible strategy.

3. Technical and Methodological Support

- Support adaptation of international models such as the Operational Framework for Primary Health Care: Transforming Vision into Action to Angola's system capacity.
- Support analysis of national data (IIMS, SIS/DHIS2, sectoral reports).
- Contribute to evidence-based priority setting.

4. Technical Secretariat of the Process

- Prepare agendas, minutes, and documentation for TWG meetings and consultative workshops.
- Compile strategic documents and synthesis reports.

METHODOLOGICAL APPROACH

The consultancy will follow a structured, phased methodology organized into four interdependent blocks, reflecting the logical sequence of strategic planning in health. This approach aims to ensure that the PHC Strategy is simultaneously evidence-based, results-oriented, politically viable, and operationally feasible.

The methodology will combine rigorous technical analysis, structured participatory processes, and progressive validation, allowing each phase to inform the next in a cumulative process of institutional learning and strategic consolidation.

Phase 1 – Systemic Situation Analysis

The situation analysis will constitute the empirical foundation of the entire strategic process and will go beyond a merely descriptive diagnosis. It will be conceived as a systemic and functional analysis of PHC performance, incorporating four complementary dimensions:

1. Performance analysis:

This will assess the extent to which PHC is fulfilling its essential functions in terms of access, coverage, quality, continuity across level of care as well as life cycle, and efficiency of services. National indicators (from IIMS, HMIS/DHIS2 and sectoral reports) and qualitative evidence from institutional consultations will be used.

2. Bottleneck analysis:

This will identify the main structural and operational constraints limiting PHC performance, including financing flows, design and readiness of PHC infra-structure, human resource deficits and typology, supply chain challenges, weak intersectoral coordination, and limitations in PHC governance across central, provincial and municipal level.

3. Territorial and population equity analysis:

This will examine inequalities in access to and utilization of services, considering geographic, rural/urban, socioeconomic, gender, age, disability and vulnerability variables, in order to guide the strategy toward an explicit approach to equity and social justice.

4. Institutional and political economy analysis:

This will assess the institutional framework, power relations, interests of key stakeholders, and political factors that influence the implementation of reforms in the health sector.

This analysis will also be structured around the classical health system pillars (governance, financing, human resources, service delivery, information systems, and access to medicines), articulated with the 14 WHO and UNICEF operational elements of PHC, ensuring an integrated, cross-cutting, and action-oriented perspective.

Phase 2 – Strategic Prioritization

Based on the results of the situation analysis, a structured strategic prioritization process will be conducted to identify reforms and interventions with the greatest transformative potential for strengthening PHC.

Prioritization will be guided by explicit and transparent criteria, including:

- Magnitude of the problems, measured by their epidemiological relevance and impact on health indicators.
- Potential impact, in terms of expected gains in health outcomes, equity, and system efficiency.
- Cost-effectiveness, considering the relationship between investment and expected results.
- Political feasibility, including institutional acceptability and alignment with government priorities.
- Existing institutional capacity, assessing human resources, management systems, and organizational maturity.

This process will differentiate between structural interventions (medium-term systemic reforms) and accelerator interventions (short-term, high-impact actions), ensuring coherence between strategic ambition and operational realism.

Phase 3 – Strategy Formulation

The formulation phase will translate the identified priorities into a structured, coherent, and results-oriented strategic document, including:

- Prioritized PHC intervention packages, detailing the essential PHC package per level of attention (primary, secondary and tertiary care) and implementation timelines.
- Vision and theory of change, clearly articulating the causal logic between proposed interventions and expected results.
- Strategic axes, organizing the strategy into thematic areas (e.g., governance, financing, quality, service integration, community participation);
- Strategic and specific objectives, formulated in measurable terms and aligned with national and international commitments.
- Implementation Plan, translating strategic priorities into concrete actions, responsible institutions, timelines, and resource requirements.
- Monitoring and Evaluation (M&E) framework, defining key indicators, targets, and accountability mechanisms, ensuring that Strategy implementation is monitored continuously, adaptively, and in a results-oriented manner.
- Implementation and coordination mechanisms, clarifying roles across administrative levels (Provincial and Municipal), decision-making flows, intersectoral mechanisms, and partnership arrangements.

The Strategy will be conceived as a governance instrument, and not merely as a programmatic document, and

should be directly usable to guide resource allocation, and sector performance monitoring.

Phase 4 – Costing of the PHC Strategic Plan

The final block will ensure the financial viability and institutional sustainability of the Strategy through:

1. Costing of the Strategy:

An overall estimate of the costs associated with implementing the main reforms and interventions, based on health financial planning methodologies.

2. Financing scenarios:

Analysis of different financing combinations (State budget, external funds including loans, for-profit and non-profit private sector, partnerships), including assessment of risks and opportunities.

3. Sustainability analysis:

Assessment of the system's capacity to sustain gains over time, considering fiscal space limitations and institutional capacity.

Work Assignments Overview	Deliverables/Outputs	Delivery deadline (in weeks/months) and input days to complete the deliverable
Preparation and Mobilization	Deliverable 1 Detailed consultancy workplan Mapping and list of stakeholders Compilation and summary of national strategic documents Compilation of reflections of the technical working group	21/04/2026
Situation Analysis	Deliverable 2 Consolidated PHC Situation Analysis Report Bottleneck and inequity matrix Report of central, provincial and sectoral consultations as per approved workplan	22/05/2026
Strategic Formulation	Deliverable 3 Strategic prioritization document Approved implementation package per level of care	31/07/2026

	Monitoring and Evaluation framework with indicators and targets Mid-term technical validation report.	
Costing of PHC strategic plan	Deliverable 4 Compilations of Inputs to the costing of the Strategy Report on proposed financing framework	31/08/2026
Finalization and Validation	Deliverable 5 Final report supporting the Strategy Systematization of the participatory process Submit technical dossier (electronic and Hard Copy)	30/09/2026

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.
- The selected candidate is solely responsible for ensuring that the health insurance (and visa if applicable) required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.
- 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

- **Education:** Master's degree in Public Health, Health Economics, International Health, Public Policy, Health Systems Management, or a related field.
 - **Work Experience:** At least 7 years of proven experience in strategic planning, public policy, or health systems strengthening
 - Relevant experience with Angola's National Health System, including interaction with both central and decentralized government institutions; participatory processes for the formulation of national or sectoral strategies and plans
 - Previous experience working with United Nations agencies or international organizations will be considered an asset
 - The National Consultant should have a senior-level profile, with solid experience in strategic health planning and a strong understanding of the Angolan institutional context. The profile sought combines strong technical expertise, institutional facilitation skills, and a strong results-oriented approach.
 - Female candidates will have an added advantage.
 - **Essential technical competencies**
 - Strong capacity in public policy analysis and review of strategic documents;
 - Demonstrated ability to analyse data and interpret health evidence;
 - Practical knowledge of strategic planning methodologies and health systems reform;
 - Experience in public policy costing or health financing analysis will be considered an advantage.
 - Computer literacy.
 - Completed training on Basic and Advanced Security in the Field
 - **Behavioral competencies**
 - **Communication and influence:** ability to interact effectively with political decision-makers and technical teams
 - **Collaborative work:** ability to work effectively in multi-institutional and multicultural environments
 - **Strategic thinking:** ability to connect long-term vision with practical solutions
 - **Integrity and accountability:** strong sense of professional ethics and institutional commitment
 - **Time and results management:** ability to meet deadlines and deliver high-quality outputs.
 - **Language requirements**
 - Full proficiency in Portuguese (spoken and written);
 - Knowledge of English will be considered an advantage due to interaction with international partners.
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