

Terms of Reference

Agreement for Performance of Work (APW)

Technical Writing: Developing community profiles to complement case studies of the CBSI research project

Contractual Partner: to be identified
Period: 31 August 2017 – 30 September 2017

1. Introduction and background

WKC has commissioned RAND Europe to conduct a study on CBSIs that support older people in middle-income countries (MICs). The commissioned research consists of three main parts: (i) conducting a series of 8 to 10 case studies to examine the effectiveness of ongoing CBSI interventions in MICs, (ii) a systematic review of CBSIs for healthy ageing in upper middle- and high income countries and (iii) an expert consultation in Kobe to present the findings from the case studies and systematic review as well as discuss the draft recommended policy options for countries that are interested in instituting community-based approaches for the health and care of older populations.

The overarching purpose of this research is to provide a better understanding of the functioning of CBSI, their scope in terms of provision of health and social services, as well as social activities. This is important to provide informed guidance to policymakers on the CBSI as a one of the policy options identified as key to enabling integrated older people-centred care. Our intention is to explore how CBSI do some essential provision of services for health and social care and thus, play a critical role in filling gaps and support the reorientation of health systems to address the needs of ageing populations.

To do so, the research intends to describe within a pool of rapidly ageing countries, and from those with high proportions of older people, a) the core roles, services and functioning (including feasibility of scale up) of community-based social innovations for healthy ageing that seek to support older people becoming a resource for their own health and well-being, b) their linkages with and sustainable partnerships to deliver health services, strengthen social systems; and, c) the nature of enabling policies, programmes, financing and interactions with the health/social care delivery system.

This information will serve to better conceptualise what a CBSI is as well as present typologies and functions of CBSIs for older populations.

RAND Europe has developed a framework to address the following in each individual case study:

- The role and function of older people as resources for themselves and for others (peers, family, community).

- A description of health and social services delivered by those initiatives and referral processes when they exist.
- Links made within these communities of support between health interventions and social health protection interventions (e.g., help with transportation, livelihoods, pensions, cash or in-kind transfers etc.).
- Coordination mechanisms with formal health and social sector, including any formal connections with the health and social care system.
- Coordination and engagement with a variety of health/social service workers and community--based services.
- Type of metrics (indicators, monitoring tools) implemented to assess impact on health and the concept of health that is being measured.
- Measures to understand and respond to health inequities in the population served.

2. Expected outputs

The development, inception and emergence of community-based social innovation will be partly uncovered by surveys conducted in the field to develop the case studies. Another important part is to identify from the socio-economic conditions, factors that may be conducive to such innovations.

For each of the individual case study sites which have been identified, the consultant is expected to develop a 'community profile'. The profile will provide an analysis of socio-economic and environmental factors, and develop a rationale for how they may have contributed to the CBSI existence and role.

The following is a suggested outline to structure the analysis:

1- What are the demographic parameters that shape the environment in the country where the community lives?

Here the consultant can draw from publicly available information on demographic projections (UNDESA 2017 figures) looking at the share of different population groups (>50, >60, >80), the pace of ageing and life expectancy

2- What are major trends in age related disability and disease in the country where the community lives. Are there major differences when it comes to wealth gradients and rural/urban areas? What can we infer in terms of trends from publicly available information such as mortality over 60 by disease categories and sex (WHO Global Burden of Disease)?

3- Do political and financial commitments exist?

Policy environment: UHC, Ageing policies, pension, social safety net, NCD national plan, National goals (i.e., LE), international commitments (including UN, WHA, RC resolutions) What can we learn from health expenditure that affects communities (data from WHO on health accounts and health expenditure – including OOP expenditure – can provide publicly available evidence to develop the analysis).

4- Does the health system organization provide hints on the emergence of the community intervention?

The analysis can explore the nature of the health system (hospital-centric, PHC based, community-based); models and approaches to the care for older persons, and features of LTC system is they do exist.

5- Patterns of disease and condition in old age

Are there specific trends in chronic conditions, disabilities that can provide information on why such community based approaches have developed?

Publicly available information from the WHO global BOD can provide sources to address these questions including NCD disease specific spending trends, prevalence rates by age and gender, NCD risk factors (tobacco and alcohol use, diet, physical exercise).

6- Conclusion

A short synthesis of major socio-economic conditions that favoured the emergence of community based social innovation.

The expected products of this work are as follows:

- a template of “community profile” based on a agreed list of indicators and an agreed outline for the synthesis of the socio-political context for CBSI
- 10 community profiles (one for each site selected for the CBSI case studies)

The contractual partner will be provided with a summary description of each of the CBSI selected for the case study implementation.

3. Timing and reporting

Under the supervision of Technical Officer in charge of the CBSI project, the Contractual Partner will perform the work commencing on 25th August 2017 with submission of the outputs according to the following chart:

Output	Date
Final template of ‘community profile’ (including 1 completed community profile to serve as a model)	7 th September 2017
Final versions of all 10 community profiles	30th September 2017

A flat fee of US\$ 7 500 will be provided for the services.

4. Copyright

WHO will retain copyright to the final product. For details, refer to the General Conditions of the Agreement for Performance of Work (APW).

5. Budget

The total amount for the contract is US\$ 7 500 (fixed).

6. Payment schedule

The payment shall be made upon satisfactory submission of the final papers by 25th September 2017.

7. How to apply

Please send a CV and letter of intent in English as attachments to an e-mail using the subject line "APW CBSI community profiles" addressed to:

Loïc Garçon (wkc@who.int)

Technical Officer

WHO Centre for Health Development

Submission deadline is Friday, 25 August 2017, 12:00 noon JST.

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