CONSULTANCY

Initial Terms of Reference
(30 Nov 2018)

This consultancy is requested by:

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<tr>
<th>Unit:</th>
<th>HQ/GER</th>
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<td>Department:</td>
<td>HQ/GER</td>
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1. Purpose of the Consultancy

To provide scientific and technical support for the GER team’s work with particular focus on the following areas:

- Provide expert equity analysis and input throughout the upcoming “Universal Health Coverage: 2019 Global Monitoring Report”
- Prepare a specific chapter on gender and equity in UHC for the “Universal Health Coverage: 2019 Global Monitoring Report”
- Provide select research and analytical back-up for GER activities on equity, gender, and human rights – leaving no one behind

2. Background

The recognition of the health inequity impacts and implications of gender and other economic and social determinants is noteworthy and may hinder the achievement of UHC and the sustainable development goals’ aim of leaving no one behind. Unless explicit attention is paid to equity and the intersectionality between social determinants, UHC initiatives may even exacerbate inequity and risk leaving sizeable population groups behind. As such, equity, gender and other determinants of health are central considerations for UHC.

Economic and social determinants of health intersect with each other, including with gender as well as operate independently to cause inequitable health outcomes along dimensions of, e.g., income, sex, age, race, ethnicity, migratory status, disability, geographical location and other characteristics.

Because gender is a social construct, gender issues are often not captured in official statistics whether these originate from administrative and service sources or from surveys. Yet gender is considered a leading social determinant for health inequity across public health conditions – inequities being inequalities that are avoidable and unfair. Beyond when coinciding with biological sex, gender tends not to be captured in terms of numbers and frequently leads to gender-based issues being ’hidden’ or ‘rejected’ as opinionated. When there are no numbers, statistics cannot be made and graphs cannot be drawn to illustrate inequities, i.e., we do not know who and how many are actually ’left behind’ due to gendered and other inequalities.

The work facilitated and led by the consultant will review and document what is known, what are the sources for quantitative data, and examples of how quantitative and qualitative data can be combined into convincing narratives to spur and facilitate public discourse and policy action, etc., on:

- equity effects of intersections between social determinants of health, including gender;
- the impact of gender and other social determinants on health behaviours (protective or risky); and
- the potentially inequity-amplifying and gendered nature of health system responses.

The three axes of the UHC cube (services covered; population covered; proportion of the costs covered) represent a set of policy choices and trade-offs in the way that pooled funds are organised, used and allocated. It is possible to think through each of these axes and what they represent in terms of a) inequitable progress or outcomes, or b) how more equitable decisions could be made.

In addition to coverage, health care financing and financial protection must be examined as it relates to equity, gender and other social determinants.

The aim is to document what is known and what not, best practices and make recommendations to UHC decision-makers (politicians, policy-makers, programme managers, information responsible, etc.) and civil society in order to reduce health inequities and to leave no one behind due to gender and other social determinants of health.
3. **Planned timelines** (subject to confirmation)
   
   Start date: 01/Jan/2019  
   End date: 31/Dec/2019

4. **Work to be performed**

   
   - **Activity 1.1**: Liaise with writers of all chapters of the report to support and facilitate that equity, gender and other social determinants concerns are adequately and correctly reflected throughout
   - **Activity 1.2**: Review and analyse as appropriate major global surveys and national data collection approaches (household surveys, administrative and service information systems) with respect to capturing equity, gender and other social determinants relevant data
   - **Activity 1.3**: Using data from existing surveys and data sources to do equity analyses based on income and household assets and expenditures
   - **Activity 1.4**: Conduct other data search and analyses as required for writing the various chapters of the report in order to better illustrate inequity dimensions relevant to each individual chapter

   **Output 2**: A chapter on equity and gender in UHC for the upcoming “Universal Health Coverage: 2019 global monitoring report”
   
   - **Activity 2.1**: Consultations (electronic and physical visits) with regional offices and HQ departments and programmes
   - **Activity 2.2**: Review, analyse and synthetize peer reviewed, grey literature and media evidence
   - **Activity 2.3**: Commission small case studies on how policy action on equity, gender and UHC has come about and with what results
   - **Activity 2.4**: Be the primary writer for the chapter taking into account the overarching structure of the wider report, incorporate feedback on drafts, and finalize in accordance with the report timeline

   **Output 3**: Select research and analytical back-up for GER activities on equity, gender and human rights – leaving no one behind
   
   - **Activity 3.1**: Work closely on a daily basis with all the individual members of the GER Team for their research needs and inputs to Outputs 1 and 2
   - **Activity 3.3**: Commission proposals for capturing and quantifying equity, gender and other social determinants issues using innovative approaches, including e.g.: crowd-sourcing, big-data, artificial intelligence, etc.
   - **Activity 3.3**: Other activities related to the overall purpose of the consultancy as assigned by the supervisor

5. **Technical Supervision**

   The selected Consultant will work on the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer:</th>
<th>Veronica Magar, Team Leader, HQ/GER</th>
<th>Email:</th>
<th><a href="mailto:GER@who.int">GER@who.int</a></th>
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<tbody>
<tr>
<td>Manager:</td>
<td>Veronica Magar, Team Leader, HQ/GER</td>
<td>Email:</td>
<td>GER @who.int</td>
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6. **Specific requirements**

   - **Qualifications required:**
     
     - **Essential**: Advanced university degree in public health or social sciences, with a particular focus on quantitative analysis of health systems, equity, gender and human rights
     - **Desirable**: Additional training or PhD in the above subjects would be an advantage.
- **Experience required:**
  - At least 7 years’ experience in the field of health systems, equity and gender analysis.
  - Relevant working experience from an international agency or from living / working in low or middle income countries.
  - Experience with collaborative projects (desirable);
  - Experience from researching complex political, economic and social issues (desirable)

- **Skills / Technical skills and knowledge:**
  - Strong quantitative analytical skills
  - Strong skills in writing-up results of scientific analysis for broad policy-oriented audiences in an easily understandable English
  - Familiarity with qualitative and mixed-methods research and analysis
  - Familiarity with approaches for monitoring Universal Health Coverage
  - Familiarity with social determinants of health and political economy
  - Developing and maintaining good working relationships across different disciplines, cultures, and organizational affiliations

- **Language requirements:**
  - English: Read-Write-Speak at expert level required
  - Working knowledge of another WHO official language desirable

7. **Place of assignment**
Duty station is Geneva, Switzerland with occasional travels to WHO Regional Offices. The consultant will conduct the work at WHO Headquarters in Geneva, Switzerland.

8. **Medical clearance**
The selected Consultant will be expected to provide a medical certificate of fitness for work.

9. **Travel**
The Consultant is expected to travel according to the itinerary and estimated schedule below:

<table>
<thead>
<tr>
<th>Travel dates</th>
<th>Location:</th>
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<tbody>
<tr>
<td>From 01/Jan/2019</td>
<td>To 31/Dec/2019</td>
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**Purpose:** Report to duty – take up assignment (and return to place of residence)

All travel arrangements will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive subsistence allowance.

Visas requirements: it is the consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.