Concept Note and Terms of Reference to Commission a Systematic Review and Country Case Studies on Mid-level Health Providers

04 October 2010

Introduction
The Global Health Workforce Alliance (the Alliance), as part of its knowledge brokering function, has supported a virtual global discussion forum for a community of practice (CoP) called Human Resources for Health (HRH) Exchange. This platform offers an opportunity for front-line health workers, experts, managers and policy makers, to freely discuss and share information and experiences on topics relating to HRH. One recent such topic was on Mid-Level health service Providers (MLPs). The Alliance would like to take the work on MLPs to the next step which entails the generation of evidence and sharing experiences on effectiveness, cost and impact, as well as modalities to scale up production, deployment and management of MLPs to address Millennium Development Goals (MDGs) in countries facing an acute HRH crisis.

Background
Mid-Level health service Providers (MLPs) are health workers trained at a higher education institution for at least a total of 2-3 years, and authorized and regulated to work autonomously to diagnose, manage and treat illness, disease and impairments, as well as engage in preventive and promotive care. Their role has been progressively expanding and receiving attention, in particular in low- and middle-income countries, as a strategy to overcome health workforce challenges and improve access to essential health services and achieve the health related targets of the MDGs. Evidence, although limited and imperfect, shows that where MLPs are adequately trained, supported and integrated coherently in the health system, they have the potential to improve distribution of health workers and enhance equitable access to health services, while retaining quality standards comparable to those of services provided by physicians. However, significant challenges exist in terms of the marginalization, and more limited management support of MLP, in health systems. The expansion of MLP on a priority basis should be among the policy options considered by countries facing shortage and maldistribution challenges. Improved education, management and regulation practices and integration in the health system would have the potential to maximize the benefits from the use of these cadres.

Dovlo in 2004 and Mullan and Frehywot in 2007 highlighted the potential role MLP could play in expanding access to health care in settings with severe HRH shortages. They also pointed out the diversity of types of MLP and lack of a common definition. A
comprehensive review was commissioned by WHO and conducted by Uta Lehmann (University of Western Cape) in 2008. This review highlighted the dearth of information and paucity of rigorous primary evidence on effectiveness, cost and impact of MLP (WHO, 2008). Lehmann, Van Damme et al (2009) argued that while task shifting had great potential to provide care of adequate quality in rural settings in countries with acute HRH crisis, such efforts were hampered by lack of clear leadership and commitment in support of MLP. There is a need for regulatory support, guidelines, standardized curricula, support to training institutions and relevant policies, resources and supervision in support of MLP.

The Alliance CoP discussion on MLP, despite a rather limited participation, stressed the important role MLP play in delivering care relevant to achievement of MDGs and reiterated the need for more guidance and support to scale up training, deployment, supervision and management of MLP.

The Alliance is soliciting for technical and financial proposals from reputable teams able and willing to undertake the assignment and tasks laid out in these Terms of Reference (TOR) in a timely and expeditious manner.

Objectives

- To assess the evidence base of the impact and effectiveness of global experience of mid-level providers in delivering care related to HIV/AIDS, health and nutrition Millennium Development Goals (MDGs). Special focus is to be laid on the a) typology of MLP, b) training practices, c) supervisory practices and d) standards and certification.

- To undertake country case studies to evaluate the typology, impact, and performance assessment of the practices of MLP deployed at scale in 8 countries across the world, two being in Latin America (tentatively to choose from El Salvador, Honduras, Nicaragua, Peru), three in Africa (tentatively Burkina Faso, Tanzania and Zambia), and three from South-East Asia and Western Pacific regions (tentatively Bangladesh, Indonesia, Papua New Guinea).

- Based on the above, to develop specific recommendations for recruitment, training and supervision criteria for MLP programs to increase the front-line HRH (especially district and community levels) working to achieve increased coverage and accelerate progress towards attainment of HIV/AIDS, health and nutrition MDGs.

Scope of Work

It is envisaged that the successful team will be able to undertake a systematic review, country case studies, country consultations, and to facilitate at a global consultation on MLP, and eventually to collaborate with GHWA to develop peer-reviewed publications.
**Systematic review**

- Undertake a global systematic review on the effects/impact of MLP, similar to what was done for the community health workers (CHW) by the Alliance (see [http://www.who.int/workforcealliance/knowledge/publications/alliance/CHWreport_exsummary.pdf](http://www.who.int/workforcealliance/knowledge/publications/alliance/CHWreport_exsummary.pdf)), complemented with country case studies. This review would complement and not duplicate the work done by Lehmann (WHO, 2008). To add value, an attempt should be made by the consultants to update the Lehmann review (to see if there is any new study since publication in 2008), as well as apply more rigorously the criteria for an effectiveness (Cochrane style) review. The review will attempt as much as possible to address engagement of MLP in a range of MDG related programs such as HIV/AIDS, malaria, TB, nutrition and maternal, newborn and child health (MNCH) interventions and advocacy.

- Based on the review, identify critical gaps in evidence on the roles and impact of MLP in delivering HIV/AIDS, Health and nutrition related care towards attainment of MDGs.

**Country case studies**

- Conduct qualitative country case studies to document the experiences in selected countries. These will be finalized after due consultation with the research team. However, a tentative list of countries is (Latin America, tentatively to choose from El Salvador, Honduras, Nicaragua, Peru); Burkina Faso, Tanzania and Zambia (Africa), and Bangladesh, Indonesia, Papua New Guinea (Asia and Pacific). The case studies will be standardized and include information on the following areas:
  - Description of all MLP programs, including public and private sectors (training duration, scope, target population and overall cost)
  - Linkages to specific MDG targets and indicators
  - Role of MLP in programs with specific responsibilities
  - Educational levels and training requirements for MLP
  - Supervision, mentoring and evaluation experience (both internal and external)
  - Linkages of MLP programs to overall health system, including how they work and relate with other cadres such as higher professional categories and CHWs
  - Salary and remuneration levels including performance-based incentives if any
  - Career pathways for MLP
  - Any in-country evaluations done on MLP, and if so, summary of key findings

Ideally such country case studies should include primary data collection, direct observation and standardized field assessment. However, the available resources (financial and time) are not favourable for such and the research team is expected to propose a realistic and feasible approach that will serve the purpose. Nevertheless, an attempt should be made, depending on available information, to develop a framework for understanding the typology and levels of MLP for various MDG related tasks. The country case studies will also provide an overview of engagement of MLP in a range of
MDG related programs such as HIV/AIDS, malaria, TB, nutrition and MNCH interventions and advocacy.

The team is expected to specifically assess available information on training materials, content and length of training, exit certification, supervision and monitoring of MLP and linkages to the health system and communities. The aim will be to as much as possible undertake a standardized assessment of these parameters in relation to program focus, targets and impact assessment. This will help form the basis of the recommendations for specific categories of MLP for various contexts and health systems.

Country consultations

- Use the country case studies to do in-country feedback and discussions with key in-country stakeholders (e.g., ministries of Health, Finance, Education, Public Service, Labour, training institutions, professional associations, regulatory councils, etc). This could help generate attention and momentum to address the challenges faced by MLP and move towards greater recognition and support. This could also be an opportunity to strengthen the country co-ordination and facilitation (CCF) process that the Alliance is promoting as a common, multi-stakeholder forum to co-ordinate interventions to address HRH issues. Where feasible and not likely to lead to undue delays, the organization of such country consultation should be co-ordinated with the leadership of the country’s HRH task-force or technical working group (TWG) that is charged with spearheading HRH issues.

Global consultation on MLP

- Use the findings of the global systematic review and country case studies as well as findings from country meetings to hold a global consultation on MLP. The result of this is expected to be wider agreement on what needs to be done at various levels as well as suggestions to strengthen efforts to scale up training/production of MLP as well as their support and performance management.

Desirable characteristics of research team

These TOR require an experienced team, led by a senior person. The team leader must have conducted/led at least one effects (Cochrane-style) systematic review. The team leader should have an institutional support base such as an established research or academic unit. Consulting firms may also be considered if they have fulltime staff meeting the above requirements. All competing firms must present CVs of the key staff to be involved in the systematic review and to lead the country case studies. Ideally, team leaders for country case studies will come from those regions to be covered and should be familiar with local official and cultural sensitivities. As an equal opportunity organization, the Alliance would also like to encourage firms based in developing countries or led by women and minorities to apply although this does not in itself qualify the team for selection.
Deliverables

- An effects systematic review on MLP as outlined above (1).
- Country case studies covering the areas mentioned above (8).
- Reports of country stakeholder consultations (8).
- Participation/facilitation at a global consultation planned for April 2011 to develop global key messages and strategies on typology, training, attraction and retention, supervision and performance management needs, tasks and feasibility of scaling up and deploying MLP to address MDGs.
- Collaborate in developing peer reviewed publications.

Critical time lines

The table summarizes proposed timelines that the team should try to fit in.

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**Budget**

A budget with justification outlining proposed expenditures on key staff, desk review, country case studies, travel, country consultation, and logistics should be provided. The costs for a global consultation will be met separately by the Alliance.

**Submission of concept note/proposal**

Interested parties should submit a technical concept note/proposal of 7-10 pages, accompanied by a financial offer. The financial quotes and offer should be valid for at least 30 days after submissions deadline of 28th October 2010. The CVs of the principal investigator, one member of the core team and of each regional collaborator, as well as a background statement on institutional capability to undertake the task, should be included. All documents should be sent in both word and pdf form, with a signed cover letter in pdf, by e-mail not later than 28th October 2010. The e-mail subject line should state "Submission for review of mid-level health providers". The documents should be addressed to the attention of the following:

Dr. George W. Pariyo  
**Medical Officer/Team Leader**

**Evidence and Knowledge for Country Action**

**HQ/HWA Global Health Workforce Alliance**

**World Health Organization**

**Avenue Appia 20, CH-1211 Geneva 27**

E-mail to: *pariyog@who.int* and *hegartyl@who.int*

Any queries should be directed to Dr. George Pariyo on *pariyog@who.int*, or by phone during working hours on +41 22 791 3816.

Only short-listed teams will be contacted.
References


