HEALTH SERVICES PERFORMANCE ASSESSMENT
CONSULTANCY/CONTRACTOR

Terms of Reference

The consultancy is ordered by:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Health Services Performance Assessment</th>
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<tbody>
<tr>
<td>Department</td>
<td>Integrated Health Services, UHC Life Course</td>
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</tbody>
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Background
Assessing the performance of integrated health services is critical to guide key decisions and actions to drive improved access, availability, and quality of care towards the achievement of universal health coverage (UHC). Tracking and monitoring health service capacities and performance through a primary health care (PHC) lens can help to inform the selection, planning and design of services, the organization and management of facilities, community linkages and engagement in service delivery, and systems for improving quality of care and health service resilience. This is important in the COVID-19 context and beyond, as countries continue to respond to the pandemic and transition towards health system and services recovery for more robust and resilient systems for the future.

The WHO Integrated Health Services Department is responsible for:

1. **The development of guidance, innovative methods and tools** for measuring and monitoring integrated health services performance through a PHC-oriented lens, including models of care, quality of care, resilience of health facilities and services, and responsiveness of systems and services to community needs and demands;
2. **Country capacity strengthening** to collect, analyse and use data to plan, manage and monitor performance of health services; and
3. **Global monitoring** of progress and performance of primary health care and integrated health services, with a focus on equity, quality and resilience.

Work to be Performed
WHO’s Department of Integrated Health Services invites individuals, entities and service providers to submit a proposal for a “preferred pool” of technical consultants and contractors to support a combination of activities related to health systems and services performance assessment and monitoring focused in three areas of work:

**Workstream 1 Development of guidance, innovative methods and tools:** Provide technical expertise in the development and review of an integrated toolkit of national, subnational and local (facility and community) assessment guidance, methods and tools. The toolkit will support comprehensive assessment and monitoring of health systems and services performance through a PHC-oriented lens, and address critical data gaps in the areas of integrated service delivery, such as: models of care; quality of care improvement; patient-reported experience and outcomes; health facility service resilience; service readiness and capacities; responsiveness to community health needs; community engagement; and barriers to timely and equitable access to care.

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**Workstream 2 Country capacity strengthening:** Provide technical expertise in the development, review and implementation of a package of standard training and guidance materials and activities to support countries to test and implement health services monitoring methods and tools, including guidance around data collection, analysis, dissemination and use across all levels of health system (from national and subnational to facility and community levels).

**Workstream 3 Global monitoring:** Provide technical expertise to support tracking and monitoring of primary health care, health systems and services performance from country to global levels, including to support database consolidation, database management, data analysis and interpretation, impact modelling, research, and documentation and communication of results (e.g. write-up of summary reports, briefs and summary PPTs).

Candidates of varying levels of expertise and experience may indicate one or more workstreams they wish to be considered for. Once selected for the preferred pool, suitable consultants/contractors may be invited to respond to the provision of specific technical services whenever relevant opportunities arise in relation to the above activities.

**Specific requirements/Minimum criteria**
The decision to award any contract as a result of this request for proposals (RFP) process will be based on candidate’s responses to this RFP and qualifications (based on the relevant workstream), including:

- Academic qualification in public health statistics, epidemiological research, monitoring and evaluation, health system evaluation or modelling/mathematics, normally at the master degree level, ideally with a doctoral degree, but this can be substituted with more than ten years of track record of successful relevant work.
- Relevant and demonstrated professional experience in the development and implementation of guidance, methods and tools to strengthen assessment and monitoring of the performance of health services, health systems and primary health care, particularly in low and middle-income countries.
- Proven expertise and demonstrated technical knowledge of:
  - Health system and services performance methods and related survey methods and tools (including at national, subnational, facility and community levels);
  - Database management and statistical methods to analyse data and synthesise findings on health system, services and programme performance;
  - Research methods related to assessment of health system, services and programme performance;
  - Modelling demographic, deterministic epidemiological and costing of health services.;
  - Testing and implementation of health services monitoring methods and tools; and
  - Write up and communication of findings to improve health system and services performance.
- Excellent verbal and written communication skills
- Ability to work independently in multicultural environment
- Ability to produce results under pressure
- English (Read - Write - Speak / Expert), other UN languages desirable

**Planned Timeline**
Start date: 1 September 2022
End date: 31 August 2024

**Technical Supervision**
Selected Consultant(s) will work on the supervision of:
Place of assignment/Travel
Work to be completed off-site (not on WHO premises).

Occasional travel to Geneva or other locations for meetings/workshops may be required dependent on COVID-19 epidemiological situation (no travel is currently planned). Any associated travel to be covered by WHO through separate arrangement.

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 in line with the instructions applicable locally, or up to the maximum of the UN DSA.

The Consultant shall apply for a UN Certificate prior to travelling.

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