

REQUEST FOR PROPOSAL

CONSULTANCY WORK FOR THE DEVELOPMENT OF A FRAMEWORK TO APPLY A HEALTH EQUITY LENS TO NCD CIVIL SOCIETY ADVOCACY

Building a Civil Society Framework for Ensuring Efficient, Equitable Access to NCD Care: Putting the Last Mile First

Background

From 1948, health has been declared as a fundamental human right within the WHO Constitution, and from 1978 the “health for all” agenda has been set by the Alma-Ata Declaration¹ ². The Sustainable Development Goals (SDGs), which firmly embed noncommunicable disease (NCD) prevention and control and Universal Health Coverage (UHC), mark an unprecedented commitment to “leaving no one behind” and there is growing recognition for community engagement as a key lever to ensure “health for all” as seen in recent UN Political Declarations on NCDs (2018) and UHC (2019).

NCDs cause 74% of deaths globally³ and present a challenge to healthcare systems and health security, and they disproportionately affect poorer and marginalised communities across the world. Equity is not only closely related to human rights principles, but also an intrinsic aspect of UHC. Equitable universal health coverage means that all people receive the health services they need, including health initiatives designed to promote better health, prevent illness, and to provide the treatment, rehabilitation, and palliative care of sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship⁴. To reach global NCD and UHC targets, it is therefore essential to put the last mile first and focus on the most marginalised.

However, in ensuring people centred and inclusive NCD and UHC responses, it is critical to define who the people and communities within the “last mile” are and who is missing, identifying specific barriers these communities face in accessing care and maximising community engagement and leadership of those directly affected, to achieve the universal value of “leaving no one behind”.

The conditions in which we are born, grow, live, work, and age, also determine our health outcomes and can lead to inequities in health due to differences in our ability to seek care. These social determinants of health are key drivers of health inequities.

In 2022, the WHO is developing a new World Report on social determinants of health equity. It follows a resolution at last year’s Seventy-fifth World Health Assembly requesting the Director-General “to prepare, building on the report of the WHO Commission on Social Determinants of Health (2008) and subsequent work, an updated report based on scientific evidence, knowledge, and best practices on social determinants of health, their impact on health and health equity, progress made so far in addressing them, and recommendations on future actions.”

¹ <https://www.euro.who.int/en/publications/policy-documents/declaration-of-alma-ata,-1978>

² [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

³ <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

⁴ Tracking universal health coverage: first global monitoring report - <https://www.who.int/publications/i/item/9789241564977>

The [‘World Report’](#) provides the opportunity to set the agenda for the next ten years for action on social determinants of health equity. In addition, a new Monitoring Framework also requested by Member States will enable progress on social determinants of health equity to be tracked, with actions prioritized.

As part of its 13th General Programme of Work (2019-2023) WHO is committed to scaling up country support packages (CSPs)⁵ for gender, equity, and human rights (GER) to achieve UHC’s leaving no one behind principle which is underpinned by meaningful social participation, accountability, and non-discrimination. As per WHO GER guidance, CSPs call for identifying who is being missed as a first step to strengthen national plans, governance and health system functions, and health programmes, to leave no one behind. WHO’s GER and Social Determinants of Health teams have also implemented **Innov8**⁶, a stepwise approach to be undertaken by governments to analyse the subpopulations being missed by health programmes, identify the barriers they face, define the potential drivers of the barriers, and assess the role of intersectoral action and social participation in response.

The challenges faced by communities affected by NCDs highlight several complexities that can arise at multiple levels across the health ecosystem, including health promotion, prevention, diagnosis, treatment, care rehabilitation and palliative care. Access has been a shorthand term to describe this broad set of concerns that focus on the ability of individuals to obtain needed services from the health systems. Apart from supply-side barriers to access, such as siloed healthcare infrastructures, systemic bottlenecks, shortage of skilled health workforce and inadequate financing systems, inequity is an under addressed supply and demand-side determinant of access. Access as a concept and framework, does not reflect the experiences and realities of communities in accessing the healthcare services they need.

Relevance of promoting the health equity lens at NCD Alliance

The NCD Alliance (NCDA) is a registered non-governmental organisation (NGO) based in Geneva, Switzerland, dedicated to supporting a world free from preventable suffering, disability and death caused by NCDs. Founded in 2009, NCDA brings together a unique network of over 270 members in more than 80 countries into a respected, united, and credible global civil society movement. The movement is unified by the cross-cutting nature of common risk factors including unhealthy diets, harmful use of alcohol, tobacco smoking, air pollution and physical inactivity, and systems challenges which contribute to chronic NCDs such as cancer, cardiovascular disease, chronic lung disease, diabetes, mental health conditions and neurological disorders.

Since 2016, NCDA has stepped up its strategic focus on supporting national and regional activities via its capacity development (CD) work. NCDA’s CD programmes catalyse and strengthen civil society coalitions and support locally owned advocacy efforts to drive political leadership and policy change, and ensure accountability on NCD prevention and control, promoting the rights, voices and meaningful involvement of people living with NCDs.

Access is about enabling individuals to receive the right care, from the right provider, at the right time, and in the right place, dependent on context. Equity in health means that everyone should have a fair chance to achieve their full health potential and that nobody should be disadvantaged in reaching it. Therefore, in the context of NCDs, access needs to be considered from a holistic perspective, including

⁵ Country Support for Packages for Equity, Gender and Human Rights in Leaving No One Behind. (WHO). <https://apps.who.int/iris/bitstream/handle/10665/325057/WHO-FWC-GER-17.1-eng.pdf?ua=1> [Accessed March 7, 2022]

⁶ Innov8 approach for reviewing national health programmes to leave no one behind: technical handbook (WHO). 2016. <https://www.who.int/publications/i/item/9789241511391> [Accessed March 7, 2022]

the interface between local health system infrastructure as well as social determinants of health. The conceptual framework of access to healthcare⁷ that is built upon the 5A's of Access (Approachability; Acceptability; Availability; Affordability; Appropriateness) has helped to better understand the different dimensions that organisations involved in health programming for NCDs should seek to address.

In 2020, NCDA proposed an adapted version of this model⁸, adding a sixth dimension to the existing five to include 'Actors', highlighting a 'whole-of-society' approach to strengthening access and the importance of community engagement. Building on this adapted conceptual framework, it is key to understand how these dimensions of access interact with dimensions of equity and translate into reality, particularly for marginalised communities.

Through NCDA's [Our Views, Our Voices](#) initiative, communities affected by NCDs around the globe have been consulted on their needs and challenges resulting in key action areas identified in [global and national Advocacy Agendas of People Living with NCDs](#). The initiative promotes meaningful involvement of people living with NCDs in decision-making processes as central to achieving a responsive and people-centred response to NCDs and UHC. [The Global Charter on Meaningful Involvement of People Living with NCDs](#) launched in 2021 is also underpinned by the key principle of equity, ensuring marginalised and underrepresented groups are considered central in processes to attain equitable and fair health and development outcomes, recognising that these groups are often at greatest risk of NCDs.

Description of project and services needed:

NCDA is looking for a consultant/agency to support the development of a conceptual framework with practical guidance for NCD civil society primarily at national level to address equity issues. The framework will look to align with WHO's upcoming World Report on Social Determinants of Health Equity, draw from the WHO Innov8 model and NCDA's existing framework on access, and Our Views, Our Voices initiative, to support the application of a health equity lens to NCD advocacy work. The conceptual framework will incorporate both health systems dimensions (including the full continuum of care) and wider social determinants of health that lead to inequities. The guidance will enable organisations to apply the framework and use community-based approaches to identify those left behind and make advocacy recommendations for improvements, including strengthening engagement of communities, particularly those that are marginalised in the NCDs and UHC response. Specific deliverables will include:

- Develop a methodology for developing the framework and guidance.
- Engage an advisory group to oversee the development of the conceptual framework and guidance in consultation with NCDA.
- Collate and review relevant background materials including the Innov8 model, existing NCDA resources such as Our Views, Our Voices materials, Rethinking social impact publication, NCDA's impact goals, etc.
- Review NCDA's broader policy and advocacy efforts on social determinants of health equity (including NCDA's September 2022 consultation to provide input to the WHO World Report).

⁷ Levesque J-F, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*. 2013;12:18. doi:10.1186/1475-9276-12-18.

⁸ Rethinking social impact in the context of NCDs to advance a people-centred approach to access (NCD Alliance). 2020. <https://ncdalliance.org/resources/rethinking-social-impact-in-the-context-of-ncds-to-advance-a-people-centred-approach-to-access> [Accessed March 8, 2022]

- Implement an agreed upon consultation process to collate relevant inputs (e.g., online survey, interviews with key informants, etc.).
- Recommend a framework outline for NCDA and advisory group's review.
- Finalise the conceptual framework following approval/review.
- Produce practical step-by-step guidance with a proposed methodology that utilises4 community-based approaches, to support rollout (and testing of methodologies) and operationalisation of the conceptual framework.

Profile of consultant(s):

The ideal consultant, or group of consultants for this project should have a track record of developing conceptual frameworks in relevant areas of public health and/or health policy and advocacy, advising non-government organizations/civil society, developing methodologies and sound written resources, such as reports and toolkits, as well as experience engaging broad range of stakeholders in consultation process. Global health experience and knowledge of NCDs, health equity and social determinants of health is desired.

Period of engagement:

Final deliverables (the framework and the practical guidance) would be needed by 15 May 2023. Exact dates to be agreed with consultant.

Process to follow

Interested consultants should send a proposed scope of work and budget, their CV/capability statement, as well as a sample written resource (ideally related to global health, advocacy and civil society) via email to Cristina Parsons Perez, Capacity Development Director (cparsonsperez@ncdalliance.org) by 20 January. Please make sure to describe your capability to conduct this project with your expression of interest.