

Agreement of Performance of Work (APW)

Terms of Reference

This APW is requested by:

Unit:	Health Policy and Service Design (HPS)
Office:	Division of Health Systems and Services (DHS)

1. Purpose of the Consultancy

To engage a contractor to capture context-specific successes in overcoming challenges and bottlenecks in implementing Primary Health Care (PHC) reforms in countries across the Western Pacific Region.

2. Background

"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."

PHC is rooted in a commitment to social justice, equity, solidarity and participation. It is based on the recognition that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction.

WHO is working with its Member States to orient their health systems towards people-centred primary health care. This approach brings together all sectors of society under a common vision of accelerating the delivery of universal health coverage and progress towards the sustainable development goals.

Demographic and economic transitions, shifts in disease burden, and the impact of climate change require new ways of designing, organizing, and financing health services for people in the Western Pacific Region. Fiscal pressures on health budgets, rising cost of care and growing burden of NCDs with decreased flexibility due to the impact of COVID-19 has the potential to impair progress towards UHC and achieving SDG 2030 goals. Like in many other regions, fragmentation within health systems has also resulted from decades of disease centric focus. While improvements in health outcomes also depend on social and economic health determinants, these call for a more inclusive and targeted PHC centric approach so that no one is left behind and the future will require integrated health services delivered in a cohesive and continuous way.

To address the challenges articulated above, WHO Regional Office for the Western Pacific (WPRO) with Member States, developed the regional framework on PHC of the future in the Western Pacific Region which got endorsed in the seventy third Regional Committee meeting. WPRO is working to support countries in the implementation of the regional framework, in partnership with all stakeholders at regional and country level to provide support to countries for implementing PHC framework and subsequent health reforms to achieve UHC and SDGs.

In the same stream, as part of its efforts to support Member States in strengthening Primary Health Care (PHC), the Special Programme on Primary Health Care (PHC-SP) with its regional offices including WPRO has launched the Implementation Solutions for PHC, a platform for cross-country and cross-regional learning on PHC on the road to UHC & SDGs by capturing local innovations and creative solutions. The Implementation Solutions aim to capture context-specific successes in overcoming challenges and bottlenecks in implementing PHC in countries across various contexts and income groups. Through this mechanism, both strategic and

operational implementation solutions will be recommended based on identified best country examples for Member States' consideration to scale up in similar contexts.

Based on a list of pre-selected country examples from across all WHO regions and showcasing New Zealand from the Western Pacific Region, senior officials from Ministries of Health, Academia or any independent experts involved in successful PHC reforms and 3-level agile WHO teams, including relevant experts from across the organization will closely work together to capture and catalogue steps to successful implementation.

The overall development process for Implementation Solutions involves the following:

- Analysing New Zealand specific country implementation best practices and key innovations for scale (according to typology/bottleneck), emphasizing the interrelated nature of levers, actions and interventions toward PHC. This includes undertaking literature search, key informants' interviews and documenting the political economy of reforms, articulating the triggers, champions, enablers, resistance forces and process to overcome to lead a successful PHC reform.
- Developing the implementation solutions country case report for New Zealand by synthesizing and packaging data, findings from the literature, responses key from stakeholders to multifaceted bottlenecks throughout the reform process involving experts from example countries in a participatory manner.
- Reviewing and consulting within WHO WPRO & HQ and partners on the PHC Implementation Solutions to finalise and present findings and report.

3. Planned timelines (subject to confirmation)

Start date: 01 March 2023

End date: 15 July 2023

4. Work to be performed.

The contractor will work in close coordination with the Health Policy and Service Design Unit within WPRO and Implementation Solutions team at WHO HQ. Specifically, the contractor will deliver the following outputs:

Output 1: Develop an outline of the country report.

- Activity 1.1: Using the research methodology co-developed with WHO, prepare an initial outline of the New Zealand country report, including:
 - Relevant data and information sources to support the arguments, including key informants of decision makers within and across the health sector involved in the PHC reforms.
 - Through a desktop review, identify country best practices, local innovations and solutions in addressing performance bottlenecks in New Zealand - to be used for developing the focus of the report
- Activity 1.2: Regularly engage with WHO teams at the regional and global level for refining the focus of the country report.
- Activity 1.3: Participate in kick-off meeting at WHO HQ (one to two weeks) and collaborate with other members of PHC-SP

Output 2: Synthesize first draft, including implementation pathways

- Activity 2.1: Identify and analyze country implementation best practices and key innovations for scale, emphasizing the interrelated nature of levers, actions and interventions toward PHC.
- Activity 2.2: Conduct key informant interviews especially those who had a key role in the PHC reform process within and across the health sector and provide key source materials for the development of implementation solutions.
- Activity 2.3: While documenting implementation pathways, consult with WHO and partners develop an accurate representation of the technical and political solutions that resulted in PHC progress in your country.
- Activity 2.4: Submit the first completed draft of report to WHO for internal and external review.

Output 3: Submit final draft of implementation solutions report in a structured format.

- Activity 3.1: Participate in coordination meetings with the Implementation Solutions team/s for the selected country
- Activity 3.2 Participate in ongoing peer-to-peer learning mechanisms (UHC-Partnership, WHO Academy course on PHC, Communities of Practice, etc.), as agreed during the process.
- Activity 3.3: Incorporate the feedback provided by WPRO and WHO Implementation Solutions HQ team on the first draft report
- Activity 3.4: Support the development of key briefing material and communication material as relevant to implementation solutions.
- Activity 3.5: Attend Implementation Solution dissemination meeting and make presentations (when required)
- Activity 3.6: Submit a final draft of report, after incorporating all key inputs to WPRO and HQ.

5. Technical Supervision

Responsible Officer:	Mr Lluís Vinals Torres, Coordinator, HPS/DHS
Manager:	Mr Martin Robert Taylor, Director, Division of Health Systems

6. Specific requirements

- The Proposer or its key personnel must have minimum 10 years' of professional work experience, with senior level expert leading PHC reforms, and having deep knowledge of New Zealand Health authorities. Specifically:
 - Demonstrated leadership in executing health system/ health care reform process that led to successful PHC realization;
 - Strong knowledge of policy and implementation challenges and solutions
 - Excellent communication and coordination skills.
 - Sound understanding of the political economy of primary health care reforms
 - Knowledge of policy and implementation challenges and solutions
 - Operational knowledge of health systems and PHC practice and application.

- Capacity to work in a multidisciplinary team and communicate effectively with different target audiences.
 - Excellent strategic skills and leadership capacities with the ability to build partnerships at different levels
 - Technical knowledge and skills in health systems and PHC concepts, frameworks and practices.
- The Proposer or its key personnel must have worked on at least 2-3 comparable projects, please include contact details of former clients as reference.
 - Experience in WHO or other UN agency in public health-related areas is desirable.

7. Place of assignment

Remote work from Home country, with need-based travel.