Consultancy Terms of Reference:
Mapping of tools used to assess Quality of Health Care in Humanitarian settings

This consultancy is requested by:

Unit:	Global Health Cluster
Department:	Emergency Operations

1. Purpose of the Consultancy

The purpose of the exercise will be to better understand existing tools and mechanisms to assess quality of health care in humanitarian settings and identify any gaps. All outputs derived from this exercise will be utilised as preparatory work to be reviewed by the Global Health Cluster Quality Improvement Task Team (QITT) members prior to a workshop in July 2019 (TBC). Findings will be discussed in the workshop so the task team may clearly define objectives and prioritise activities for the forthcoming year. Outputs from the exercise will also serve as useful background documents for Health Cluster Coordinators.

2. Background

The need for the improvement of quality in humanitarian health response has been a continuous goal for the humanitarian community as it is acknowledged in many responses that there are clear gaps. Quality of health care is also a key component of the right to health and critical to the achievement of universal health coverage (UHC) iterated in the Sustainable Development Goals[1]. Previous discussions on quality within the Global Health Cluster (GHC) amongst partners as well as health cluster coordinators resulted in the formation of the GHC Quality Improvement Task Team (QITT). The GHC QITT had its first meeting on 27th March 2019. It was acknowledged that the scope of 'quality' is large but as a priority the following areas should be examined

- Quality of health care
- Medicines quality assurance mechanisms of national (domestic) suppliers or manufacturers

It was agreed better understanding is needed on current status, gaps and challenges with the above in humanitarian crises to help determine how the QITT should proceed. As such two mapping exercises will be conducted (one for each of the above). This consultancy is relating to 1) understanding quality of health care in humanitarian settings. It will also draw upon

[1] Sustainable Development Goal Target 3.8: "*Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all"*

work already conducted by the GHC Essential Package of Health Services (EPHS) Task Team when developing the Health Facility Assessment Tool as well as work conducted by EMRO Quality of Care in Settings of Extreme Adversity.

Quality of health care in humanitarian response is guided by standards for clinical care but also by key tenets to deliver principled and quality humanitarian response. Intersections already occur for example between 'people centredness' and 'accountability to affected populations', 'safe' care and 'centrality of protection', 'equitable' care and 'impartiality'. It is therefore important that quality of health care is examined within the lens relevant to the humanitarian operational environment.

Quality of Health Care

Many definitions of Quality of Care exist but for the GHC QITT, the WHO definition of Quality of Care shall be used i.e. *the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge* "[2]. Key aspects of this include that health care is

- **people centred** respecting and responding to a patient's preference, needs and values
- **safe** minimising harm including preventable injuries and medical errors
- **equitable** and does not vary according to personal characteristics such as gender, age, ethnicity, disability, sexual orientation etc
- **integrated** such that care is coordinated across settings, facilities and providers (as well as between sectors[3])
- **timely** with minimal delays to providing care
- **effective** based on scientific knowledge and evidence-based guidelines
- **efficient** avoiding waste of resources, including equipment and medicines

Quality should be applied across all levels of care i.e. from primary (which includes household, community and at primary health care facilities) to tertiary, for all types of health care provision e.g. promotive, preventive, curative, rehabilitation and palliative care given throughout the life course. For the purpose of this exercise the scope should examine healthcare at primary level and essential secondary care e.g. CEMONC. It should also link to basic tenets that drive quality humanitarian response.

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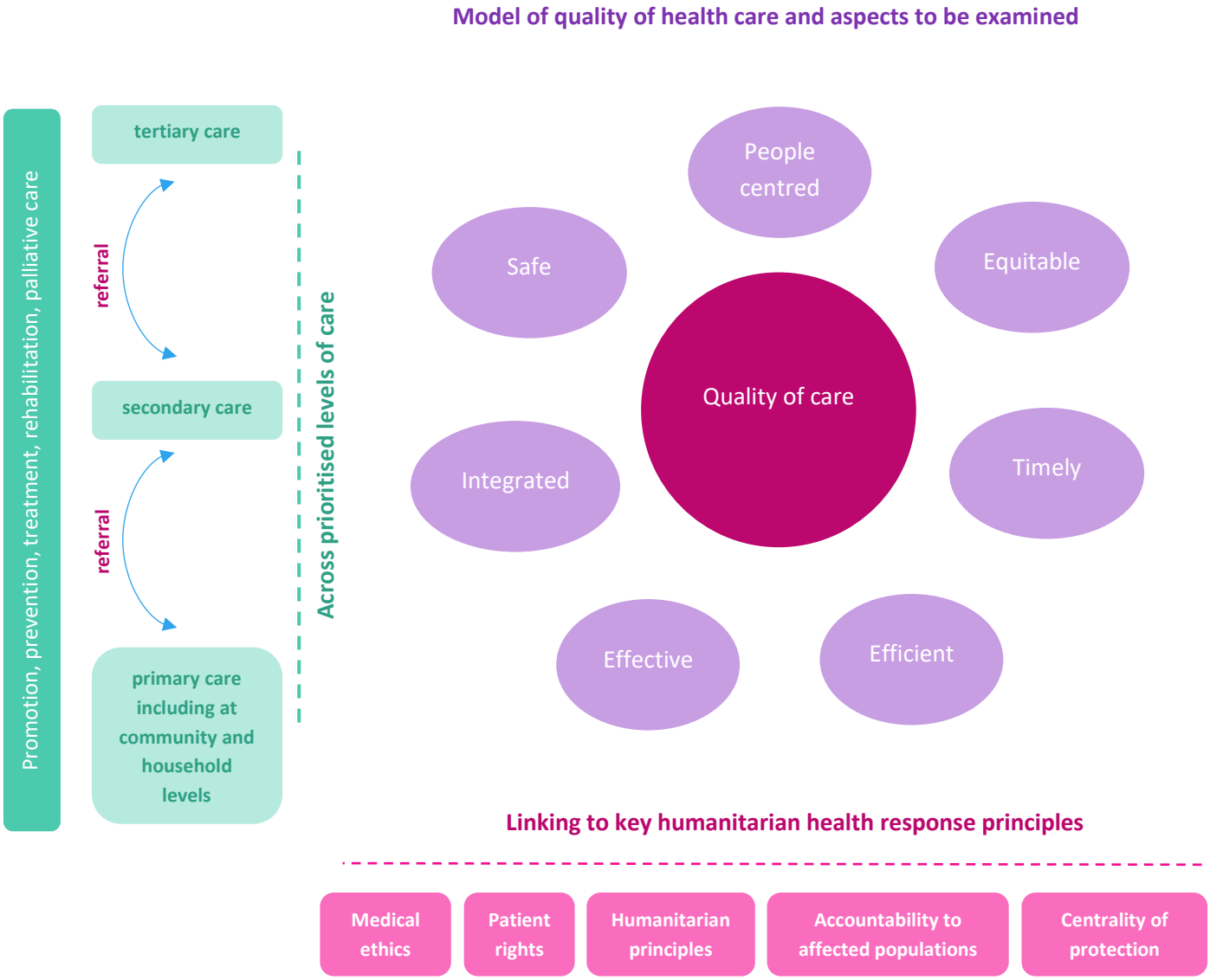
[2] *Delivering quality health services, A global imperative for universal health coverage* WHO, OECD, World Bank 2018

[3] As defined in *Health Chapter, The Sphere Handbook,* Sphere 2018



Key Humanitarian Guiding Principles

Humanitarian response is steered by International Human Rights Law, International Humanitarian Law and other key international legal instruments[4]. The humanitarian coordination system was founded by UN General Assembly resolution 46/182[5] in 1991 which introduced the role of Inter Agency Standing Committee (IASC) Principals and the Emergency Relief Coordinator (accountable to the UN Secretary General). Subsequently Humanitarian Reform and the Cluster system was established in 2005. WHO is an IASC Principal[6] and Cluster Lead Agency for Health[7].

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[4] For further information see *Annex I, IASC Policy on Protection in Humanitarian Action* IASC 2016 and *Annex I, The Sphere Handbook*, Sphere 2018

[5] UN General Assembly Resolution A/Res/46/182

[6] *Inter-Agency Standing Committee Principals*, IASC

Central guiding principles have been established by the IASC and other bodies to improve the accountability and quality of humanitarian response. These are intended to be adopted in country Humanitarian Response Plans and Health Cluster response[8]:

Humanitarian Principles

Of humanity, impartiality, neutrality and independence were codified in UN General Assembly Resolutions 26/182[5] and Res 58/114[9]

IASC commitments and guidance

The IASC have produced policies and tools[10] guiding the work of many humanitarian partners. Key policies and commitments include

Accountability to Affected Populations (AAP) and Protection from Sexual Abuse and Exploitation (PSEA)[11,12]

Centrality of Protection[13,14]

Medical ethics and patient's rights

Specific to health response in humanitarian situations adhering to medical ethics and ensuring patient's rights have been stipulated in standards such as Sphere Standards[15], and EMT Classification and Minimum Standards for Foreign Medical Teams[16] which defines it as that given in the World Medical Association Medical Ethics Manual[17]

3. Planned timelines (subject to confirmation)

The project will be undertaken from June to July 2019 (estimated 20 days).

4. Work to be performed

The main objective of this project is to perform a mapping exercise by a consultant to better understand existing tools and mechanisms to assess quality of health care in humanitarian settings and to identify any gaps.

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[7] *Humanitarian Response: what is the cluster approach*, OCHA

[8] As examples see Health Cluster strategies in *Iraq Humanitarian Response Plan 2019*, *Yemen Humanitarian Response Plan 2018* integrating measures to ensure accountability to affected populations

[9] UN General Assembly Resolution A/Res/58/114

[10] IASC products

[11] *IASC Revised AAP Commitments on Accountability to affected People and Protection from Sexual Exploitation and Abuse*, IASC 2017 (originally developed in 2011)

[12] *IASC Revised Commitments on Accountability to Affected Populations, Guidance Note for Principals and Senior Managers*, IASC 2018

[13] *IASC Principals' Statement, The Centrality of Protection in Humanitarian Action* IASC 2013

[14] *IASC Policy on Protection in Humanitarian Action* IASC 2016

[15] *The Sphere Handbook*, Sphere Standards 2018

[16] *Classification and minimum standards for foreign medical teams in sudden onset disasters*, WHO 2013

[17] *Medical Ethics Manual 3rd Edition*, World Medical Association 2015

Part 1: Mapping conducted of existing tools to assess quality of health care in humanitarian contexts (Up to 16 days total)

1. Document review of existing tools used by partners to measure quality of care, and related principles guiding humanitarian response.
    a. Draw upon work already conducted by GHC EPHS task team, and EMRO Quality of Care in Settings of Extreme Adversity team as well tools utilised by partners and existing literature.
    b. Scope should prioritise primary health care (including at community level and in health facilities) and essential secondary health care such as CEMONC. It should link with key humanitarian commitments to quality such as AAP (e.g. tools incorporating communities as a partner).
    c. Selection criteria of tools to be examined will be developed with GHC QITT support
2. Conduct mapping (e.g. grid / database) examining tools and aspects of quality of health care (and related humanitarian tenets), levels of care, types of care assessed, and standards utilised. Determine any gaps
5. Develop synthesis report from above activities

Output A: Synthesis report and grid mapping tools used to measure different aspects of quality of health care in humanitarian settings and identifying gaps

Part 2: Mapping conducted of existing mechanisms for quality assurance, improvement and regulation***. (Up to 4 days in total)***

1. Referring to tools analysed in Part 1 activities 1 to 5, review and document mechanisms of quality assurance, improvement and regulation in humanitarian settings. Incorporate
    a. roles of different stakeholders in the implementation and governance of the mechanism
    b. Known strengths, opportunities or challenges and limitations with such a mechanism

Output B: Mapping conducted of existing mechanisms for quality assurance, improvement and regulation

5. Planned timelines (subject to confirmation)

Total number of days: approx.20 days

Start date: start June 2019

End date: mid-July 2019

6. Technical Supervision

The selected Consultant will work on the supervision of the GHC Coordinator and designated Technical Officer within the GHC unit.

7. Specific requirements

Experience required (minimum 7 years):
Experience in health response in humanitarian contexts
Experience in Cluster Coordination/ response at national and/or global level
Experience in inter-cluster coordination or programming
Experience in data analysis and reporting
Experience in report writing

- Skills / Technical skills and knowledge:

- Knowledge of the IASC Protocols and commitments, and the Cluster Approach.
- Knowledge of quality of health care assessment tools, or assurance/ improvement mechanisms
- Data management and analysis
- Strong analytical skills and capacities;
- Strong verbal and written communication skills;
- Strong facilitation
- Ability to independently plan and execute assigned tasks and duties.

- Language requirements:
English.
Knowledge of French an advantage.

8. Place of assignment

The work will be conducted remotely.

9. Medical clearance

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

10. Travel

N/A

11. Application deadline

Please send your applications to Carolyn Patten (pattenc@who.int) by 22:00 (CET),
7 June 2019.