**Development of Integrated Prevention and Control of Noncommunicable Diseases in Guyana: Strategic Plan 2021-2030**

**Terms of Reference for National Consultant**

**Background:**

Non-communicable diseases are the leading cause of preventable and premature death and illness in Guyana. According to the Ministry of Health Statistical Data 2012, NCDs account for over 70% of the total deaths in the country: *Cerebrovascular diseases* were the leading cause of death in 2012, with ischaemic heart disease ranked second, neoplasms 3rd, diabetes 4th, and hypertension 5th. However, 2017 mortality data indicate that cerebrovascular disease and cancer each accounted for 10.6% of deaths, followed by ischaemic heart disease (10.2%), chronic respiratory diseases (7.5%), hypertensive disease (7.4%), and diabetes mellitus (7.3%).

The PAHO/WHO Guyana Country Cooperation Strategy (CCS) 2016-2020 reports that the estimated prevalence of diabetes in the population over 30 years of age is 6.2%, while hypertension affects 18% of that same population. The CCS also states that new cases of diabetes and hypertension annually are estimated to be 2,000 and 9,000 respectively, and that estimates in 2015 indicated that 9% of all deaths (7.2% males and 10.9% females) were due to diabetes. However, the 2016 STEPS survey indicates diabetes prevalence at 15.8% and hypertension prevalence at 27.0% in the population over 18 years old.

Locally as well as internationally, the NCD epidemic isdriven by globalization, urbanization, demographic and lifestyle changes; and is strongly influenced by social determinants of health such as income, education, employment, conditions of work, and gender. Additionally, poverty contributes to increased exposure of people to behavioural risk factors for NCDs, since many people cannot afford to buy healthy foods and practice healthy lifestyles; this can hinder economic development at the national level and poor people are less able to access services, so poverty is both a cause and effect of NCDs.

In the quest to reduce the increasing burden of NCDs, the country developed and launched the Strategic Plan 2013-2020: Integrated Prevention and Control of NCDs in Guyana (SP NCDs 2013-2020), which is aligned with the PAHO/WHO Strategy for Prevention and Control 2012-2019. The SP NCDs 2013-2020 proposes actions by the country that consider regional and sub-regional initiatives and targets.

The SP NCDs 2013-2020 focused on four diseases (cardiovascular disease, diabetes, cancer and chronic lung disease) and outlined five strategic lines of action: risk factor reduction, health promotion and disease prevention; integrated management of chronic diseases and risk factors; surveillance, public policy and advocacy; and programme management. The Plan also proposed actions that built on national achievements and existing capacities with emphasis on multi-sectoral initiatives and mechanisms to engage and coordinate stakeholders in the whole-of-society and the whole-of-government action.

In 2015, an [In-depth Qualitative Assessment of NCDs Multisectoral Action Plans (MAPs) in the Caribbean](http://iris.paho.org/xmlui/bitstream/handle/123456789/49093/9789275120101_eng.pdf?sequence=1&isAllowed=y) was conducted which included Guyana's SP NCDs 2013-2020. An evaluation of the SP NCDs 2013-2020 is currently being conducted which will document targets in the SP NCDs 2013-2020 that were achieved and not achieved; highlight gaps in implementation; contributing and success factors; and lessons learned in the implementation.

It is proposed that the Strategic Plan 2013-2020: Integrated Prevention and Control of NCDs in Guyana (SP NCDs 2021-2030), will outline priority areas in the National Health Sector Strategy 2021-2030, and indicators and targets that are congruent with WHO’s indicators and targets in the WHO Comprehensive Global Monitoring Framework; the SDG targets for NCDs, the recommendations from the UN High-level meeting for NCDs 2018; outline a system for monitoring and evaluation, and address gaps highlighted from the evaluation of the SP NCDs 2013-2020 and the COVID-19 pandemic.

**Objective:**

The objective of this consultancy is to develop the SP NCDs 2021-2030.

**The Assignment:**

Specifically, the Consultant will:

1. Develop a workplan to guide the conduct of the assignment.
2. Develop a methodology to guide the development of the SP NCDs 2021-2030. The consultant will develop a methodology to guide the development of the SP NCDs 2021-2030. The proposed SP NCDs 2021-2030 should include:
* **General aspects**, such as the duration of the plan, the scope of its content (NCDs and Risk Factors covered in the 5 x 5 excluding mental health), and the range of stakeholders involved in the development of the plan, among other key general characteristics.
* **Situation analysis:** A situation analysis is a critical component of the development of a strategic plan, as it provides the essential baseline data necessary for prioritizing, planning, monitoring and evaluation. A situation analysis should take an analytical approach, using country-specific data to document the magnitude of the problem, project future trends and assess the factors contributing to these trends. The proposed methodology and criteria should outline the key contents of a situation analysis, including:
	+ - * + Socio-demographic and economic information;
				+ The magnitude and trends of NCDs and RFs; and
				+ A description of existing strategies, policies, plans and programs to address NCDs and their RFs, including the capacity of the health care system for NCD prevention and control, as well as involvement of non-health sectors.
* **Vision, goals, targets and objectives**: The proposed methodology should outline the vision, goals, objectives, targets and indicators, considering the WHO NCD Global Monitoring Framework, which includes 9 voluntary global targets and 25 indicators. The National NCD targets should be relevant to the national burden of NCDs and attainable, and they might be more of less ambitious than the global targets, depending on the country context. Additionally, indicators must be measurable.
* **Prioritized policy options and cost-effective interventions:** Priority-setting of NCD interventions is needed to maximize impact where health budgets are limited, and the funding of every intervention is unfeasible. Thus, the plan should include a set of prioritized policy options and interventions to achieve the respective objectives and targets, based on the situation analysis and the results of a prioritization process with participation of relevant stakeholders. The proposed methodology should consider the prioritized population-wide and individual health-care interventions, and the WHO “best buys”.
* **Responsible agencies under each objective:** Partnerships with non-health sectors, NGOs, Civil society, and private entities are critical to ensuring sustainability and ownership of the program, fostering synergies with other relevant programs, mobilizing resources, and promoting overall coordination of efforts. The proposed methodology should consider the involvement of relevant stakeholders under each objective and the mechanisms to operationalize multisectoral action.
* **Milestones and timeframe:** The plan should include specific milestones and approximate timelines for each key activity. This ensures that all stakeholders are aware of the schedule and completion dates for projects and allows for monitoring and management of plan implementation.
* **Outputs and expected outcomes**: The plan should include clearly defined outputs which should be aligned with the expected outcomes. In turn, expected outcomes may be short-term/immediate, medium-term/intermediate, or long-term/ultimate, and must be aligned with the plan’s goals and objectives.
* **Implementation plan**: Implementation is defined as a specified set of activities designed to put into practice an activity or program. Implementation processes should be described in sufficient detail and should involve a mechanism to coordinate actions from various stakeholders.
* **Monitoring and evaluation:** The SP NCDs 2021-2030 should outline a mechanism for monitoring and evaluation on a regular basis to discern if the plan is reaching its goals, achieving its outcomes in an efficient manner.
1. **Costing and budget:** Sources of financing for implementation of the NCDs plan should be identified at the outset and should include the cost of all priority activities and the total cost for every year of implementation.
2. Based on the methodology developed in Activity 2, develop the SP NCDs 2021-2030.

**Deliverables:**

The Consultant will submit the following deliverables:

* Deliverable 1: Workplan to guide the conduct of the assignment and the methodology to guide the development of the SP NCDs 2021-2030.
* Deliverable 2: A draft document, in electronic format, presenting the SP NCDs 2021-2030.
* Deliverable 3: A final document presenting the SP NCDs 2021-2030 in electronic format, using Microsoft Word, incorporating agreed changes to the draft.

**Duration of the Assignment:**

The projected timeline for the completion of this assignment is 12 weeks and will commence on 30 July 2021 and end on 15 October 2021.

**Payment Schedule**

Payments will be released once the Project Officer has certified the satisfactory completion of each deliverable, in accordance with the stages of implementation outlined in these terms of reference.

|  **Payment**  | **Dates** | **Amount USD$** | **Deliverable** |
| --- | --- | --- | --- |
| 1 | 10 August 2021 | $2,700 (25% of fees) | Workplan to guide the conduct of the assignment and methodology to guide the development of the SP NCDs 2021-2030 |
| 2 |  2021 | $3,150 (35% of fees) | A draft document, in electronic format, presenting the SP NCDs 2021-2030. |
| 3 | 20 October 2021 | $3,600 (40% of fees) | A final document presenting the SP NCDs 2021-2030 in electronic format, using Microsoft Word, incorporating agreed changes to the draft. |
| **Total** |  | **$9,000.00** |  |

* The budget above excludes costs related to travel, printing of documents, and other miscellaneous expenses, which will be paid as discussed with the Consultant and approved by PAHO/WHO, Guyana.
* The PAHO/WHO Guyana is cognizant of the risks that the COVID 19 restrictions in the country. Considering these restrictions, the PAHO/WHO Guyana country office envisages that some of the activities associated with this consultancy will be conducted virtually. The country office will work collaboratively with the Consultant to support the conduct of all activities (virtual and/or face-to-face) associated with this consultancy.
* Detailed formatting and graphic design of the final deliverables will be undertaken by PAHO/WHO Guyana.

**Qualifications:**

In order to perform this activity, the Consultant must have a university degree in a health-related profession and a master’s degree in public health or related field from a recognized institution; have extensive experience in analyzing public health policies and development of strategic plans, preferably related to NCDs and their risk factors; be fluent in English; and have previous working experience in strategic planning and development of public health policy in Guyana and the Caribbean region in the area of NCDs and their Risk Factors.

 **Project Manager:**

 Ms. Karen Roberts, Specialist, Non-Communicable Diseases and Family Health, PAHO/WHO, Guyana

 Approved by:

 ……………………….

 Dr. Luis Felipe Codina

 PAHO/WHO Representative, Guyana