

TERMS OF REFERENCE

MAPPING GOOD PRACTICES FOR ADAPTING PUBLIC HEALTH ACTIONS IN GROUPS AND TERRITORIES IN VULNERABLE SITUATIONS¹

Call for proposals

to map out and systematize examples of good practices for the adaptation of public health actions in groups and territories in vulnerable situations in health emergency and non-emergency contexts.

Background

The Health Promotion and Social Determinants Unit (PS/FPL) of PAHO developed a Guide for the Implementation of non-pharmacological public health measures in populations in vulnerable situations, within the responses to COVID-19. This Guide is based on the concept of vulnerability that emerged in the context of the pandemic, related to social conditions, such as precarious and informal work, lack of social protection, precarious housing, among others.

In order to promote and strengthen the implementation of these guidelines and guarantee that preventive measures could be effectively implemented without any type of exclusion and with special emphasis on the inclusion and participation of groups in vulnerable situations, the Unit called in 2021 for the implementation of these guidelines through a Call for proposals to promote and strengthen the implementation of the "Guidelines for the application of non-pharmacological public health measures in population groups in vulnerable situations within the context of COVID-19".

Forty proposals for implementation of the Guidelines were carried out in 19 countries of the region (Argentina, Brazil, Bolivia, Canada, Colombia, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, Venezuela, Cuba, USA). These proposals were developed following three main areas: 1) Training; 2) Communication; and 3) Adaptation, implementation, systematization and evaluation.

This call generated relevant lessons learned, especially regarding the importance of adapting public health measures in emergency contexts and especially oriented to groups in vulnerable situations. The main lessons learned were:

¹ In this context, public health actions should be understood as those measures that contribute to favor health, quality of life, well-being and reduction of inequalities in territories and groups in vulnerable situations, emphasizing health promotion.

- The importance of identifying and addressing the needs of communities through dialogues with them, identifying the barriers that prevent or hinder the adoption of public health measures in many territories and groups in the Americas region.
- The importance of capacity building through community participation in all stages of the response, including planning, implementation and evaluation.
- The need to develop capacities to be able to implement an emergency response with an equity approach.
- The need to generate local partnerships to territorialize and give relevance to emergency response.
- The importance of developing a new paradigm that helps to understand health-disease processes and their determinants, recognizing the relevance of incorporating elements of the culture and language of the communities to achieve health.
- The existing weakness in the capacities for monitoring and evaluation of interventions in emergency contexts with a focus on populations and territories in vulnerable situations.

These lessons learned also reveal the importance of keeping up with the study in depth of the needs and adaptation strategies for the development of public health actions appropriate to the target groups and territories, i.e., relevant to their contexts, needs and resources, as well as the implications of such adaptations in terms of the effectiveness of health actions and their contribution to the reduction of health inequities among population groups and/or territories.

In addition, it has become evident the need to delve deeper in a more comprehensive understanding of the adaptations of public health actions with groups and territories in vulnerable situations, since it integrates various areas and transcends emergency situations and, therefore, it is also applicable in non-emergency conditions.

Based on the background information, the development of a mapping and systematization study of good adaptation practices is requested, according to the specifications presented below.

Objective

To map out and systematize examples of good practices of adaptation of public health actions with groups and territories in vulnerable situations in both health emergency and non-emergency contexts in the Americas region.

Although there are multiple approaches to define good practices in the field of health, this study considers as good practices those that allow for the effective adaptation of public health actions and/or strategies for their implementation, and that make public health actions appropriate to the specific needs, particularities and contexts of groups and/or territories in vulnerable situations. The result of effective adaptations is that they contribute to favor health, quality of life and/or well-being of the prioritized groups/territories and contribute to the reduction of inequities in these matters.

The study is focused on the identification and systematization of the practices of adaptation of public health actions to make them relevant to groups/territories in vulnerable situations, differentiating those that have been developed in emergency and non-emergency contexts. Therefore, it is important that the study may identify and make explicit the presence of adaptation practices, as well as the contribution(s) of such adaptations in particular with regards to the health and quality of life of groups/territories in vulnerable situations and the reduction of health inequities.

Adaptation is a key concept for the study, preliminarily defined for the purposes of this call as a process of thoughtful and deliberate modification of the design or implementation of a public health action, with the aim of improving its appropriateness or effectiveness in a given context (Stirman et al., 2017; Wiltsey Stirman, Bauman and Miller, 2019).

Examples of good adaptation practices are expected to consider mainly direct actions on the population (not indirect actions associated only with policies), to be developed by the health sector or else by other sectors with an explicit health objective, and to be linked to one of the following domains:

- Strategies to link with groups/territories in vulnerable situations to favor equity of access to health services.
- Initiatives to promote health, wellbeing, quality of life and/or healthy environments developed in territories and/or with groups in vulnerable situations.
- Experiences counting with social/community participation of groups in vulnerable situations as key to favor the quality of life/health of the community.
- Initiatives that have prioritized the intersectoral approach to promote the health/quality of life of groups/territories in vulnerable situations.
- Initiatives that have adopted an intercultural approach to advance the relevance and applicability of public health strategies, measures and/or programs with groups/territories in vulnerable situations.
- Other domain deemed relevant to address in the opinion of the proposing team.

Content that should be explicit in the proposal

Proposals should aim to the identification and systematization of examples of good practices of adaptation of public health actions in different countries and with different groups/territories in vulnerable situations. The proposals should specify and justify the groups and problem domains that are proposed as cases to be analyzed for the identification of good practices. It is important to safeguard diversity in the groups and problems to be addressed.

The systematization of each of the examples of good practices may take the form of a brief case study or another format proposed in the proposal. Together, these examples should form a repository or catalog

with unified contents and formats among examples. In any case, the format will have to be agreed upon with the PAHO/WHO technical counterpart once the contract is established.

The proposal must specify the following:

1) Number of examples to systematize: It should consider a minimum of 14 examples distributed homogeneously between those developed in health emergency and non-emergency situations.

2) Justification: specify the groups and domains of problems that are proposed as cases to be analyzed for the identification of good adaptation practices.

It is necessary to provide details of the methodological strategy to be used in the identification of good adaptation practices, the criteria that will guide the selection of groups/problems and good adaptation practices.

It is also relevant to safeguard the diversity of the examples in terms of geographical location (e.g. countries within the region), target groups, and the focus of the intervention that constitutes the example.

It is also necessary to differentiate the examples given in the context of emergency and non-emergency situations.

3) Methodological proposal: Detail the procedures to be used for the systematization of good practice examples. Indicate the sources of information, the methods of information production and the methods of content analysis.

4) Systematization axes/dimensions: A proposal should be made for an index for the systematization of good adaptation practices, differentiating what is specific for those that correspond to health emergency situations and those that are developed in non-emergency conditions.

This index should be subsequently agreed with the PAHO/WHO counterpart. Preliminarily, it is suggested that the following axes/dimensions be considered:

- ✓ Moment/stage in which the adaptation takes place (e.g., prior to the start of the intervention, at the beginning, in the face of difficulties that arise in its development, etc.).
- ✓ Reasons that motivated the adaptation (e.g., problems with the effectiveness of health actions, interest of the authorities, sensitivity of the health teams, participation of sectors other than health, community demand, cost reduction, others relevant).
- ✓ Who is promoting the adaptation (e.g., arises from the interest of those who design the intervention, those who implement it, the community, the target groups, others relevant).
- ✓ Contextual conditions that facilitated the development of the adaptation (e.g. emergency situation, political mandates, change of priority of authorities, others relevant).
- ✓ Describe the characteristics of the adaptation (e.g., adaptation in design: adaptation of objectives, adaptation of content to be culturally relevant, other characteristics).
- ✓ How or in what aspects does the adaptation improve the effectiveness of the health action.

5) Proposal for a repository or catalogue of good adaptation practices: proposal of contents and format of a repository or catalog that gathers systematized examples of good practices. Specify if it considers written material, audiovisual or a combination.

6) Team

7) Process Timetable. It must indicate the associated activities and delivery dates for each product.

8) Value of the proposal.

Duration: 75 days

Maximum bid amount: USD 25,000.

Deliverables:

PRODUCT 1: Work plan adjusted to the recommendations agreed upon with the PAHO/WHO technical counterpart. It should specify:

- Methodology for identification and selection of examples of good adaptation practices in health emergency and non-emergency situations.
- Mapping of 35 potential examples to select a minimum of 14 to be included in the repository/catalog of good adaptation practices.
- Criteria for the selection of examples of good practices, differentiating between those that correspond to health emergency situations and those developed in non-emergency contexts.
- Methodology to be used for the systematization of the examples.
- Sources of information to be used.
- Proposed table of contents structure for the presentation of the examples, indicating systematization axes and differentiating the examples of good practices in emergency and non-emergency health situations.

PRODUCT 2: Progress report and proposal of table of contents for a repository/catalogue of good practices.

- Report containing the draft systematization of all selected examples (considering a minimum of 14 examples). This draft should contain at least the identification of each one of the examples and a description of them based on each one of the axes/dimensions agreed with the PAHO/WHO counterpart according to the index structure proposal considered in Product 1.

- Proposal of an index structure for the repository/catalogue of adaptation of public health actions with groups/territories in vulnerable situations in health emergency and non-emergency contexts in the Region of the Americas.

PRODUCT 3: Final report with the systematization of the examples of adaptation of good practices and the repository/catalogue that gathers these examples.

- Report with the final systematization of all selected examples. The systematization should consider each of the axes/dimensions agreed upon with the PAHO/WHO counterpart according to the proposed index structure considered in Product 1. In addition, the report should include the methodology used in both the mapping and the systematization of the good practice examples.
- Repository/Catalogue of good practices, including written and/or audiovisual material as defined in the proposal. It should consider each one of the axes and/or dimensions established with the PAHO/WHO counterpart according to the proposed index structure considered in Product 2.
- Power point presentation with a synthesis of the systematization carried out, including both the examples and their integration in the catalogue/repository.

Requirements for applicants

Proposals may be submitted by academic institutions, NGOs, community or civil society organizations with legal status, Ministries of Health, Health Services or Primary Health Care services, as well as local governments (municipalities, cantons) and other governmental sectors. At the same time, they can be submitted jointly by more than one institution.

References

Stirman, S., Gamarra, J., Bartlett, B., Calloway, A. and Gutner, C., 2017. Empirical examinations of modifications and adaptations to evidence-based psychotherapies: methodologies, impact, and future directions. *Clin Psychol Sci Pract*, 24(4), pp. 396-420.

Wiltsey Stirman, S., Bauman, A. and Miller, C., 2019. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*, 14(58).