TERMS OF REFERENCE

Understanding health and care needs of older people in low- and middle-income countries[1]

1. Background

Access to Universal Health Coverage (UHC) is a central goal of Agenda 2030. It is a goal supported by the World Health Organisation (WHO) which defines UHC as ensuring that all people and communities receive the quality health services they need, and are protected from health threats, without financial hardship[2]. UHC underpins the right of every individual, regardless of age, sex, disability, race or other socio-economic characteristics, to health.

The focus on UHC in Agenda 2030, the adoption by 194 Member States of the WHO Global Strategy and Plan of Action on Ageing and Health and WHO's planned Decade of Healthy Ageing 2020 – 2030 create unparalleled opportunities for influence in terms of older people's access to health and care services and support and the design of models of UHC to meet their needs globally. If we are to achieve these goals, decision-makers at global, regional and national levels must be presented with **in-depth evidence and expert analysis** that identifies global trends, and provides country-specific and tangible assessments of the health and care needs of older people and current status in terms of the extent to which systems and services respond to these needs.

Equally, civil society organisations must be equipped with credible evidence if they are to advocate effectively at a time when there is growing global momentum behind the healthy ageing agenda and UHC, but – critically - no guarantee that older people will secure the benefits of this extraordinary opportunity.

Two intertwined priorities for HelpAge International are ensuring: (1) that older people's right to health is promoted and protected through access to appropriate, quality services and support; and (2) that evolving models of UHC are designed to meet older people's needs, that is to say they are person-centred, responsive to the complex and chronic health needs associated with increasing age, and deliver integrated health and social care services and support.

AARP International is committed to help people live longer, healthier, financially secure and productive lives through sharing the best practices and knowledge on health and long-term care.

Together AARP International and HelpAge International will produce Global AgeWatch Insights report on health and care needs of older people in low- and middle-income countries (LMICs) in order to influence global, regional and national-level processes to achieve UHC for all.

[1] https://datahelpdesk.worldbank.org/knowledgebase/articles/906519
[2] http://who.int/ageing/health-systems/uhc-ageing/en/

2. Purpose

The purpose of Global AgeWatch Insights 2018 is to provide the necessary evidence to decision-makers and civil society advocates to influence change on older people's access health and care services and support.

The change we wish to see is increased access of older people to appropriate, quality services and support, through their inclusion in models of UHC, which optimize their health and wellbeing as they age. With the members of the Stakeholder Group on Ageing and the HelpAge Global Network, we intend to use Global AgeWatch Insights 2018 as an advocacy tool to promote this change.

Global AgeWatch Insights 2018 will consist of:

i. Insights report
The thematic report on (a) health status[3] of cohorts of older population in LMICs; (b) accessibility and affordability of health services and care; and (c) data, evidence and policies required to ensure health systems are fit for purpose and progress towards UHC can be effectively monitored.

ii. Country profiles
Data on core demographic, health, and economic indicators on the population in 12 countries (see Annex) to provide context for the research topic.

iii. Mapping of health and care data, sources and gaps
Assessment of health indicators, statistics, data sources and gaps in 12 profile countries and other countries examined as part of the Insights report to demonstrate the scope for better use of existing data and efforts needed to address gaps. This assessment is to be included in the Insight report.

iv. In-depth country research reports
An in-depth look at the range and scale of health conditions experienced by older people in 2 countries (see Annex), current level of access, coverage and financing of UHC, and recommendations on the policy interventions and evidence required to ensure the health systems are fit for purpose, together with the data needed to monitor progress towards UHC.

The following TOR outlines the structure and content of work in relation to production of items (i) the Insights report, (ii) profiles of 12 countries, and (iii) mapping of health data and data sources. Development of the item (iv) will be shaped by the final agreed outline and content of the Insights report. However, in-depth country research reports will be delivered through a different consultancy.

[3] Health status refers to both physical and mental (cognitive impairment and dementia) health, communicable and noncommunicable diseases, disability.

3. Analytical approach and broad research questions

UHC models, health system, long-term care and environmental enablers (e.g. housing, transport, social cohesion, etc.) need to align with needs of older persons to ensure better prevention, early detection, and management of chronic conditions while supporting an individual at all levels of capacity to remain active and treating him/her with dignity and in line with his/her rights and freedoms.

The study should be undertaken from a multi-sectoral (inter-disciplinary) perspective. The analysis needs to recognise linkages and interactions between individual's and systemic dimensions of health, income security, environmental enablers, education, gender, etc. and be rooted in life-course and rights-based approaches.

To the best extent possible the study should:

i. Be based on the comparative analysis of distinct groups of older population, i.e. disaggregated by gender, age cohorts (e.g. 60-64, 65-69, …, 80+), disability, and relevant socio-economic characteristics. Areas where granular data or knowledge is limited should be highlighted as gaps in the report;

ii. Highlight experiences of the 12 profile countries within broader narrative of health and care in LMICs.

The Insights report aims to provide a more nuanced analysis and evidence on:

i. Physical and mental health of older women and men in LMICs: what are the main health issues experienced by older people, how are these influenced by gender and other socio-economic factors, and how are they changing over time?
Prevalence, incidence and progression of the burden of disease within older population groups (gender, age groups, disability, location, socio-economic characteristics, etc.). Key causes and risk factors of disability and mortality. Development of burden of disease historically and over an individual's life. Cross-population group differences/inequalities.

ii. Health and long-term care systems and support in LMICs: How government, society, family and individuals respond to health and care needs of older populations – what works and what doesn't?
Availability and accessibility of quality health services, long-term and end of life care. Government spending, financing of ageing-related care. Social and family response: enabling environment and care provision. Individual response: prevention, medical costs, and different sources of financing health and care.

iii. SDGs and monitoring health and care needs and access in older age: How SDG health indicators and targets that are relevant to older people align with evidence and data required to understand health status and needs of older people and to monitor achievement of UHC in LMICs – what is available and what is missing?
Mapping of SDG health indicators and targets relevant to older people and additional indicators needed to ensure older people are not 'left behind' in relation to health outcomes; collation of this data and data sources where possible using examples from 12 profile countries and other LMICs examined under points *i* and

ii; assessment of adequacy of data (timely and regular, wide coverage, standardised/internationally comparable, granular, openly available) and gaps.

iv. Recommendations: What is required to ensure better policy, service provision, knowledge and data to identify and address health and care needs of older people in LMICs?

4. Specific tasks for consultant

i. Provide comments on the outline (Annex), scope (Section 3) and timeline of work

ii. Develop, in collaboration with HelpAge, a detailed plan for the work and the Insights Report

iii. Based on existing literature produce a draft report

iv. Conduct or facilitate secondary data analysis

The project does not require collection of new data. The consultant is asked to undertake further analysis of secondary data (e.g. longitudinal surveys[4], ageing studies[5], WHO STEPwise approach to Surveillance (STEPS), WHO SAGE, WHO SAGE-INDEPTH, household surveys[6], national SDG reporting[7], etc.) in the 12 profile countries and other LMICS identified through point *iii* by disaggregating data by gender, age cohorts, disability, location, and relevant socio-economic characteristics. Data will be used for production of items *iii, vii-ix.*

v. Address comments and feedback on the draft report and country profiles

HelpAge will convene an external expert group to review the draft report. Additionally members of the Global AgeWatch Insights (GAWI) working group and an editor might have questions on the report's content. The consultant is asked to respond to these comments and feedback, and reflect them in the draft where appropriate.

vi. Develop a template of a country profile

vii. Collate data for 12 country profiles

viii. Assess SDG health indicators in relation to evidence coming from tasks iii-iv

ix. Map health data and sources for 12 country profiles in relation to work undertaken in tasks iii-iv

[4] E.g. Institute for Fiscal Studies, Low and Middle Income Longitudinal Population Study Directory, https://www.ifs.org.uk/tools_and_resources/longitudinal?page=1, INDEPTH Data Repository, http://www.indepth-ishare.org/index.php/catalog/central
[5] E.g. National Archive of Computerized Data on Aging, http://www.icpsr.umich.edu/icpsrweb/NACDA/search.jsp
[6] E.g. International Household Survey Network, http://catalog.ihsn.org/index.php/catalog
[7] Voluntary national review reports, https://sustainabledevelopment.un.org/vnrs/

5. Outputs

Output 1: Draft report on assessment of health status of older people in low- and middle-income countries, access and availability of health services and care, and recommendations in relation to data, evidence and policy required to develop person-centred and age-inclusive health and care models. The draft should include a bibliography.

Output 2: Template of a country profile and profiles of 12 countries with collated demographic, health and economic data where available.

Output 3: Mapping of health and care data, sources and gaps for 12 profile countries and other LMICs countries examined as part of the Output 1. The mapping is to be included in Output 1.

6. Time requirement and duration

The consultancy is proposed to start on **January 15, 2018** and to be completed by **22 July, 2018**.

Mid-January 2018 – Consultant(s) appointment

End March – Draft 1 of the Insights report and a template of country profiles completed (outputs 1 and 2)

Mid-April – end May 2018: Draft 2 of the Insights report, 12 country profiles with collated data, mapping of health and care statistics and gaps, data sources completed (outputs 1, 2 and 3)

Early June – mid June 2018: Peer review of outputs 1-3

End June – Early July 2018: Draft 3 of the Insights report, 12 country profiles, data mapping completed (outputs 1, 2 and 3)

End July 2018 – Final draft 4 of the Insights report, 12 country profiles and data mapping delivered (outputs 1, 2 and 3)

7. Qualifications of Consultant

AARP and HelpAge are looking for an experienced international consultant or team. To ensure multi-sectoral (inter-disciplinary) nature of the proposal (i.e. epidemiology, health economics and finance, gerontology, data and statistical analysis, etc.), and depending on applicants' qualifications and experience HelpAge may propose consultants to form a consultancy team subject to mutual agreement.

Essential

- Advanced degree(s) in relevant field(s);
- In-depth familiarity with international literature and debate on health and care issues of older people in LMICs;

- Demonstrable experience in conducting quantitative research, literature reviews and/or producing similar studies on ageing and health in LMICs;
- Extensive experience of working with relevant datasets and knowledge of limitations and gaps in relation to ageing and health statistics;
- Strong analytical and summarising skills
- Strong writing skills in English with a clear, simple writing style;
- Strong IT/computer skills;

Desirable

- Strong experience of working with statistical packages (e.g. SPSS, STATA, R)
- Demonstrable in-depth knowledge of ageing and needs of older people;

8. How to apply

Interested consultants are invited to submit an Expression of Interest (EOI) for delivery of the assignment. The short EOI (about 3-5 pages) should include:

1) Proposed methodology and any comments on TOR
2) Work plan including outputs/deliverables and time frames for each stage
3) Proposed budget
4) Appendixes (not included in the 3-5 pages)
    a. CV of the consultant(s)
    b. Contact information for 2 professional references
    c. Relevant studies previously produced (1-2)

Consultants are asked to confirm any relevant datasets they have access to or propose to analyse. The costing/budget for the EOI should include professional fees including daily rates and number of days per component (i.e. literature review, data analysis, etc.) and any other costs to carry out the full study (i.e. micro data access fee, statistical analysis). Travel, administrative and overhead costs are not covered by the consultancy.

Selection of the consultant(s) will be by the GAWI working group and based on the experience of the consultant, the quality and relevance of the EOI, and the proposed budget (i.e. value for money, within the resources available). Shortlisted candidates will be asked for a follow-up call. Final negotiated terms and fees will be specified in the consultancy contract.

The deadline for submission is COB **9 January 2018.** Please contact Alex Mihnovits by email at **amihnovits@helpage.org** for further information or to submit your EOI.

ANNEX

Proposed outline for the Insights report

i. Background, definitions and scope

ii. Health status of older women and men in LMICs
   a. *Prevalence, incidence and progression of disease*
   b. *Key causes and risk factors of disability and mortality*
   c. *Evolution of burden of disease historically and over an individual's life*
   d. *Cross-population (cross-country) differences/inequalities*

iii. Health system and long-term care in LMICs
   a. Availability and accessibility of quality health services, long-term and end of life care
   b. Government spending, financing of ageing-related care, and provision of UHC
   c. Societal and family response: enabling environment, care provision
   d. Individual response: prevention, medical costs and different sources of financing health and care

iv. UHC and development frameworks
   a. SDG health indicators and targets relevant to older people
   b. Additional health and care indicators
   c. Assessment of adequacy of data and gaps

v. Recommendations
   a. *Data and evidence gaps*
   b. *Policy gaps*
   c. *Service delivery gaps*

vi. Bibliography

List of proposed profile countries

Eurasia and the Middle East: Lebanon[‡], Moldova, Serbia[‡]

Asia: Myanmar, Pakistan, Vietnam

Latin America: Argentina[‡], El Salvador, Colombia[‡]

Africa: Kenya, Tanzania, Zimbabwe

List of proposed countries for in-depth research

Asia: Myanmar

Africa: Tanzania

[‡] Upper-middle income country