



TERMS OF REFERENCE

Consultancy on “Inventory of existing protocols on NCDs and elderly people care for family medicine”

Background

Health for All Project (HAP) is funded by Swiss Agency for Development and Cooperation (SDC) of the Swiss Government. Its overall goal is that the Albanian population benefit from better health due to improved primary health care (PHC) services. As of 1 April 2019, HAP entered the second phase implemented by Swiss Tropical and Public Health Institute (Swiss TPH) through HAP Centre.

HAP-2 has planned in addition to other interventions focusing on the improvement of the quality of PHC services, the support to the development and endorsement of clinical guidelines/protocols on NCDs and elderly people care for PHC teams. In this frame HAP is looking for a consulting **organization/ company** to make an Inventory of existing protocols on NCDs and elderly people care available for PHC teams. including the treatment protocols elaborated by the Health Insurance Fund.

Overall this consultancy is expected to provide the useful base-information that will allow to go further with the updating process of the existing guidelines/protocols and/or elaboration of the new ones based on the best national and regional experiences.

Specifically the consultancy will provide 1)the inventory of existing clinical guidelines/protocols for family medicine with special focus on non-communicable diseases and elderly people care, 2) a comparison between the content of the clinical protocols for cardio-vascular disease, diabetes and chronic respiratory disease identified, and those of Compulsory Health Care Insurance Fund (CHCIF), and 3) an analysis on the status of implementation of these clinical guidelines/protocols in the daily practice of family medicine.

Objective

The service provider will provide a written document/Consultancy Report on inventory of existing clinical guidelines/protocols for family medicine with special focus on non-communicable diseases and elderly people care, including the consistency of the clinical protocols for cardio-vascular disease, diabetes and chronic respiratory disease identified with those of CHCIF and the status of and reasons for their current degree of implementation in order to be used as a sound evidence for the consecutive phase consisting in updating of the existing guidelines/protocols and/or elaboration of the new ones based on the best national and regional experiences.

Methodology and approaches

The methodology of this consultancy should consist in the following:

a) complete a desk review on identifying the existing clinical guidelines/protocols for family medicine with special focus **on NCDs and elderly people care and or related informing documents, reports, including their development, implementation, monitoring, availability to the FM teams etc**



b) carry out meeting/focus group discussion with group of FDs, f.e from both HAP regions,

c) carry out meeting with key informants from MoHSP, CHCIF, Order of Physicians, Faculty of Medicine (f.e Family Medicine Department), Specialists from University hospitals, FD associations, Health Operator etc.

In the framework of this consultancy, the experts will complete the following tasks:

- collect information on existing clinical guidelines/protocols for family medicine with special focus on non-communicable diseases and elderly people care, including the protocols elaborated from the CHCIF;

- make an analysis and comparison between the content (Lab tests/examination for diagnosis and follow-up, drugs and criteria for reference to the specialist) of the clinical protocols for cardio-vascular disease, diabetes and chronic respiratory disease identified, and those of Compulsory Health Care Insurance Fund (CHCIF). This comparison should bring into light the differences, consistencies and inconsistencies between them specifically with regards to Lab tests/examination for diagnosis and follow-up, drugs and criteria for reference to the specialist and the respective limits of the clinical practice of the FD.

- make an analysis on implementation of clinical guidelines/protocols for cardio-vascular disease, diabetes and chronic respiratory disease identified, in the daily practice of family medicine. This analysis should identify which protocols are being implemented fully or partially and the reasons of not implementation of the rest.

The consultancy should provide the expertise covering/combining three fields of expertise, namely the Family Doctor/s working in PHC, the Public Health/Health system Specialist (PHS) and the Specialist Physician/s possibly specialized in cardiology, endocrinology, pulmonology and/or internal medicine.

The team of expert should be able to carry out the following tasks and activities:

1) elaborate the consultancy protocol and propose how it will be implemented (different steps of the work);

2) carry out the collection of the information in the field, including the desk review, interviews with key informants, focus groups etc.;

3) process and analyse the collected information;

4) write a detailed report in full compliance with these terms of reference.

The individual experts are expected to satisfy the following criteria:

The **Family Physician** is expected to provide the core expertise and contribution for this mandate. He/she should:

i) currently work in PHC and have an experience of 5-10 years as family practitioner in PHC;

ii) preferably to be specialized in family medicine



iii) know very well the context (organization and functioning) and the practice of PHC in Albania;

iii) have proven experiences with implementation and preferably with the development of clinical guidelines/protocols in PHC.

Thus, the family practitioner will:

delineate the desk review;

contribute in the design of a feasible consultancy protocol;

participate directly in the data collection/information (namely he will strongly contribute in identification of the existing clinical guidelines/protocols);

lead the comparison between the content of the clinical protocols for cardio-vascular disease, diabetes and chronic respiratory disease identified and those of CHCIF;

and

will contribute in a realistic and sound analysis of the current status of implementation of the abovementioned clinical guidelines/protocols in the daily practice of family medicine and the respective limits of the clinical practice of the FD.

The **Public Health/Health System expert** can play an important coordination role and ensure the team works in a collaborative and participatory way.

She/he should:

- i) currently work in Public health field and have an experience of 5-10 years as PHS;
- ii) possess previous experiences with similar consultancies and/or with analysis and assessment of different aspects of primary health care services in Albania.

The Public Health expert will:

contribute in the design of the consultancy protocol;

lead the desk review,

guide and make sure the appropriate data collection/information, analysis and writing of the document in fully compliance with these ToRs.

The **Specialist Physician** she/he should have:

- i) an experience of 5-10 years in the practice of his/her specialty in an outpatient facility or a hospital;
- ii) proven experiences in development and implementation of respective clinical guidelines/protocols.



She/he will contribute in:

identification of the existing clinical guidelines/protocols,

the comparison of the protocols identified for cardio-vascular disease, diabetes and chronic respiratory disease with CHICF's protocols and

the rationale of use or not use of protocols by FDs in their daily practice.

Any other proposal regarding the configuration of the team of experts will be accepted and it will be evaluated in line with the criteria in these terms of reference.

Deliverables:

The provider has the responsibility for the compilation of a consultancy Report. The final report, as the main deliverable of this consultancy should provide the following (see previously described tasks in the section of methodology and approaches):

- 1) the list-inventory of existing clinical guidelines/protocols for family medicine with special focus on non-communicable diseases and elderly people care, including those produced by the HIF;
- 2) the comparison between the content (Lab tests/examination for diagnosis and follow-up, drugs and criteria for reference to the specialist) of the clinical protocols identified for cardio-vascular disease, diabetes and chronic respiratory identified and those of Compulsory Health Care Insurance Fund (CHCIF). This comparison should bring into light the differences, consistencies and inconsistencies between them specifically with regards to Lab tests/examination for diagnosis and follow-up, drugs and criteria for reference to the specialist and the respective limits of the clinical practice of the FD.
- 3) the analysis on the implementation of clinical guidelines/protocols identified for cardio-vascular disease, diabetes and chronic respiratory disease in the daily practice of family medicine. This analysis should identify which protocols are being implemented fully or partially and the reasons of not implementation of the rest.
- 4) recommendation on how to proceed further with the elaboration of new protocols needed for family medicine.

The Report will be submitted to HAP in electronic version, including Annexes such as:

- 1.Short summary of all the process implemented/work done **(signed and submitted to HAP electronically and in hard copy)**
- 2.The list-inventory of Clinical guidelines/protocols identified attached with the Clinical guidelines/protocols and/or the website where they can be accessed. The hard copy only there is not found their electronic version.
- 3.Consultancy protocol / methodology



4. Calendar of the meetings/focus group discussions

5. List of persons contacted/interviewed

Deliverable Time: October – December 2019

Logistical aspects of the consultancy.

As per the calendar of the meetings, HAP will inform the FDs from both HAP regions and make sure their presence at the venue where the focus group discussion will take place.

For specific cases, HAP will provide transportation for the interviewees and assure that they will be on time at the focus group discussion venue.

HAP will provide experts transportation (Tirane -HAP regions -Tirane) and eventual hotel accommodation in accordance with the the calendar of the meetings agreed between the two parties.

The service provider will keep HAP informed about any difficulties, change of experts or any hindrances that may affect or delay the implementation of this consultancy.

During the time of implementation of this consultancy, the service provider will closely collaborate with HAP staff in charge of quality of health care.

The interested organization(s)/companies shall provide the following outline specifying the following aspects which will be evaluated with the following percentage:

- 1) *Proposal on the methodology and approach to conduct the consultancy including the description on how data will be processed (not longer than 5 pages) and Developed activity plan with a timeline chart included, and analysed;* 30%
- 2) short description of the structure of the report in full compliance with these terms of reference; 10%
- 3) CVs of the core team; 30%
- 4) CV of the organization/company that will submit the proposal; 10%
- 5) Financial offer in ALL, VAT **included**, for carrying out this consultancy, based on the detailed proposal 20%
- 6) Company's/Organization's registration documents
- 7) A Document certifying that (your subject):
 - has met its fiscal obligations;
 - has paid all social insurance obligations, issued by the Tax Administration;
 - certification by the Tax Administration which indicates the annual turnover for the last 3 years



Deadline for application

The proposals must be delivered by 14th of October 2019, 4 pm, in sealed envelopes and with clearly marked "Consultancy" to the below address;

HAP Centre

Procurement Team

Street "Themistokli Gërmenji",

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