



TERMS OF REFERENCE

HEALTH WORKERS ON THE FRONT LINE: EVIDENCE, ANALYSIS, AND MODELS PROPOSALS

BACKGROUND:

Even before COVID-19, investments in health systems—and especially female health workers—were very low. In 2019 the world had a gap of 18 million health workers. As we enter the fourth year of the pandemic, an estimated 26 million health workers are needed globally to aptly respond to pandemics and other major shocks to health systems, including conflict and climate change. We must invest in health systems that don't just meet the needs of today, but that are also resilient in the face of future shocks.

Pandemic preparedness requires gender equality: equal recognition, support, and fair pay for all health workers. According to WHO estimations from 2018, globally, 70% of health workers are women, but half of their work is unpaid or underpaid, as in many contexts its recognized as care work and thus assumed generally by women. Multilateral institutions, national governments, and civil society are currently discussing possible avenues to expand on the lessons learned from COVID-19 response. Pre-existing investments, including those in women health workers, gender equality, and strengthening health systems helped communities respond to COVID-19. Increased investments will build better resilience for any future crises.

FLHWs are the critical focal service delivery points and individuals who connect health systems and institutional care with communities via outreach, referrals, and primary health care services. The health workers on the frontlines during the pandemic encompassed a very large and diverse group, including formal doctors and nurses, as well as community-based health workers in rural and urban settings. The pandemic gave greater visibility to their role, leading to more health works in the informal sector becoming a part of national health systems as volunteers, agents, or personnel; still, many remain in the margins.

Having a better understanding of frontline health workers' situation and needs is central to developing an effective strategy to support their advocacy and incorporate their demands in the health system strengthening mechanisms put in place in part to prepare countries to respond to future pandemics.

CARE has identified four possible approaches to support frontline health workers. These include:

- Protection – access to personal protective equipment, supplies, psychosocial support, and preventive measures for GBV;
- Training – including communications, advocacy and leadership in the context of their own organizations and associations and not limited to facilitating access to clinical training;
- Recognition – by receiving fair payment and labor rights; and
- Management – by building tools and increasing access to data for more effective decision making and referral systems;



- Activate – fostering exercising participatory collective processes for sustainable changes through policy reforms at national, regional, and global level.

As countries around the world are preparing plans to strengthen their health systems and prepare for future pandemics, their response and recovery, economic hardship and recession following the pandemic is likely to hit the world's economy. Public administrations should envision mechanisms to incorporate health workers as part of strengthening their health systems.

PROJECT OBJECTIVE:

- Gather, analyze, and summarize evidence on good practices and gaps at country level mechanisms to recognize, train, pay and protect frontline health workers.
- Propose models and approaches to better incorporate FLHW needs and demands based on findings.

DELIVERABLES:

1. Product 1: Workplan and methodology: primary and secondary data gathering, and analysis is expected.
2. Product 2: Country selection proposing diversity of mechanisms chosen per region, context (e.g., humanitarian), income, etc. at least five countries should be presented.
3. Product 3: Evidence analysis and findings.
4. Product 4: Proposing models based on the analysis.

CONSULTANT REQUIREMENTS

- Master's degree or higher in public health, sociology, public policy, social work, or a related field **or** substantive leadership or system-level experience in the health sector
Specific experience with health personnel is preferred.
- Strong written, verbal, and analytical skills.
- Experience developing high quality written analyses on public health, public administration; demography or qualitative and quantitative research and analysis.
- Demonstrated ability to work in an international setting.
- A commitment to and focus on data-informed public policy.
- Successful track record of developing and executing research programs.
- Ability to assess and interpret quantitative and qualitative data about health systems.
- Proficiency in multiple languages is an asset (English, Spanish, French, Arabic, etc.)

TIMELINE

This desk-based consultancy should be completed in 60 days.



1. Product 1 and Product 2: By day 15
2. Product 3: By day 50
3. Product 4: By day 60

POSITION

Location: Fully Remote. Candidates in the global south are encouraged to apply.

Reports to: Global Advocacy Director for Health Equity and Rights – CARE International

Start Date: 27 February, 2023.

HOW TO APPLY

Interested Applicants: Please send your resume, a brief cover letter highlighting your experience and separately your proposed budget for this consultancy, to the email address pamela.pico@care.org by February 6, 2023. Use the subject line: Health workers on the frontline CONSULTANCY APPLICATION. If you have questions about the application send an email to Daniel.almeida@care.org before February 3, 2023.