

Annex 2

Terms of Reference (ToR)

Expert technical services to develop sound costing and financial analysis for the National Multisectoral Non-Communicable Disease Strategy and Action Plan for The Gambia

1. Background:

1.1 The Defeat-NCD Partnership

The Defeat-NCD Partnership is the practical response to the widespread call for action on NCDs. Formally launched during the United Nations General Assembly in New York on 24th September 2018. The Defeat-NCD Partnership is a ‘public- private-people’ partnership anchored in the United Nations but extending well beyond to include governments, multilateral agencies, civil society, academia, philanthropies, and the private sector.

The Defeat-NCD Partnership’s vision is that of a world in which there is universal health coverage for NCDs. This is a direct contribution to the transformational 2030 Agenda for Sustainable Development to which all nations have subscribed.

The Defeat-NCD Partnership’s mission is to enable and assist approximately 80 low resource countries¹, in its initial scope, to scale-up sustained action against NCDs so that they can progress on Sustainable Development Goal (SDG) 3, ensuring healthy lives and promoting well-being for all at all ages” and, more specifically, to achieve target 3.4 to “reduce, by one-third, premature mortality from NCDs by 2030”.

The Defeat-NCD Partnership’s practical work is organised around four interconnected pillars that, taken together, constitute a comprehensive service package to tackle the most common gaps and constraints that challenge low-resource countries.

The Partnership four pillars of work include:

- I. **National NCD Capacity Building:** to ensure that partner countries have essential institutional capacities, structures, systems and financing in place to tackle NCDs in a sustained and sustainable manner
- II. **Community Scale Up of NCD Services:** to bring more of the necessary prevention and management of NCD services directly to more people who need them
- III. **Affordability and Accessibility of Essential NCD Supplies:** to enable the consistent provision of affordable essential NCD medicines, diagnostics, and medical equipment and supplies in low resource countries
- IV. **Financing for Country Level NCD Programming:** to establish a long-term sustainable financing model for NCD programming in low-resource countries

1.2 National Multisectoral Non-Communicable Disease Strategy and Action Plan for The Gambia

The Gambia ministry of health developed the National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases in Gambia 2021-2026 as a guide for its national response to NCDs in the Gambia for a period of five years.

It is the most deliberate action to respond to NCD prevention and control following the expiration of the NCD policy 2012-2016. It represents a comprehensive strategy for an effective response to NCDs prevention and control amidst the global COVID 19 pandemic with intentions to mitigate its devastating impacts on the economy, health systems, health system financing and on the patients with NCDs. This strategy, if well implemented as outlined, will significantly impact NCDs control by decreasing mortality and the associated risk of severity of NCDs among COVID-19 cases.

It is important to note that the NCD strategic plan unlike the NCD policy 2012-16 includes a costed action plan for five years. Hence this document serves as an operational plan that translates the agreed priorities into detailed service packages, to be implemented by the various actors involved in the prevention and control of NCDs in the Gambia.

The Gambia currently experiences a mixed burden of diseases with a growing burden of non-communicable disease while communicable diseases are still significant amidst a limited national capacity to address and respond to both needs (GMOH, 2019, Omoleke, 2013).

WHO estimates from 2016 show that NCDs accounted for 34 percent of total annual mortality in The Gambia, with cardiovascular diseases accounting for the largest shares of NCD-related mortality (14%), followed by cancers (4%), CRDs (2%), diabetes (1%) and other NCDs (12%) [WHO 2018]

The high rates of NCD deaths in the country could also suggest an unequal progress in the capacity to diagnose and manage NCDs when compared to communicable diseases. Therefore, some people with NCDs may go undiagnosed and die from NCDs before they reach health facilities. The step survey of 2010 revealed that 79% of the hypertensive cases in the survey were undiagnosed (WHO 2010). And persons with supposedly mild form of Stroke are less likely to present readily at health facilities (Garbusinski et al., 2005)

There is limited research into non-communicable diseases (NCDs) in the Gambia. However, The Gambia National service delivery report of 2019 suggested a mixed burden of diseases with a growing burden of Non communicable disease. The WHO estimates from 2016 outlined that cardiovascular diseases (CVDs), Cancers, Chronic respiratory disease, Diabetes, and injuries are the major contributors to NCDs deaths in the Gambia [WHO 2018]. The Gambia Health service statistics report of 2019 further reveals that NCDs contributed about 12% of all Outpatient Consultation documented and CVD, Diabetes and Asthma accounted for 33.69%, 13.94% and 6.34% respectively of all NCD consultations (HMIS 2019).

This expert technical service will provide critical costing for all interventions, services, activities, and programmatic costs for the strategy and action plan of The Gambia. The costing shall be informing the targets being set and planned to achieve over the next five years. In addition, a comprehensive impact analysis, financial gap analysis, and strategies for sustainable financing for NCDs in the Gambia shall be developed.

2. Objectives and scope of services required:

The main objective of the study is to develop costed action plan that shall accompany the national NCD strategy of The Gambia. Specifically, the service is expected to:

- i. Cost the financial and economic requirements for the implementation of the national NCD strategy and action plan for the Gambia using peer-reviewed costing tool (preferably OneHealth Tool), and write-up the costing methodology.
- ii. Comprehensive write-up of the costed action plan for NCDs for The Gambia.
- iii. Provide a financial gap analysis based on costing, national accounts, and other available resources.
- iv. Provide strategies for the sustainable financing of NCDs in The Gambia and to overcome the financial gap identified.

3. Time frame:

The expected timeframe for the work cover is 20 to 30 days from the start date of the service based on the experience and efficiency of the team providing the services. The services are expected to start as soon as possible.

4. Working relationships:

The expert service provider (team) will be expected to work closely with Programme Coordinator for the Gambia, based at the Gambia Ministry of Health under the supervision and guidance of Technical Specialist (Country Support), based in Geneva.

5. Copyright, patents, and other propriety rights:

The Ministry of Health of The Gambia and The Defeat-NCD Partnership shall be entitled to all intellectual property and other proprietary rights including, but not limited to, patents, copyrights, and trademarks, with regard to products, processes, inventions, ideas, know-how, or documents and other materials which the service provider has developed under the contract that may result from this RFP and which bear a direct relation to or are produced or prepared or collected in consequence of, or during the course of, the performance of the Contract. The service provider acknowledges and agrees that such products, documents, and other materials constitute works made for hire for the Defeat-NCO Partnership.

6. Billing and Payment:

The service provider will be paid in full upon the successful and satisfactory delivery of all 4 outputs as outlined in paragraph 2 of this ToR.

7. Qualification and Experience:

It is required that the company has 3-5 years of experience in costing and health financing.

The service provider should demonstrate their qualifications and proven experiences in providing health financing and costing consultation to international organizations. CVs of the personnel that will be working on this service are required as part of the proposal.

8. Scope of price and time proposal:

Proposals shall demonstrate the detail breakdown for the cost per deliverables, total number of hours needed to fulfil each of the above-mentioned requirement and the price per hour of work for a multidisciplinary team.