# Terms of Reference: Consultancy to conduct literature review and operational research on sexual and reproductive health and rights and universal health coverage

## Background:

IPPF is commissioning a study to systematically review and analyse the importance of sexual and reproductive health and rights (SRHR) to achieve Universal Health Coverage (UHC) and IPPFs contribution to UHC. While there have been some publications on the importance of SRHR to achieve UHC, a systematic review that makes a strong case for this is lacking. As a global leader in SRHR service provision and advocacy, IPPF wants to invest in a systematic review and operational research to illustrate why and how SRHR is an integral component for UHC as well document role of civil society organisations like IPPF’s to achieve UHC nationally and globally.

Sexual and reproductive health and rights are human rights as applied to sexuality and reproduction. Access to SRHR is needed through a person’s life course from childhood with respect to comprehensive sexuality education, programmes to eliminate female genital mutilation and prevent early marriage, through their reproductive years, and afterwards in the prevention of reproductive cancers. When individuals can control their choices about sex and reproduction, and be safe and healthy in their sexual and reproductive lives, they are better able to participate in education and labour market, to care for their families, and have more capacity to contribute to their communities and social life. This means SRHR information and services should be an integral part of any core package of essential health services that are universally available.

Universal Health Coverage (UHC) is an ambitious global commitment to realise every citizen’s right to health through a comprehensive and coherent approach. The World Health Organisation defines UHC as all people having access to essential health information and services (promotive, preventive, curative and rehabilitative) of sufficient quality to cover their various health needs without people suffering financial hardship to pay for these services. This definition explicitly includes sexual and reproductive health information and services, amongst other health areas, which must be accessible to all who need them. UHC must promote women’s, children’s, and adolescents’ mental and physical health, and ensure SRHR without discrimination of any kind. An approach which does not address the barriers to SRHR, nor make SRHR information and services available, accessible, acceptable, and of good quality, does not constitute the full implementation of UHC.

IPPF is a global service provider and leading advocate of SRHR with a worldwide movement of national organisations (called Member Associations or MAs) working with and for communities and individuals in 162 countries. Since 1952, IPPF has prioritised delivering health services for the most marginalised and vulnerable people to prevent unintended pregnancies, unsafe abortions and ensure safe delivery; provide comprehensive sexuality education; prevent and treat STIs including HIV and address sexual and gender based violence. As locally owned civil society organisations delivering these essential, lifesaving, cost effective sexual and reproductive health services, IPPF MAs play a critical role in strengthening national health systems. Furthermore, as an organisation that champions sexual and reproductive rights and gender equality, IPPF makes a particular effort to reach the poorest, vulnerable and marginalised groups and to address stigma, discrimination and inequality.

1. Purpose of the consultancy and scope of the ToRs:

IPPF seeks a research consultant to undertake a literature review and research that will address key questions highlighted below;

Key questions the literature review and research will aim to inform are;

1. What are the linkages between SRHR and UHC in relation to sustainable development?
2. Why is focus on SRHR important to achieve UHC?
3. What are the SRHR components critical to achieve UHC?
4. What progress has we made on SRHR components essential to achieve UHC and what SRHR areas need further strengthening to reach UHC?
5. How do health systems strengthening (HSS) support delivery of SRHR and achieving UHC?
6. What is IPPF’s approach to achieve universal access to SRHR?
7. What is IPPF’s contribution to UHC and HSS for sustainable development?

It is expected questions 1-5 will be informed through an external literature review and questions 6-7 will be based on research and data analysis internal to IPPF federation.

External literature review

The consultant will be expected to develop a methodology for the review including a search strategy and analysis for discussion with IPPF. It is expected this will include a comprehensive desk-based review of existing SRHR and UHC resources, research and other material on this topic form an extensive list of published and grey literature based on agreed search strategy and predefined criteria.

It is expected that the literature search will combine global studies, as well as regional and national studies where relevant. It is acknowledged that the types of data cited may vary in type and quality and therefore, needs to be clearly stated and clarified.

Once the search criteria have been agreed with IPPF, the consultant will undertake the search and review the documents identified through the search. The consultant is expected to present a draft framework on the role of SRHR to achieve UHC through this review as per questions 1-5 indicated above.

IPPF based research

Based on the draft framework showing the importance of SRHR to achieve UHC, the consultant will develop a research protocol to review IPPFs SRHR programmes and inform questions 6-7 above. This will include analysis of IPPF service statistics and reports, review of IPPF publications and interviews with relevant key informants. These materials are expected to showcase IPPF’s comprehensive approach to SRHR including service delivery and advocacy.

The consultant will also advise IPPF MAs on a methodology for data collection, analysis and documentation to be undertaken in 4-5 countries[[1]](#footnote-1). The consultant is expected to develop a template for local data collection and documentation. This consultancy is not expected to budget costs for international travel in relation to local data collection. IPPF will budget and manage local consultancies separately with IPPF MAs. However this consultancy will require providing oversight and guidance during the data collection and documentation process so that the case studies will provide a comprehensive review of each IPPF MA’s contribution to achieving UHC in their own country.

Synthesis Report

Following the literature review, research and data analysis the consultant will produce a synthesis report which outlines the methodology used, the main themes, the findings, the analysis and discussion and recommendations, as well as outlining IPPFs contribution to UHC and its approach. Any major gaps on SRHR issues that would affect achieving UHC should also be identified. The synthesis report should be no longer than 10 pages in length including the case studies from each of the countries. A bibliography list for all the materials that were found in the search and referenced in the synthesis report should be provided along with the delivery of the synthesis report.

The findings and recommendations from the report will be used to present IPPF case for SRHR during a high level side event in Japan at the UHC conference in December 2017. The synthesis report is also expected to inform an article/ comment in a peer reviewed health/ economic journal.

## Target audiences

The report will be published and disseminated, both in print and electronic means, to target audiences that include:

1. Policy makers and technical leads within key global, regional and national institutions with interests in SRHR, HSS and UHC;
2. IPPF member association and national health ministries in the 162 countries of IPPF presence and;
3. Donor governments to IPPF (e.g Japan, Germany and UK) who have endorsed UHC;
4. Advocates and practitioners within the SRHR, gender equality, health and women’s rights community, with an interest in using evidence to enhance the effectiveness of their advocacy, policy or communications work.

#### Deliverables and Dates

1. Search criteria and strategy for literature review presented to IPPF by 22nd September 2017
2. Draft framework indicating importance of SRHR to achieve UHC presented to IPPF by 6th October
3. Research protocol for IPPF SRHR programme review and documentation agreed by 13th October
4. Finalize data collection and documentation templates for country case studies by 17th October 2017
5. Draft synthesis report for review and comments including a set of recommendations that relate to the key questions and areas of focus set out in the brief, by 10th November 2017
6. Final synthesis report and bibliography of reviewed text by 20th November 2017

## Level of Effort

It is expected that this consultancy will take between 18-20 working days.

## Location

This consultancy can be provided remotely with no more than 1-2 face to face meetings in IPPF office in London.

## Key competences, technical background, and experience required

* Excellent and demonstrated experience in undertaking desk-based robust literature reviews
* Proven experience in research and analysis
* Proven experience in report writing, editing with strong track record of producing similar publications for dissemination
* Demonstrated experience of publications in peer reviewed journals
* Experience in and commitment to working in sexual and reproductive health and rights fields
* Substantial knowledge of global health policy, health financing and health economics, especially health systems strengthening and universal health coverage
* A good understanding of the target audience this publication is aimed at as specified under section 3.
* Excellent writing, research and analytical skills
* Experience preparing and presenting clear and concise oral and written communications
* Ability to analyze data and summarize information and innovatively depict information such as infographics, etc

## To apply:

To apply, please submit a cover letter including your motivation to apply, daily rate and methodology/ search strategy proposed; your CV (indicating past experience of research, systematic reviews and publications in peer review journals; a sample of a publication where you have bene a lead or co-author, to Saku Mapa by email; smapa@ippf.org

The closing date for applications is Friday 8th September 5pm BST and the consultancy to be agreed no later than 15th September 2017.

1. 4-5 countries for individual case study documentation will be chosen from Kenya, Ghana, Tanzania, Senegal, Sudan, Cambodia, Afghanistan, Myanmar, Vietnam and Haiti [↑](#footnote-ref-1)