**CONSULTANCY TO DEVELOP JAMAICA’S GUIDELINES FOR THE MANAGEMENT OF DIABETES AND HYPERTENSION**

# **INTRODUCTION**

Non-communicable diseases (NCDs) have emerged as the leading cause of death globally. Of 56.9 million global deaths in 2016, 40.5 million, or 71%, were due to non-communicable diseases (NCDs). The four main NCDs are cardiovascular diseases, cancers, diabetes and chronic lung diseases. The burden of these diseases is rising disproportionately among lower income countries and populations. In 2016, over three quarters of NCD deaths -- 31.5 million -- occurred in low- and middle-income countries with about 46% of deaths occurring before the age of 70 in these countries.

Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9million), and diabetes (1.6 million). These 4 groups of diseases account for over 80% of all premature NCD deaths. Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD. Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.These conditions are often associated with older age groups, but evidence shows that 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Of these "premature" deaths, over 85% are estimated to occur in low- and middle-income countries. Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs. Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:raised blood pressure**,** overweight/obesity**,** hyperglycemia (high blood glucose levels) andhyperlipidemia (high levels of fat in the blood). In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure (to which 19% of global deaths are attributed), followed by overweight and obesity and raised blood glucose. NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing premature deaths from NCDs by one-third by 2030.

**NCD Mortality and Morbidity in Jamaica**

In 2017, the top 5 causes of death in Jamaica were stroke, diabetes, ischaemic heart disease, Alzheimer’s disease and interpersonal violence. Nine of the top 10 causes of death were from NCDs. Premature mortality was due to stroke, diabetes, interpersonal violence, neonatal disorders and ischemic heart disease. Combining death and disability together, the top 5 risk factors contributing to DALYs (Disability Adjusted Life Years) were high plasma glucose, obesity, dietary risks, high blood pressure and tobacco use.

**Global Response**

In recognition of the global challenge from NCDs, the World Health Organization initiated a call to action in responding to NCDs with the passing of a resolution at the 53rd World Health Assembly in 2000 and the publication of a policy document on a Global Strategy for the Prevention and Control of Non-communicable Diseases. This has been followed by a number of global and regional initiatives and publications culminating with the holding of a United Nations High Level Meeting on Non-communicable Diseases in September 2011, with the leadership of the Caribbean countries and the acceptance of a political declaration calling on Heads of Government to reduce risk factors for NCDs and create health promoting environments, strengthen national policies and health systems, facilitate international cooperation, research and development, and monitoring and evaluation of NCDs.

**Caribbean Response**

The Caribbean epidemic of non-communicable diseases is the worst in the region of the Americas and also has the highest rates of premature mortality due to cardiovascular diseases (PAHO). In light of this high burden of NCDs, Heads of Government of the Caribbean Community (CARICOM) member countries met in Port-of-Spain in September 2007 and issued a declaration entitled “Uniting to Stop the Epidemic of Chronic Non-communicable Diseases”, now known as the Port-of-Spain Declaration. This declaration has proved instrumental and has served as a rallying cry to address the burden of NCDs and eventually led to the holding of the UN summit on NCDs.

**Jamaican Response**

In recognition of this global burden and threat of NCDs, the Ministry of Health and Wellness (MOHW) in Jamaica has had a focus on NCDs for several years and has implemented prevention and control programmes to combat this threat. The 2013-2018 strategic plan was built on the foundation of these programmes and policies and sought to ensure that Jamaica’s response to the NCD epidemic is robust, efficient and effective and will result in a significant reduction to the extent of the problem in the coming years.

# **OVERALL OBJECTIVE OF THE CONSULTANCY**

To develop Jamaica’s Guidelines for the Management of Diabetes and Hypertension using the Grading of Recommendations Assessment, Development and Evaluations (GRADE) methodology.

# **SCOPE OF WORK**

* **METHODOLOGY**

The consultant is expected to conduct a review of the relevant literature, conduct consultations, and make presentations stakeholders/experts

* **SPECIFIC ACTIVITIES**

Specific tasks of the consultancy are as follows:

* Develop a work plan with methodology for project execution
* Conduct literature review of current guidelines to determine the scope of work
* Conduct consultations with stakeholders/experts to:
  + formulate recommendations
  + contextual recommendations based on effectiveness and other key issues – costs, feasibility, values and preferences of users, equity as per GRADE methods
* Conduct consultations using internationally accepted guidance/tools for guideline adaptation and development
* Produce a report on the literature review and consultations, with the recommendations for the guidelines
* Develop draft guidelines with stakeholder input
* Finalize the guidelines with incorporation of stakeholder comments as applicable
* Prepare a simplified desktop version of the guidelines for easy use by health practitioners
* Prepare PowerPoint presentations summarizing key elements of the guidelines for stakeholders

1. **DELIVERABLES**

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| --- | --- | --- | --- | --- |
| **Deliverable** | **Due Date** | **Budget (%)** | **Review Period** | **Payment Schedule** |
| Work plan with methodology for project execution | 2 weeks after contract signing | 15% | 7 days | 4 weeks after approval |
| Report on literature review and consultations, with the recommendations for the guidelines | 8 weeks after contract signing | 15% | 7 days | 4 weeks after approval |
| First draft of guidelines | 16 weeks after contract signing | 40% | 21 days | 4 weeks after approval |
| Final draft of guidelines, desktop version and PowerPoint presentations | 24 weeks after contract signing | 30% | 21 days | 4 weeks after approval |

\*Deliverable requires a summary report of the final process used/documents reviewed

Approval of deliverables is based on the quality of the report as determined by the supervising officer.

1. **TIMELINE OF THE CONSULTANCY**

January 2021 – June 2021

1. **REPORTING RELATIONSHIP**

The consultant reports directly to the Medical Epidemiologist, Non-Communicable Diseases and Injuries Prevention.

1. **FUNDING OF THE CONSULTANCY**

The Ministry of Health and Wellness will fund the consultancy.

1. **SPECIFIC INPUTS TO BE PROVIDED BY THE MINISTRY OF HEALTH AND WELLNESS (MOHW)**

The MOHW through the NCD Unit, HPPB will provide MOHW internal reference documents, convene and facilitate consultations with stakeholders/experts; written comments on the submitted documents will also be provided.

1. **REQUIRED QUALIFICATIONS**

The consultant and/or supporting team members combined must have:

* Health related master’s degree with demonstrated guidelines development experience
* At least 5 years’ experience in each of the following:
  1. national/Caribbean regional NCD Prevention and Control initiatives
  2. developing guidelines for developing countries
  3. developing systematic reviews and GRADE guidelines

1. **EVALUATION CRITERIA**

Applicants will be scored out of 100 upon the presentation of CV, a detailed work plan, and methodological and financial proposals. The scores will be awarded as follows:

|  |  |
| --- | --- |
| **Criteria** | **Maximum Score** |
| **Qualifications**   * Health related master’s degree (20) | **20** |
| **Experience**  Experience in national/Caribbean regional NCD Prevention and Control initiatives   * Less than 5 years (1) * At least 5 years (5)   Demonstrated experience in developing guidelines for developing countries   * Less than 5 years (2) * At least 5 years (10)   Experience in developing systematic reviews and GRADE guidelines   * Less than 5 years (1) * At least 5 years (5) | **20** |
| **Technical Proposal**  Work Plan (10)  Proposal and Methodology (20) | **30** |
| **Financial Proposal**  Consultancy costs for producing the deliverables as stated | **30** |

A minimum score of 75 is required for eligibility.

1. **SPECIAL TERMS AND CONDITIONS**

The Consultant will spend most of his/her time reviewing the literature and holding consultations with stakeholders. No office space will be provided. The Consultant works at his/her own pace but must meet the established deadlines. All expenses should be stated in the budget as the total in the proposal is the final amount to be paid. All resources and documentation produced from this activity are owned by the Ministry of Health and Wellness and shall not be accessed, shared or published without the permission of the Ministry of Health and Wellness.

References:

Institute for Health Metrics and Evaluation sourced from [www.healthdata.org](http://www.healthdata.org)