

STANDARD TEMPLATE

TERMS OF REFERENCE	
Title of the Consultancy:	Technical Assistance for the Design, Piloting and Operationalization of Regional Health Financing Hubs in five AU-Regions
Consultancy type: <i>(individual or firm)</i>	Individual Consultant(Senior Health Economist)
Directorate & Division	AUDA-NEPAD Development Fund (OCEO)
Contact Person:	Prof. Aggrey Ambali - Senior Advisor, AUDA-NEPAD Development Fund
Procurement Number (from procurement plan)	101/AUDA/OCEO/DEVFUND/ICS/2021

Background

The Consultancy Work aims at supporting AUDA-NEPAD to continue with the design and operationalization of the Regional Health Financing Hubs (RHFH) in all five AU regions. This is in response to The Africa Leadership Meeting (ALM) on Investing in Health in February 2019 which adopted a declaration after reviewing the progress, challenges and next steps needed for increased domestic financing in Africa, and in February 2021 gave the mandate of working with partners to create RHFH to support Member States to increase domestic health financing to AUDA-NEPAD.

The ALM-Investing in Health Declaration among others calls for the following:

First, it affirms to increase domestic health financing as a critical milestone for sustainable health resourcing in Africa. This is to be achieved through the development of innovative health investment strategies, enhanced public financial management, and the leveraging of public-private partnerships. Second, it underscores the importance of partnership building with multilateral, bilateral and the private sector to create RHFH. The RHFH are proposed to support relevant ministries, including finance and health, to catalyze, capture and scale innovations best practices and identify gaps. Third, it pronounced the need for strong monitoring and evaluation systems to track progress in health financing in Member States and review the work of the RHFH. Fourth, it calls for the enhancement of existing efforts to increase domestic resource mobilization and promote national health insurance systems, and improved taxation. Lastly, the declaration requests Member States to actively support the upcoming replenishments of the Global Fund to Fight AIDS, TB

and Malaria, Gavi, the Vaccine Alliance and the African Development Bank (AfDB) and the Global Financing Facility (GFF) as an opportunity for transitioning to the domestic health financing mechanisms.

To this end, since February 2021, AUDA-NEPAD has made tremendous progress in the process of the design and conceptualization of the RHFH by working with AUC, Regional Economic Communities, Member States and Partners and this work continues, hence this consultancy.

Rationale

The health related Sustainable Development goals calls for countries to achieve UHC. Although this is the case, mobilizing the required level of pooled financial resources to achieve UHC is a persistent challenge in all countries and much worse in low-middle income countries (LMICs), especially in Africa. For example, government spending on health as a share of gross domestic product (GDP) in SSA is as low as 2.3% on average against a bench of 5% of GDP required to achieve sufficient progress towards UHC.

Evidence reveals that prepaid resources are key to achieving UHC goals of effective coverage and financial protection compared to other sources of financing e.g. out-of-pocket payments. As such, there is great need for African countries to increase public funding for health services in spite of the current low spending levels by most in Africa on health which has been hugely augmented by external resources for some time and now also faces a major decline. To this end, several African countries and donors have either explored or implemented “innovative domestic financing” mechanisms aimed at the following: i) raising additional revenues (looking beyond conventional mechanisms of budget outlays from established donors or engaging new partners such as emerging donors and actors in private sector); ii) enhancing efficiency of financial flows (reducing time and costs); iii) linking financial flows to results (such as results-based financing, advance market commitments; and iv) invigorating financing mechanisms such as social health insurance/national health insurance, private health insurance and community based health insurance mechanisms in line with UHC.

At international level, for instance innovative financing mechanisms have included the airline ticket voluntary solidarity contributions, the international financing facility for immunization—where funds are raised from international capital markets, debt buy-downs, and advance market commitments among others. Some of the options for innovative financing at domestic level have included levies on financial transactions, diaspora bonds, and public health taxes on tobacco, alcohol, and unhealthy foods (e.g. sugar, salt etc.). While the majority of goods are already taxed ('sin taxes') as part of health promotion e.g. taxes on alcohol, tobacco, etc., there is

little experience in taxing other goods and services hence their potential contribution is not yet known as most studies do not quantify the actual amount of revenue that could be raised.

In LMICs, the private sector plays a significant role in health financing and delivery. By working with the private sector through public–private partnership (PPP), countries in Sub Saharan Africa can harness private sector resources to further public health goals. Private sector engagement in health can take a variety of forms, however understanding of these models is limited. It is vital that the evidence base guiding policy-makers in their decisions regarding which PPP models to utilize, and how best to implement them, is strengthened.

It is against this backdrop that the African Leaders Meeting (ALM) on investing in health adopted a resolution which first calls to increase domestic health financing (DHF) as a critical milestone for sustainable health resourcing in Africa which has to be achieved through the development of innovative health investment strategies and leverage public-private partnerships in Member States with technical and policy support provided by the RHFH.

The objectives of the assignment

The main objective of this assignment is to support the design, piloting and operationalization of the Regional Health Financing Hubs in all five AU regions

Scope of work, activities and Tasks

The expert is expected to:

- i. Support the on-going design, and operationalization of RHFH in all five AU regions that would support relevant ministries, including finance and health to catalyze, capture and scale innovations/best practices and identify health financing gaps;
- ii. Support the Regional Economic Communities and Member States to review their health financing strategies/policies and design new strategies for resource mobilization, pooling and purchasing of health services including design of health benefit packages
- iii. Support the development, review and implementation of diagnostic and tracking tools in health financing at continental, regional and national levels
- iv. Support organizational and capacity assessment of Regional Economic Communities and where necessary build their capacities to host the hubs effectively

- v. Support and build the capacity of RHFH and Member States in identifying potential domestic innovative financing mechanisms for increasing health funds, improving efficiency, equity and effectiveness of health resource allocation and spending, and undertaking feasibility of existing/traditional mechanisms and identified innovative domestic health financing mechanisms;
- vi. In collaboration with RHFH, support member states to implement the selected feasible traditional and innovative domestic health financing mechanism/s;
- vii. In collaboration with RHFH, support Member States to increase coherence of investment in health by improving alignment and harmonization of multilateral, bilateral and private sector;
- viii. Support the RHFH and member states to develop Monitoring and Evaluation Plan for Domestic Health Financing and health investments; and
- ix. Participate in strategic programme discussions and planning to provide technical advice and contribute to policy discussions and agenda setting in domestic health financing/investment at country, regional and continental level.
- x. Provide periodic reports on the progress of RHFH design and operationalization and assist in preparation of ALM progress reports to high level review meetings

Expected results and deliverables

Expected deliverables will include the following Products:

- Final RHFH design and operational manual
- RHFH and Health Financing Tracker pilot concept note and operational plan
- Strategic Framework of potential traditional and innovative financing mechanisms to support health financing
- Report of final Health Financing Tracker indicators and protocol for piloting
- Report of health financing strategies/policies and tools at REC and Member States levels
- Progress report on the RHFH and diagnostic tools piloting
- Report of technical support provided for establishment and launch of RHFH in the two pilot RECs (SADC and EAC)

Location

Not based at AUDA-NEPAD Offices. Consultant to use own infrastructure/equipment

The proposed fee covers all costs the consultant will incur including consultancy fees and communication

All costs for travel will be met by AUDA-NEPAD -

Timeframe of the assignment

4.5 months

Deliverables/Reports/Milestones Schedule

Milestone	Estimated Duration	Delivery Period
Final RHFH design and operational manual	10 days	30 December
Submission of RHFH and Health Financing Tracker pilot concept note and operational plan	20 days	30 January
Submission of report of final Health Financing Tracker indicators and protocol for piloting	20 days	30 February
Report of organizational and capacity assessment of RECs	15 days	30 March
Progress report on the RHFH and diagnostic tools piloting	14 days	30 April
Report of technical support provided for establishment, launch, and implementation of RHFH in the two pilot RECs (SADC and EAC)	15 days	15 May

Submission & approval of reports

- The Consultant will report to the Senior Advisor, AUDA-NEPAD Development Fund
- An initial meeting to debrief the consultant on the assignment will be conducted between AUDA-NEPAD and the Consultant

Regular communication via virtual platforms, email and phone calls will be made where need arises for AUDA-NEPAD to follow up and provide guidance for the assignment

Programme reports will be provided as detailed in the expected deliverables and approved by the Senior Advisor, AUDA-NEPAD Development Fund. The key reports for approval will include;

- RHFH design and operational manual

- Health Financing Tracker indicators and protocol for piloting
- Report of technical support provided for establishment and launch of RHFH in the two pilot RECs (SADC and EAC)

Language requirement:

The Consultant should be proficient in one of the African Union working languages (preferably English). Proficiency in two or more of the other working language(s) would be an added value.

Person Days/Months

21 days/month

Qualification and work experience required for Key Experts

One Senior Health Economist required with the following qualification and areas of expertise:

Qualification: Doctorate (preferable) or Masters degree in health economics

Areas of Expertise: Health financing/innovative health financing mechanisms, health economics, costing of interventions, economic evaluation of health interventions, health planning, design of essential packages, health policy analysis and development, resource tracking, public financial management, and health systems strengthening

- Minimum of 15 years' experience at national and international levels in relevant disciplines, such as health economics, health financing, costing of interventions, economic evaluation of health interventions, health planning and health policy analysis and policy development or global development work
- Prior experience working with multi-lateral and bilateral organizations at local and international level
- Prior experience working with AUDA-NEPAD, AUC and related AUC organs is an added advantage
- Work experience in different countries across Africa with multi-disciplinary teams on designing, conceptualization and operationalization of health financing platforms
- Demonstrated experience in health financing including modelling of domestic innovative health financing mechanisms; fiscal space assessment, resource tracking and quantification using National Health Accounts/System of Health Accounts; public health expenditure reviews; and health systems strengthening
- Coordination and technical support to AU Member States on the development of health financing strategies including domestic innovative financing mechanisms for health; fiscal space assessment, resource tracking, economic evaluation; public financial management etc.

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