



## TERMS OF REFERENCE FOR INDIVIDUAL LOCAL CONSULTANCY- UNFPA ZAMBIA

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<b>Title:</b>	Assessment of Zambia Universal Health Coverage (UHC) policies and roadmaps to understand how progress towards universal SRHR could be accelerated
<b>Location:</b>	Lusaka, Zambia
<b>Duration:</b>	21 days
<b>Type of contract:</b>	Individual Consultancy (IC)
<b>Proposed Period:</b>	September to October 2022
<b>Organizational unit:</b>	UNFPA Zambia CO

### 1. Background

Momentum around Universal Health Coverage (UHC) in the East and Southern Africa (ESA) region is increasing. UHC is emerging as a dominant framework to increase access to, and quality of, essential health services. Fifteen out of 23 ESA countries have already signed the new UHC-2030 global compact. These countries are: Burundi, Comoros, DR of Congo, Eritrea, Eswatini, Ethiopia, Kenya, Madagascar, Mozambique, Rwanda, South Africa, South Sudan, Tanzania, Uganda and Zambia. Of these, nine countries in the region have developed UHC roadmaps. These countries include: Eritrea, Eswatini, Ethiopia, Kenya, Madagascar, Mozambique, South Sudan, Tanzania and Zambia.

To accelerate progress towards UHC, most of the ESA countries are: prioritizing provision of a set of essential health services aligned to their country needs; and, developing plans to progressively expand the number of services under UHC as the economy and/or financing for health increases. The UHC frameworks of most of these countries include not only 'what services' are covered (also referred as UHC benefit package), but also 'how they are fairly funded' (i.e., many countries are trying to either refine the existing 'Pool Health Financing

mechanisms’ and ‘Financial protection/Waiver schemes’ or planning to initiate new mechanisms and schemes), and ‘how they are managed and delivered’ (i.e., services delivered through public sector or public-private mixed delivery modalities).

Zambia implemented a number of changes between 2016 and 2021 with a view of shifting focus from curative to preventive care. The transformational agenda was pursued to strengthen the health system through emphasis on six pillars, namely: (i) health care financing; (ii) human resources for health; (iii) infrastructure, equipment and transport; (iv) medicines, vaccines, and other medical supplies; (v) leadership and governance; and (vi) health information technology and research. To address the health care financing building block, the Zambian parliament enacted the National Health Insurance Act No. 2 of 2018. Access to healthcare through the NHI scheme commenced on February 1, 2020. However only about 25 percent of the population are covered through the NHI scheme. A further challenge is providing health insurance to the informal sector and the poor, especially in rural areas. About 69 percent of the labour force in Zambia is in informal employment with very low paying jobs while 54 percent of the population lives below the national poverty line. A large share of informal workers, large pool of lowly paid employees, and high poverty levels are disincentives to an effective NHI scheme.

For the Zambian government, equity and reaching those left furthest behind is an important goal for the development agenda which prioritizes health as a key economic investment as espoused in the Eighth National Development Plan 2022–2026. Furthermore, the Ministry of Health in its National Health Strategic Plans commits to provide equitable access to cost effective, quality health services as close to the family as possible. The implementation of these Plans is based on the principle of universal health coverage (UHC) using an integrated people-centred primary health care approach.

## **2. Rationale**

The current momentum around UHC in ESA region provides an opportunity to progressively include comprehensive Sexual Reproductive Health and Rights (SRHR) within the country-specific ‘UHC benefit packages’, ‘Pool Health Financing’ and ‘Financial protection/Waiver schemes’.

Initial assessments suggest that current and proposed essential UHC benefit packages, financing and financial protection mechanisms in most ESA countries do not include 6 out of the 9 recommended essential SRH bundles of services. The SRHR ‘bundles of services’ that are not fully part of the current UHC frameworks/conversations are: Comprehensive Sexuality Education (CSE); Safe abortion and post-abortion care; Gender-Based Violence (GBV) and other harmful practices such as Female Genital Mutilation (FGM) and Child Marriage; Reproductive

cancers; and, Sub-fertility and Infertility treatment; and, Sexual Health Wellbeing including Menstrual Health Management (MHM).

Also, in many countries even if the three SRHR bundles of services (modern contraception; pregnancy, delivery and post-delivery care including fistula; and, HIV/STI/RTI) are part of UHC benefit packages, they are not fully covered under UHC financing and financial protection mechanisms.

This review will help in identifying key country-specific actions for embedding comprehensive SRHR in UHC to accelerate progress towards: (a) universal SRHR; (b) sustainable financing of SRHR; and, (c) UNFPA ESA region's transformative goals of ending: unmet need for family planning; preventable maternal deaths; sexual transmission of HIV; and, gender-based violence and harmful practices. Embedding comprehensive SRHR within UHC is also likely to improve: integrated delivery of services; inclusion of adolescents, migrants, refugees, victims/survivors of GBV and people with disabilities in UHC benefit packages and financial protection mechanisms; and, defragmentation of multiple planning, financing and delivery systems.

To undertake this review, UNFPA intends to support the country engage a local consultant for 20 days to conduct the assessment.

### **3. Overall Objective of the Consultancy**

The consultant is expected to identify and succinctly document:

- (a) which SRHR services are included in the current UHC benefit package, financing and financial protection arrangements;
- (b) how the UHC roadmaps are planning to progressively include remaining SRHR services into UHC benefit packages, and financing and financial protection arrangements;
- (c) key risks (if any) associated with the current and proposed UHC policies and roadmaps, particularly in the context of accelerating progress towards universal SRHR;
- (d) UHC decision making structures and modalities and management structures;
- (e) What elements of SRHR are part of the UHC monitoring and evaluation frameworks; and,
- (f) key 'actions/accelerators' for progressively attaining universal SRHR within the unifying framework of UHC by progressively integrating comprehensive SRHR in to UHC benefit package, financing and financial protection mechanism.

#### **4. Scope of Work**

The consultant is expected to undertake a review of current and proposed UHC policies and roadmaps which could include but not limited to: UHC health benefit package; costing of the UHC benefit package; financing instruments for UHC; financial protection mechanisms for UHC benefit package; delivery mechanisms for the UHC benefit package; and, pathways for progressively expanding the UHC benefit package to include comprehensive SRHR services.

The consultant is also expected to review and document the UHC decision making structures and modalities, and make recommendations on how to accelerate progress towards universal SRHR in the context of UHC. The review should be undertaken by following a life-course approach with focus on how the UHC policies and roadmaps, benefit package, financing and financial protection mechanisms address the specific needs during: infancy and childhood (0-9 years); adolescence (10-19 years); reproductive age and adulthood (15-49 years); and, post-reproductive age (50 years and beyond).

#### **5. Responsibility**

The consultant shall work under the overall guidance of the Assistant Director responsible for Reproductive Health services and the direct technical supervision/guidance provided by the UNFPA Deputy Representative and the Core Team (Chief Safe motherhood Officers – maternal health and FP, UNFPA SRH Programme Specialist, WHO NPO responsible for Maternal Health, UNFPA Program Analyst – Fistula & Midwifery) with general oversight of the UNFPA Country Representative. This team will work with the consultant in ensuring delivery of the milestones of the work. ESARO advisers will serve as a technical quality assurance team.

#### **6. Key Deliverables**

Key deliverables of the consultancy are as follows:

- Inception report which includes a background, key tasks, approach to complete key tasks, key deliverable and a work plan with time frame (should not exceed 5 pages)
- Draft report (not more than 25 pages) with references
- Final report with executive summary, conclusion and key recommendations

#### **7. Payment Schedule**

- 30% upon submission of inception report

- 40% upon submission of draft report
- 30% upon submission of final report

## **8. Duration**

The assignment will be 21 days in total in September – October 2022. The following time frame is applied in calculating the total days.

- Inception report - 3 days (not more than 5 pages)
- Discussion with the quality assurance team and finalization of the inception report (1 day)
- Review of resources – 11 days
- First draft report - 4 days (not more than 25 pages)
- Final report - 2 days

The final report needs to be delivered by the end of October 2022.

## **9. Profile of the consultant**

- i) Master's degree in relevant field of public health, health financing, health economics or related field
- ii) Experience in Sexual and Reproductive Health and Rights (SRH) programming
- iii) Experience in similar studies such as review and/or formulation of health policies, costed health strategies and health financing strategies
- iv) A minimum of 5 years' experience in relevant area
- v) Excellent analytical and writing skills