

## Terms of Reference – Short Term Consultancy Services for Health Campaign Finance and Policy Assessment

### Background

In 2020 a diverse set of global and country stakeholders came together to form the [Health Campaign Effectiveness \(HCE\) Coalition](#) with the aim to transform health campaigns into more integrated, equitable, efficient interventions that work in concert with primary health care services, freeing up resources for other critical needs. Its members envision a future where health systems have been strengthened thereby lessening the need for multiple, individual campaign interventions, and empowering countries to achieve and sustain health-development goals for all people.

In 2023, the HCE Coalition developed the [Collaborative Action Strategy \(CAS\) for Campaign Effectiveness](#) with over 50 partners from both global and country-level settings, representing more than 20 organizations, and collectively covering all 5 major health campaign domains: immunizations, polio, neglected tropical diseases (NTDs), malaria and nutrition/Vitamin A supplementation.

The CAS is a first of its kind commitment by the global health community to work with countries to plan, implement, evaluate and finance campaigns in a fundamentally different way. It is designed to add practical but transformative value to countries' existing efforts to develop smart integration approaches (to decrease the number of single intervention or antigen health campaigns), improve efficiency, and strengthen core health system functions. Through the adaptation and implementation of the CAS, countries will:

- Decrease fragmentation, improve the timely release of donor funds and better harmonize planning, financing, coordination and timing across programs via stronger collaboration amongst campaign partners (e.g., MoH, implementers, funders, sub-national & community stakeholders) & with PHC services
- Create more efficient, targeted and integrated campaigns -- including co-delivery when and where appropriate -- that optimize financial, technical and human resources and reach underserved or zero-dose communities
- Streamline approaches to measurement, monitoring, evaluation, and learning while fostering sharing of information about the effectiveness of interventions and missed populations among the different programs
- Harmonize funding processes and streams from campaign donors to decrease the burden on countries and support integrated and cost-sharing approaches
- Align and ultimately mainstream health campaigns with and into the government's health care delivery system

## Purpose of the Consultancy

The **Nigeria** and **Ethiopia** Ministries of Health (MOH) opted-in to the CAS in January 2024 with preliminary plans for CAS customization and subsequent phased implementation. As part of the CAS customization and implementation, a consultant or firm is needed **in each country** to support the CAS technical working group in the development of the CAS financing recommendations and implementation plan. The consultants or firms will **(1) conduct a comprehensive assessment of the health campaign financing landscape**<sup>1</sup> at the national level and in 3-4 selected regions and states<sup>2</sup> that focuses on current financing policies and mechanisms (sources of campaign funding, amounts of funding per funder and disease area, funds flow and release processes, payment systems, etc.) to enable better planning and execution, **(2) support the finance and policy subgroup(s)** of the CAS Technical Working Group (TWG) for each country in the delivery of its terms of reference, **(3) examine (and document) whether accountability mechanisms for campaign financing are in place** that provide visibility into effective use of campaign investments, and **(4) develop a policy brief** that summarizes key evidence from the financing analyses to guide MOH policy decisions.

## Scope of Work

### Nigeria

In Nigeria, the consultancy will be carried out at the national, zonal, and state (select states per zone) levels working closely with the HCE secretariat in Nigeria (comprising the FMOH and NPHCDA), and with the HCE Program Office (based at the Task Force for Global Health in Decatur, GA, USA). The role of the consultant or firm is to engage key persons, as identified together with the HCE secretariat, within the Ministry of Health, Ministry of Finance and other relevant agencies/departments at national (including zones) and state levels to assess the health campaign landscape and identify opportunities to improve collaboration in joint planning and implementation, monitoring and evaluation, and financing.

### Ethiopia

In Ethiopia, the consultancy will be carried out at the national level and in select regions and woredas working closely with the HCE focal persons in Ethiopia and the HCE Program Office. The role of the consultant is to engage key persons, as identified together with the HCE focal persons, within the MOH, MOF and other relevant agencies at national and regional levels and with woreda health officers to understand to assess the health campaign landscape and identify opportunities to improve collaboration in joint planning and implementation, monitoring and evaluation, and financing.

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<sup>1</sup> Immunizations including Polio, Malaria (Seasonal Chemoprevention and Bed-nets/ITNs), mass-drug administration of NTDs, and Vitamin A Supplementation

<sup>2</sup>To be determined by the CAS TWG finance and policy subgroup

Specific activities will include:

**1) *Conduct a comprehensive assessment of the health campaign financing landscape at national and subnational levels to understand the current financing policies and mechanisms that facilitate or hinder collaboration***

- Leveraging the results of the feasibility assessment recently conducted by the HCE Coalition (available by June 2024) and engagement of relevant stakeholders, conduct a financing landscape analysis and document the holistic financial picture and sources of funding for health campaigns at the country level including:
  - Government budgetary allocations for campaigns at national and state levels
  - Funds release processes at the national and state levels
  - Donor landscape
  - Private sector contributions and public-private partnerships
  - Existing policies/mechanisms for pooled or basket funding
  - Remuneration practices/policies for campaign health workers
- Analyze the distribution of funding among different sources and the extent to which they are utilized for various health campaigns. This includes investments in the management of campaign data across various platforms and systems (e.g., Community-Based HMIS, digitization, DHIS-2, etc.).
- Assess and analyze gaps, opportunities, pathways for change at country and global partner levels, and funding inefficiencies or overlaps of key funders (e.g., USAID, Gavi, Global Fund, Gates Foundation) including:
  - The role of donor funding and external assistance in financing health campaigns. This includes analyzing the terms and conditions attached to donor funding, flexibility for cross program collaboration, as well as its impact on national health priorities and ownership.
  - Life-span of donor funding for health campaigns and the implication of Gavi and other donor transition timelines on collaboration among partners.
- Examine the involvement of the private sector (e.g. GSK, Pfizer, local organizations, etc.) in financing health campaigns through public private partnerships or corporate social responsibility initiatives. Evaluate the effectiveness of PPPs in leveraging resources, expertise, and innovation for health campaigns, as well as their impact on collaboration between public and private entities.
- **Deliverables:**
  - Completed desk review of relevant reports (including the feasibility assessment, global and country policies/frameworks on campaign financing) that will inform the development of an assessment protocol within 15 business days of contract signing

- A protocol for the landscape assessment developed and list of stakeholders identified for engagement at global, national and subnational levels and with the private sector within a month of contract signing
- A draft report (in powerpoint) of findings and recommendations developed and discussed with HCE program office, the country's HCE secretariat and finance and policy subgroup for early feedback
- A final report (in powerpoint with stakeholder feedback incorporated) completed and disseminated

**2) Support the finance and policy subgroup in the execute its terms of reference**

- Facilitate review/feedback of the draft landscape assessment protocol and work with the sub-group and HCE Program Office to finalize
- Support the sub-group in compiling data, conducting data analysis, and generating actionable insights and recommendations on the financial sustainability of CAS
- **Deliverable:**
  - Recommendations from the assessment incorporated into the CAS implementation plan

**3) Examine whether accountability systems are in place to measure and provide visibility into the effectiveness of campaign investments**

- Assess the accountability mechanisms in place for health campaign financing, including budgetary transparency, financial reporting requirements, and auditing procedures
- **Deliverable:**
  - Accountability mechanisms mapped and gaps/challenges identified (if any)

**4) Develop a policy brief that summarizes key evidence from the financing analysis and a set of recommendations to guide MOH policy decisions that will be included in the financing section of the customized CAS**

- Based on the assessment findings, work with the CAS finance and policy sub-group(s) to propose recommendations for reforming/modifying health campaign financing policies and mechanisms to enhance collaboration, transparency, efficiency, and effectiveness. This will include recommendations for donor financing policies to incorporate flexible funding allocations in country investment portfolios that will support health campaign collaboration (e.g. Gavi FPP).
- Develop content (e.g. pre-read materials, agenda, slidedeck) for and facilitate a "solutions meeting" with MoH, MoF, funders, and other partners to identify the most impactful levers for change and necessary policy and budgetary shifts.
- Develop a policy brief (2-3 pages in length) based on the recommendations from landscape analysis, country/global partner scoping and outcomes of the "solutions meeting" to guide government decision-making on the inclusion of campaign financing into annual budget plans

- **Deliverables:**
  - Assessment findings shared and recommendations prioritized with stakeholders for inclusion in the CAS implementation plan during the 1-day “solutions meeting” held with relevant stakeholders including the HCE program office, LT organizations and HCE team in-country
  - Policy brief developed and reviewed with the CAS finance and policy sub-group including HCE P.O. and LT organizations
  - Policy brief presented to the National Steering Committee (Ethiopia) and Intergovernmental Coordinating Governance (IGCG) Committee (Nigeria) for endorsement and feedback, recommendations and next steps documented

### Timeline

The services of the consultant or firm will be required for a period of 6 months starting no later than June 30th 2024 and ending by December 15th 2024. Timeline for deliverables will be discussed with each country team during the contracting.

### Consultancy Requirements

The consultant or firm (one per country or a company with country offices in both Nigeria and Ethiopia) should have a bachelor's degree in finance, economics, public policy, political science, or a related field. An advanced degree such as a Master of Business Administration (MBA), Master of Public Administration (MPA), or a Master of Public Policy (MPP) is preferred. Other requirements include:

- Demonstrated experience in finance and policy analysis, preferably in a consulting or advisory capacity.
- Experience working with government agencies, non-profit organizations, international organizations, or private sector firms on finance and policy-related projects.
- Experience working in global health particularly within the immunization, malaria, NTD or maternal and child health programs in Ethiopia and Nigeria.
- Experience engaging with the senior level government staff in healthcare and/or finance sectors in Ethiopia and Nigeria.
  - Deep understanding of government policies, regulations, and legislative processes at the national, regional, and local levels *preferred*.
- Strong analytical skills, including the ability to gather and interpret data, conduct quantitative analysis, and develop actionable insights and recommendations.
- Knowledge of policy analysis frameworks, including stakeholder analysis, policy evaluation, and impact assessment.
- Excellent communication skills, both written and verbal, with the ability to convey complex concepts clearly and effectively to diverse audiences.
- Strong presentation skills, with experience presenting findings and recommendations to clients or stakeholders.
- Proficiency in relevant software tools such as Microsoft Excel, PowerPoint, and statistical analysis software.

- Ability to complete travel at subnational levels as needed within Ethiopia and/or Nigeria.

### Consultancy Fee

The consultant or firm will be compensated according to the scale for local consultants (commensurate with candidate's qualification and experience). The consultant will be paid on a monthly basis upon completion of agreed upon deliverables, and will be required to submit monthly invoices with an account of hours worked and any other expenses, per the terms of their contract. Exact compensation terms will be negotiated during the contracting process and specified in the final contract.

### Reporting Lines

The consultant or firm will have dual accountability to the MOH and the HCE program office at the Task Force for Global Health. Accordingly, the consultant will work closely with the HCE secretariat within the MOH to gather information and schedule stakeholder engagements. The consultant is required to work very closely and report to the TFGH lead on global health policy and will submit all deliverables to this person.

### How to apply

Candidates should submit a brief proposal (not to exceed 2 pages) with how they meet the requirements, their approach, and a proposed budget (time and materials including travel to subnational levels and cost for 1-day solutions meeting) and illustrative timeline for the scope of work. A recent CV should be included for all key consultants. Please clearly indicate if you are applying as a firm that has capabilities to work in both countries or as a firm or individual to support the work for just one country. **Deadline for submission is June 26th, 2024.**

### Contact Information

Candidates are to submit application materials to the HCE Program Office, a program of The Task Force for Global Health via email to: [hceproposals@taskforce.org](mailto:hceproposals@taskforce.org)

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