TERMS OF REFERENCE

Advance Universal Health Coverage in a federalized governance structure:
Define Universal Health Coverage framework in Nepal context

Background

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose users to financial hardship. This means ensuring that everyone, everywhere can access essential quality health services without facing financial hardship.

UHC is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by Alma Ata declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world’s poorest.

The country is going through apolitical transition from a unitary state to a federalized structure with new roles and responsibilities for local, provincial and federal governments. Nepal’s newly endorsed Constitution enshrines the right to healthy living and access to health services as a fundamental human right. It guarantees every citizen with the right to free basic health services from the State, emergency health services, and equal access to health services.

Similarly, National Policy 2014 ensures provision for obtaining quality health care. Nepal Health Sector Strategy (NHSS, 2015-20) and NHSS IP (2016-21) has commitment in UHC, ensure equitable access to quality health services, provision of basic health care services free and beyond basic through social protection scheme and has defined basic health service package.

This implies a significant restructuring of the state and provides an enviable opportunity to re-organize health systems around the principles of UHC. All tiers of the government have critical roles to play in implementing Nepal’s progressive policies on health and ensuring the political commitment to UHC enshrined in the Constitution.

This underscores the need for increase in the government’s commitment to health in order to fulfil its Constitutional mandate and, at the same time, uniform understanding on UHC in the country context with focus on improving quality affordable health services from community level to hospital-based care. Despite some progress, there is still gap and a long way to go to achieve UHC by 2030.

At this juncture, Ministry of Health and Population and WHO are looking for technical assistance to carry out advocacy on UHC at various tiers of government to establish health as the development agenda and to define UHC framework in Nepal context with the wider level of consultations.
Methodology

WHO’s top strategic priority is to support country to strengthen health systems to progress towards UHC. It has been clearly reflected in 13th GPW and Country Cooperation Strategy (CCS). The overall strategy is to advocate establishing health as development agenda and advancing UHC in federal context. This require regular advocacy at various tiers of government including inter-ministerial consultations for implementing progressive policies on health and the commitment to UHC. With involvement of various stakeholders, the defining conceptual framework of UHC in a federalized governance structure of Nepal can support in regular advocacy. This framework will further guide all initiatives at the country context to advance Universal health agenda.

The proposed methodological actions include (but not limited to):
1. Desk review on the current status of UHC
2. Key stakeholders’ Interview and Consultation meetings at national and sub-national and inter-ministerial level
3. Mapping of regulatory, oversight, implementation capacity and financial, institutional, human, and technical resources that are needed to advance UHC in the federal context based on interview and consultation meetings
4. Identification of required structure and mechanism to operationalize UHC and to meet national goals
5. Mapping of potential opportunities for collaboration with key actors in health and beyond health sectors

Deliverables
- UHC related case stories from national and sub-national level
- Consultation report
- Defined UHC framework in country context

Timeframe
The duration for the task is three months across August- November 2018.

Budget and Payment modalities
The payment will be done in three installments based on activities breakdown received in detail plan of action in the proposal.

Evaluation Criteria
The technical and financial proposal on the basis of ToR and other specific criteria will be evaluated. Requirements for proposal outlined below.
WHO’s top strategic priority is to support country to strengthen health systems to progress towards UHC. It has been clearly reflected in 13th GPW and Country Cooperation Strategy (CCS) of WHO. The overall strategy is to advocate establishing health as development agenda and advancing UHC in federal context.

This proposal is looking for technical assistance to carry out advocacy on UHC at various tiers of government and inter-ministerial level to establish health as core and to define UHC framework in Nepal context with the wider level of consultations.

The core technical competency and financial viability will be evaluated in following headings. Thus interested firms are requested to cover following in their expression of interest including provisions in the terms of reference.

**Technical Evaluation**
1. Institutional profile
2. Complete proposal with methodology to advance UHC and to define operational UHC framework in country context
3. Institutional experience in health system strengthening
4. Appropriateness of work plan, time frame and team mobilization
5. Qualification and experience of team members
6. CVs of all personnel proposed in the proposals

**Financial Evaluation**
1. Costing details for activities proposed
2. Total cost (taxes separately mentioned)
3. Mode of payment (if mentioned other than ToR)

**Other terms and conditions are applied as per terms of reference and organizational rule.**