

Terms of Reference

Quick assessment of the Uganda Universal Health Coverage (UHC) policies and roadmaps to understand how progress towards universal SRHR could be accelerated

1. Background and Rationale

Background

Universal Health Coverage (UHC) is a popular global health policy agenda and particularly in Uganda, the health ambition is now aligned to the UHC target. This renewed focus on UHC is in line with Uganda's second National Health Policy (NHP II), whose overriding aim is to; improve access to the national minimum healthcare package – that is a basic package of essential healthcare services; shield healthcare service consumers from catastrophic health spending; and ensure equity in access to healthcare services.

A consultant is expected to undertake a review of current UHC strategic documents and programmes pertaining, but not limited to: UHC health benefit package; costing of the UHC benefit package; financing instruments for UHC; financial risk protection mechanisms for UHC benefit package; delivery mechanisms for the UHC benefit package; and, pathways to establish ways of progressively expanding the UHC benefit package to include comprehensive SRHR services.

Rationale

The current momentum around UHC in Uganda provides an opportunity to progressively include comprehensive Sexual Reproductive Health and Rights (SRHR)¹ within the country-specific 'UHC benefit packages', 'Health Financing' and 'Financial risk protection'.

Initial assessments suggest that current and proposed essential UHC benefit packages, financing and financial risk protection mechanisms in Uganda do not fully 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 Uganda 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 risk protection mechanisms.

This review will help in identifying key Uganda-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

¹ Comprehensive SRHR at a minimum includes nine essential bundles of services: Comprehensive Sexuality Education (CSE); Modern Contraception; Pregnancy, delivery and post-delivery care including fistula; Safe abortion and post-abortion care; HIV, STI and RTI; Gender-Based Violence (GBV) and other harmful practices such as Female Genital Mutilation (FGM) and Child Marriage; Reproductive cancers; Sub-fertility and Infertility treatment; and, Sexual Health and Wellbeing including Menstrual Health Management (MHM). Many SRHR services (i.e., CSE, GBV, FGM, Child Marriage, MHM) traditionally fall beyond the administrative domain of the ministries of health but these services require significant health sector response.

	<p>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.</p> <p>To undertake this review, UNFPA intends to engage a local consultant in Uganda for 30 days.</p>
<p>2. Scope of Work</p>	<p>The consultant is expected to undertake a review of current and proposed UHC policies roadmaps and programmes pertaining, but not limited to: UHC health benefit package; costing of the UHC benefit package; financing instruments for UHC; financial risk 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.</p> <p>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.</p> <p>The consultant is expected to identify and succinctly document:</p> <ul style="list-style-type: none"> (a) which SRHR services are included in the current UHC benefit package, financing and financial risk protection arrangements. The reasons for their inclusion/non-inclusion; (b) how the UHC roadmaps/initiatives are planning to progressively include remaining SRHR services into UHC benefit packages, and financing and financial risk 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 risk protection mechanisms. <p>The consultant is expected to undertake this review by following a life-course approach by focusing on how the UHC policies and roadmaps, benefit package, financing and financial risk protection mechanisms are trying to 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).</p>
<p>3. Methodology</p>	<p>Review of current and proposed UHC policy documents and roadmaps. Telephone interviews with relevant policy makers, policy influencers (including key UN institutions) and/or implementers as deemed necessary.</p>

4.1 Quality Assurance of this Assignment:	UNFPA CO experts and ESARO advisers will serve as a technical quality assurance team.
4. Deliverables	<ul style="list-style-type: none"> • Inception report which includes a background, key tasks, approach, including proposed case classification methodology for all nine elements of SRHR, 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.
5. Payment Schedule:	<ul style="list-style-type: none"> • 30% upon submission of inception report • 40% upon submission of draft report • 30% upon submission of final report
6. Time Table:	<p>The assignment will be 21 days in total in August-September 2022. The following time frame is applied in calculating the total days.</p> <ul style="list-style-type: none"> • Inception report - 3 days (<i>not more than 5 pages</i>) • Discussion with the quality assurance team and finalization of the inception report (1 day) • Review of resources – 11 days • First draft report - 4 days (<i>not more than 25 pages</i>) • Final report - 2 days <p><i>The final report needs to be delivered by the end of September 2022.</i></p>
7. Expected Minimum qualifications	<ul style="list-style-type: none"> • Master’s degree in relevant field of public health, health financing, economics • Experience in similar studies such as review and/or formulation of health policies, costed health strategies and health financing strategies • A minimum of 10 years’ experience in relevant area • Excellent analytical and writing skills
Application deadline and how to apply:	<p>Opening date: 30 June 2022 Closing date: 7 July 2022</p> <p>All applications should be sent by email to: nakibira@unfpa.org, copying alfeu@unfpa.org.</p>