

SPECIFIC TERMS OF REFERENCE

HEALTH SECTOR POLICY SUPPORT PROGRAMME II

Compliance Re-assessment for the Release of the Second Tranche

FWC SIEA 2018 - LOT 04: Human Development and Safety Net EuropeAid/138778/DH/SER/multi

1. BACKGROUND

a. Introduction

Almost two decades ago, the Government of Egypt (GoE) has endorsed a long-term Health Sector Reform (HSR) programme with the objective of providing universal access to quality health care services to the entire Egyptian population, irrespective of financial ability or location. In this framework, the GoE considers the reform of Primary Health Care (PHC) as the backbone of its HSR, upgrading the network of public PHC units according to a national standard called the Family Health Model (FHM). To maintain the long-term financial and managerial sustainability of the PHC network and the FHM, the GoE decided to shift to Social Health Insurance (SHI) as the main mechanism to finance and organise its health services provision.

In October 2010, the European Union (EU) launched the budget support operation entitled "Health Sector Policy Support Programme II" (HSPSP II) to provide further assistance for the implementation of the reform programme. The following three specific objectives were agreed upon between the EU and the GoE:

- 1) Improve the quality of public PHC services;
- 2) Improve client satisfaction and utilisation of the improved services;
- 3) Strengthen the systemic, social and financial sustainability of the FHM.

At the time of conceiving the programme (and until December 2017), no SHI legislation had been enacted. A fund (the Family Health Fund, FHF) to purchase health services from the improved and accredited facilities had been the first step towards establishing a purchaser-provider split. It was a practical step to implement the concepts associated with SHI until legislation gets enacted. A contractual relationship had been established and promoted between the accredited PHC facilities and the FHF. A streamlined incentive policy for staff of accredited PHC facilities had been put in place and applied to encourage quality performance and staff retention.

Less than four months after the Financing Agreement of the HSPSP II had been signed, major political turmoil erupted on the 25th of January 2011. This culminated in regime change. As a consequence, ad hoc policy developments resulted in undermining the incentive system in place. Moreover, the "General Reform Benchmarks" related to macroeconomic stability and public financial management could not be fulfilled.

With limited progress, and failure to achieve the General Reform Benchmarks, all disbursements were withheld, and riders were introduced to extend the implementation period of the programme. Four such riders were adopted. In addition to extending the

implementation period, Addendum 2 also re-allocated an unspent amount of EUR 2 million of Technical Assistance (TA) to the last tranche. As time passed, the indicators under specific objective 3 became irrelevant and had to be updated. This change was introduced as part of Addendum 3. Finally, Addendum 4 extended the implementation period of the programme until 10 December 2019.

b. HSPSP II Main Features

Objectives

The overall objective of the Programme is to support the GoE in implementing its HSR Programme by improving access to quality PHC and supporting the FHM. Three specific objectives were identified. The specific objectives of the HSPSP-II do not only entail quantitative and qualitative improvement of PHC services through the national roll-out of the FHM, but also address the utilisation and universal access of these services by beneficiaries, particularly the poor.

Budget

The contribution from the European Commission to this programme is set at a maximum of EUR 110 million. Table 1 below shows the breakdown of the budget and indicative disbursement dates as per Addendum 4. Only Tranche I was disbursed (upon signature of the agreement).

Table 1: Breakdown of the budget and indicative disbursement dates

Tranche	Amount	Indicative Disbursement Date
Tranche I (fixed)	20,700,000	Disbursed in 2010
Tranche II (variable)	29,000,000	First Quarter 2018
Tranche III (variable)	29,000,000	First Quarter 2019
Tranche IV (variable)	31,000,000	Fourth Quarter 2019
Total budget support	109,700,000	
Monitoring/Evaluation/Visibility/Audit	300,000	
Total	110,000,000	

Expected Results and Main Activities

The HSPSP II aims to achieve three sets of results organised in accordance with the 3 specific objectives:

1) Improve the quality of public PHC services:

This is achieved through the reconditioning of 18% of the public PHC units and centres, their refurbishment, and the provision of standard equipment and supplies; ensuring availability of essential medicines; improving systems; attaining at least minimum staff level; training staff on technical and managerial skills; and obtaining accreditation once FHM quality standards have been achieved.

2) Improve client satisfaction and utilization of the improved services:

Improved quality of services is expected to improve client satisfaction and increase the rate of utilization. Exemption policies are put in place to ensure access to healthcare services by the poor. A survey is designed to measure utilization, particularly among the poor, and satisfaction with services.

3) Strengthen the systemic, social and financial sustainability of the FHM:

Results under specific objective 3 focused on the role and sustainability of the FHF and the creation of a new public payer (purchaser) of health services. It also focused on providing services to the poor. As mentioned earlier, Addendum 3, adopted in October 2016, modified the set of benchmarks and indicators to align it to the Government's (new at the time) Programme of Health Care Coverage of the Poor. It was agreed with the GoE that the original set of indicators under specific objective 3 will be used for the compliance assessment required for the release of the second tranche. The new set of benchmarks/indicators included in Addendum 3 will be used for the assessments required for the disbursement of the third and fourth tranches.

Duration

The initial execution period of the Agreement was 60 months. After four extensions, the current execution period of the agreement is 134 months. The execution period comprises 2 phases: an (1) operational implementation phase that started from the entry into force of the Financing Agreement (last quarter of 2010) and has a duration of 110 months, and (2) a closure phase which will have a duration of 24 months starting from the expiry date of the operational implementation phase.

c. Current State of Affairs in the Health Sector

Since January 2011, nine Ministers of Health and Population were successively appointed along with several new cabinets. Also, new Deputy Ministers/ Undersecretaries in charge of PHC were appointed. Despite this context, the Ministry of Health and Population (MoHP) has always reconfirmed that both (1) the modernisation and standardisation of the PHC public service provision, as well as (2) the new SHI scheme, remain the top priorities of the Egyptian HSR agenda.

The Egyptian HSR is an ambitious programme expected to be implemented over a long timeframe. Since 2011, a number of key events have taken place: (1) a new constitution was adopted with the provision for a doubling of the state budget earmarked to health, and with SHI as the financing modality; (2) A SHI law was approved by parliament in December 2017 and the executive regulations are expected to be drafted and approved by mid-2018; (3) the PHC upgrading is progressing reasonably well; and (4) the Programme of Health Care Coverage of the Poor which provides free services to the poorest segments of the population has been rolled out nationally over the past 2 years.

d. State of Play of the HSPSP-II

Since January 2011, the implementation of various activities of the HSPSP II has been slowed down. In May 2012, a first HSPSP II Steering Committee was convened by the

Ministry of International Cooperation (MoIC)¹, involving representatives of the Ministries of Health and Population (MoHP), Finance, and Social Solidarity. As a result of the exceptional circumstances in the country, the committee requested a first extension of the programme's operational implementation phase by 12 months. Following other meetings, the GoE and the EU have agreed to postpone the compliance assessment related to the release of the second tranche by an additional 12 months to the first quarter of 2014. In October 2013, the MoIC officially requested the second extension of the programme's operational implementation phase as well as the reallocation to the last tranche of the programme of an amount of EUR 2 million unspent TA.

In April 2014, the MoIC submitted a request for the release of the second tranche. This entailed conducting a compliance assessment. A Framework contractor was hired to perform the compliance assessment. The draft assessment, which was never finalised, revealed that one of the general reform benchmarks and some of the health-specific benchmarks were not achieved.

Given the situation prevailing in Egypt since 2011, and on the basis of the non-compliance with the general conditions related to Public Financial Management and Macro-economic Stability, no disbursements have been made under any of the Budget Support operations in Egypt since 2012. This includes the HSPSP II.

In these conditions, and given the socioeconomic nature of the programme supporting the Egyptian population, it was decided to keep the HSPSP II running with the possibility to disburse, if and when conditions allow. The Egyptian authorities were informed of the situation and were made aware that substantial efforts were still required to comply with the general eligibility criteria.

2. DESCRIPTION OF THE ASSIGNMENT

a. Global Objective

The purpose of this assignment is to advise the EU Delegation on the release of the 2nd tranche of the HSPSP-II on the basis of complete assessment of the performance against the specific Reform Benchmarks (performance indicators and means of verification) and with regards to the General Reform Benchmark towards the implementation of the Government PHC National Development Policy.

b. Specific Objectives

The specific objectives of the assignment are (with regards to the release of the 2nd tranche of the HSPSP-II): (1) to assess the progress in terms of performance indicators of the PHC reform (PHC National Development Policy), (2) to evaluate the degree of completion of each of the Specific Reform Benchmark, (3) to collect and verify the appropriateness of all the means of verification specified in the Financing Agreement, (4) to advise the EU Delegation on the release of the 2nd tranche, (5) to guide the beneficiaries and EU Delegation in structuring their compliance assessment report.

¹ Now the Ministry of Investment and International Cooperation

c. Requested Services

The activities will be undertaken in one mission for the compliance assessment of tranche 2. The consultants are expected to work in close cooperation with the main stakeholders involved, mainly the Ministries of Health and Population, Finance, and Social Solidarity. The ministries will collaborate with the consultants in the organisation of their agenda, which should preferably be set before their arrival in Egypt. To this effect, ahead of the mission, the consultants will prepare a list of the relevant stakeholders they would like to meet. The experts should propose a schedule in coordination with the three ministries, which should be finalised during the first days of the mission in Cairo. According to the compliance assessment needs, the consultants may request to travel to select Governorates.

During the assignment, the consultants will:

- Review the documentation submitted by the Beneficiary with the payment request,
- Collect any additional relevant information and documentation concerning the assessment of the performance of the Specific Reform Benchmarks of the programme,
- Analyse the conformity of the documentation obtained with the means of verification specified in the matrix of Reform Benchmarks of the programme,
- Assess the HSPSP II General Reform Benchmark towards the implementation of the Government PHC National Development Policy,
- Assess all the health-specific Reform Benchmarks (Performance Indicators and Means of Verification) and their performance until the date of the payment request submitted by the beneficiary. Whenever a target is not fully achieved, the experts should also indicate to which extent the target has not been met, the reasons for not achieving it, as well as estimate the probability of achievement within a defined timeframe, and draw recommendations on disbursement.
- Update and finalise the compliance assessment report (in relation to the Beneficiary's payment request) with recommendations for disbursement.

d. Required Outputs

The following outputs are to be provided as envisioned in this request for services:

1. An inception report (end of the first week of the Field Phase).
2. A compliance assessment report (see above) including:
 - An assessment of the General Reform Benchmark towards the implementation of the Government PHC National Development Policy,
 - An assessment of all the Specific Reform Benchmarks (Performance Indicators and Means of Verification) and their performance for disbursement purposes.
 - A full set(s) of means of verification (including an assessment of conformity of the means of verification for all the targets).

The team of experts should be cautious to use the correct matrix of reform benchmarks and means of verification (Appendix 1 table B of the Financing Agreement): The original matrix is used for the compliance assessment of tranche 2; the updated matrix (included

in Addendum 3) is used for the compliance assessment of later tranches, which are not the subject of this Terms of Reference.

e. Language of the Specific Contract

The working language is English. However, the means of verification requested to assess the achievement of the agreed targets could be in Arabic or English.

3. EXPERTS PROFILE

a. Number of Requested Experts per Category and Number of Man-Days per Expert

The assignment requires 2 Category I experts: A Senior Public Health Expert (Team Leader – TL) for a minimum of 25 working days, and a Senior Health Economist/Health Financing Expert for a minimum of 20 working days are needed to accomplish the activities. The Team Leader will be in charge of the revision and final production of all the deliverables, organising the team coordination for the duration of the assignment, and will ensure the quality and timely delivery of all products.

b. Profile per Expert

1. Senior Public Health Expert – TL – Category I:

- Education

At least a Master's Degree in Public Health, PHC, or other areas related to public health sector management or HSR. In the absence of a Master's Degree, a bachelor degree in the same field and an additional relevant professional experience of at least 3 years are required. The additional professional experience must be above the general professional experience below.

- Experience

General Professional Experience

At least 12 years of experience in development cooperation in one of the areas of public health, i.e. HSR, public health care systems, particularly in an area related to PHC such as policy development, planning, monitoring, evaluation, and budgeting.

Specific Professional Experience

- ❖ Carrying out at least 3 compliance assessments and/or evaluations of development cooperation programmes in the health sector; EU funded project/programme assessments or evaluations is an asset;
- ❖ Demonstrated good understanding of EU sector budget support approaches, experience in the design and/or execution and/or evaluation of sector budget support programmes is a strong asset;
- ❖ Prior experience with the Egyptian health system is an asset;
- ❖ Experience in health sector policy analysis and/or assessment in a Middle Eastern country is an asset;
- ❖ Experience in household surveys and exit-polls is an asset.

- Language skills
 - ❖ Full working knowledge of English and excellent report writing skills;
 - ❖ Proficiency in Arabic is a strong asset.

2. Senior Health Economist/Financing Specialist – Category I:

- Education

At least a Master's Degree in economics, finance, public policy, Public Health, or related areas. In the absence of a Master's Degree, a bachelor degree in the same field and an additional relevant professional experience of at least 3 years are required. The additional professional experience must be above the general professional experience below.

- Experience

General Professional Experience

At least 12 years of experience in development cooperation in one of the areas of public health, i.e. health care finance, health economics, health systems, health care administration, or health sector reform.

Specific Professional Experience

- ❖ Carrying out at least 3 compliance assessments and/or evaluations of development cooperation programmes in one of the following areas: health financing, health economics, health systems, public financial management, health sector reform, or health care administration;
- ❖ Experience with EU funded project/programme assessments or evaluations is an asset;
- ❖ Experience in EU sector budget support approaches is an asset;
- ❖ Experience in public policy performance monitoring is an asset;
- ❖ Prior experience with the Egyptian health system is an asset.

- Language skills

- ❖ Full working knowledge of English and excellent report writing skills;
- ❖ Proficiency in Arabic is a strong asset.

c. Management team member presence is not required for briefing and/or debriefing

4. LOCATION AND DURATION

a. Starting period

The indicative starting date for the assignment is the first week of August 2018.

b. Foreseen finishing period or duration

The expected duration is 6 months from the starting date.

c. Planning including the period for notification for placement of the staff as per art 16.4 a)

The 2 experts will have to be mobilised according to the indicative table below (table 2). It should be noted that a security clearance needs to be obtained from the relevant authorities before arrival to Egypt. The EU Delegation will request this clearance once the experts are identified. It indicatively takes one month for the clearance to be issued, however, delays occasionally occur.

Table 2: Planning for the Assignment

Activity	Experts	Working Days	Envisaged start date*
Desk review (home based)	Expert 1	3	August 2018
	Expert 2	3	
Field phase	Expert 1	17	August 2018
	Expert 2	15	
Reporting (home based)	Expert 1	5	October 2018
	Expert 2	2	
Total days	Expert 1	25	
	Expert 2	20	

* Dates are tentative: the precise dates of mobilisation will depend on time needed to receive security clearance from concerned authorities.

d. Location of assignment

The main location of the assignment will be Cairo. Up to two trips, 1-2 days each, to governorates (i.e. outside the Greater Cairo metropolitan area) may be foreseen for each expert, if necessary, to carry out the assignment (a prior approval for such trip will need to be granted by the EU Delegation).

5. REPORTING

a. Content

1. An inception report, maximum 5 pages (end of the first week of the Field Phase).
2. A draft compliance assessment report (see above), following a template agreed upon with the EU Delegation, to be submitted to the EU Delegation, and presented by the experts during the last week of the Field Phase.
3. A final compliance assessment report, following a template agreed upon with the EU Delegation, and integrating comments received from the EU Delegation. The compliance analysis must include:
 - An assessment of the General Reform Benchmark towards the implementation of the Government PHC National Development Policy;
 - An assessment of all the Specific Reform Benchmarks (Performance Indicators and Means of Verification) and their performance to date for disbursement purposes;

- A full set of original documents (stamped and signed by the MoHP) of the means of verification (including an assessment of conformity of the means of verification for all the targets).

b. Language

The language of all communications and reports will be English.

c. Submission/comments timing

A draft report will be submitted to the EU Delegation during the last week of the field phase of the Team Leader. Comments by the EU Delegation will be sent to the Team Leader within one week of receiving the draft report. The final report will be submitted (for EU Delegation approval) not more than 2 weeks after receiving the EU comments by the Team Leader.

d. Number of report(s) copies

The report will be provided in 3 original copies and in electronic MS Word format.

6. INCIDENTAL EXPENDITURES

This will be a global price contract. For the purpose of budget preparation, the budget should be calculated to include: experts' fees, per diems for non-resident experts during the Field Phase, international travels, and local travels. Up to two local trips outside Greater Cairo may be needed. Local travel in governorates close to Cairo can be conducted by car, while distant governorates will require domestic flights. For budgeting purposes, contractors may assume that travel to governorates (if needed) will be to one close governorate and one distant governorate. Up to 50 pages may need to be translated.

Round-trip flights from Europe to Egypt indicatively cost EUR 600 per flight.

Domestic round-trip flights within Egypt indicatively cost EUR 100 per flight.

The indicative cost for renting a car is EUR 60 per day. A car may be rented in case there is a need to carry out field visits outside Greater Cairo. One local travel outside Greater Cairo to a close governorate for a total of 2 days of car rental for both experts could be needed.

The indicative cost of translation is EUR 7.5/page.

7. MONITORING AND EVALUATION

The quality of the Final Report will be assessed by the Project Manager using the following criteria: meeting needs, reliability of the data, soundness of the analysis, validity of the conclusions, clarity of the report, and timeliness of producing the draft and final reports.

8. ADDITIONAL INFORMATION

Throughout the duration of the assignment, and following its completion, the experts will maintain strict confidentiality vis-à-vis third parties with respect to all information gathered and published.

During all contacts with the Egyptian Authorities or any other organisation, the experts will clearly identify themselves as independent consultants and not as official representatives of the EU. All documents and papers produced by the experts will clearly display a disclaimer on the first page, stating that the views expressed in the documents are the views of the Experts and do not necessarily reflect those of the EU.

Attention is drawn to the fact that the EU reserves the right to have the reports redrafted by the experts as many times as necessary.

The experts will regularly report to the Delegation throughout the assignment.