**Terms of Reference**

**Study on the micro-simulation and analysis of household spending on healthcare** **and policy implications**

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| **Title** | Study on micro-simulation and analysis of household spending on healthcare. |
| **Purpose** | To undertake a study on the micro-simulation and analysis of household spending on healthcare and policy implications for achieving SDG goal related to health. |
| **Location** | Ha Noi |
| **Duration** | 15 October 2021 - 28 February 2022 |
| **Start Date** | 15 October 2021 |
| **Reporting to** | Chief of Social Policy and Governance |
| **WBS/PBA**  **Funding Expiry Date** | 5200/A0/05/881/002/008  SDG Fund for Financing (June 2022) |
| **Project and activity codes** | SPG 1.2 Public Finance for Children |
| **General Ledger number** |  |

1. **Background**

Viet Nam has pursued the policy on universal health insurance, using the direct budget support mechanism to support some segments of the population to participate in health insurance, especially those with below-average incomes. These groups include: children under 6 years old; elderly people aged 80 years or older who do not have a monthly pension or social insurance allowance; the poor, ethnic minorities, and disadvantaged people with extremely difficult circumstances[[1]](#footnote-2).

Viet Nam has made positive progress in accelerating universal health coverage over the past 10 years. By the end of 2019, universal health coverage was 90 per cent (reaching 85.39 million people), increased by 44.81 per centage points compared to the rate of 2012[[2]](#footnote-3). However, the development of health insurance policies and health care for the people are not evenly distributed across regions. In some regions with difficult socio-economic conditions, such as mountainous, and remote areas, health care is still not satisfactory due to inadequate access and quality of medical services. In addition, about 10 per cent of the population are not covered by health insurance and many of those belong to the so called “missing middle”.

Data on the household living standard survey of Vietnam shows that household spending on healthcare has increased from 8.31 per cent in 2014 to 9.1 per cent in 2018[[3]](#footnote-4). Notably, when a member or a child of a household got sick, that household’s spending on health exceeds 40 per cent of the household's ability to pay[[4]](#footnote-5). Despite the current universal health insurance coverage of 90 per cent, households with children, the elderly, households in rural areas, the poor and near-poor are the most vulnerable to poverty due to medical and healthcare costs. In addition, social distancing imposed due to the COVID-19 pandemic hindered the access of families with children to routine maternal and child healthcare services (especially immunization), meanwhile some healthcare facilities became overwhelmed with work to control COVID-19 transmission[[5]](#footnote-6). Furthermore, in the complex and evolving context of COVID-19 with the presence of Delta variant, it is hypothesized that the COVID-19 pandemic may have worsened households’ out-of-pocket payments for health care and medical costs leading to poverty.

Viet Nam's national plan of action on Sustainable Development Goals (SDGs) set a specific objective#3.7 “ *to achieve universal health coverage, including financial risk protection, access to essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all citizens*” via different interventions including: i) Improve existing mechanisms, policies in order to ensure a meaningful access by all citizens to essential healthcare services and to safe, effective, quality and affordable essential medicines and vaccines; and ii) Significantly increase financial resources and ensure quality human resources for the health sector.. The estimates on health expenditures for households with children (by geographic regions, ethnicity, and age groups, etc.) are crucial for policy responses to achieve the set goals for the period 2021-2030.

Under the Integrated National Financing Frameworks (INFF) project funded by the SDG Fund for Financing, UNICEF Viet Nam and the Department of Science, Education, Environment and Natural Resources of the Ministry of Planning and Investment plan to conduct a study on the micro-simulation and analysis of household spending on healthcare, impacts on household poverty and vulnerability and policy implications. The implementation of this study will help simulate health costs for households with children by ethnicity, geographic location, age, etc. and propose appropriate and practical policy recommendations for relevant ministries and sectors towards achieving SDG related target "Achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all".

1. **Justification**

Calculating and analysing the costs of household health care, especially those with children is critical to reconsider the State's support for households to achieve sustainable development for Viet Nam for the period 2021-2030. This study contributes to development and design of health policies and programmes in Viet Nam and it has been requested by the Government. Such an analysis will be also used to inform the resource mobilization effort for health-related programmes and policy responses to natural and climate disasters, climate change, and epidemics. This exercise requires a high level of technical expertise and a good network and access to national and relevant data from ministries and government agencies. Therefore, it is important for UNICEF to recruit a lead researcher with the support of a team of qualified consultants (up to 3) with relevant qualifications, competencies and skills including but not limited to economic health, social security through competitive bidding.

1. **Purpose and Objectives**

This study aims at calculating and analysing the out-of-pocket costs of household health care (those with children) and provide estimates on the impact on poverty and vulnerability. Furthermore, the study will inform policy recommendations in order for Viet Nam to achieve the SDG goal related to health for the period of 2021-2030.

The study will follow the following specific objectives:

* Overview of policies and programmes on healthcare and nutrition for children and households with children and literature review;
* Overview of out-of-pocket expenditures of households with children on healthcare and nutrition;
* Analysis of the impacts of COVID-19 and other pandemics on household spending in relation to health and nutrition and implications for government policy and response;
* Undertaking micro-simulation of health and nutrition expenditure options of households with children for the period 2021-2025; and
* Propose policy recommendations and roadmap for better health financing to support the access to quality health services for people especially vulnerable groups .

1. **Scope and methodology**

This assignment will be based on the analysis of existing healthcare policies (also in light of the current COVID-19 pandemic) and minimum healthcare package for healthcare and health expenditures by households with children in the period 2010-2020. The micro-simulations will be based on the Household Living Standard Survey implemented by the General Statistics Office over the past ten years (2010-2020).

The study will assess the impacts of healthcare costs on families’ poverty and vulnerability. The study will capture national and subnational perspectives, in consultation with a range of stakeholders including policy makers for the health sectors.

The study will focus on the following specific areas:

1. **Overview of health care policies**, minimum healthcare package and policies issued in response to health-related shocks (including COVID-19) for households with children.

* Overview and analysis of the current healthcare policies in support of households (especially those households with children) to identify gaps of coverage and access to quality health services. This will include the analysis of policies that the central and provincial governments have issued in response to COVID-19 pandemic such as the directives #15, 16, 17, 19 as well as policies issued by provinces and cities, particularly policies and social distancing regulations implemented during the period January to August 2021;
* Assess the existing network of health facilities and the capacity of health system to meet the needs of people (especially children) to access health care and nutrition services;
* Review the role of health insurance policy in ensuring financial security in terms of healthcare for households and for children: *inputs factors* (cost of participation in health insurance and policies under the Law on Health Insurance) and *output factors* (use of health insurance cards and payments from health insurance to reduce financial burden on households);
* Analysis of people’s willingness to pay – and affordability (needs and demands of different segments of the society) and key factors hindering access to quality health services (especially for vulnerable groups) including challenges during COVID-19 and other pandemics.

1. **Analyse and identify current policy weaknesses and gaps, disadvantaged groups** falling out from current policy's coverage and propose specific recommendations and change that can be introduced in the policies (also in light of COVID-19 pandemic).
2. **Analysis of health expenditure by households with children over the period 2010-2020** using the Household Living Standard Survey data provided by the General Statistics Office (GSO) over the years 2010, 2012, 2014, 2016, 2018, 2020.

* Overview of incomes and expenditures of households with children, proportion of spending on health and nutrition care out of total household expenditures;
* Estimates health and nutrition expenditures of households with children by socio-economic and demographic characteristics such as family size, ; number of children; number of working family members; average income; inpatient and outpatient treatment; number of people with health insurance cards; income quintiles; geographic locations; ethnicity; age, social support received etc.;
* Preliminary analysis of household healthcare expenditures (also identifying factors which may play a role or be affected due to COVID-19 pandemic).

1. **Simulation of health expenditure options of households with children** for the period 2021-2025 (by income quintiles; geographic locations; ethnicity; age, etc.);

* Baseline option (on the basis of current policy);
* Expansion plan (with some policy adjustments).

1. **Policy Recommendations** on:

* Health insurance and support for participation in health insurance;
* Other health care and nutrition related policies.

**Methodology:** The consultant will adopt a mix-methods approach. The consultant is expected to conduct a desk research of all policies on healthcare, minimum healthcare package and financial security for households with children against health-related shocks (including policy response to COVID-19 pandemic) and a literature review.

The consultant will be required to use data from Household Living Standards Surveys (from 2010-2020) to estimate health expenditure by households with children. The consultant will be responsible to obtain micro data sets to undertake this study. Finally, the consultant is expected to conduct interview key informants who are senior experts and leaders from relevant government agencies and ministries and with parents and caregivers in selected provinces and cities about health expenditure options of households with children. Criteria for selecting provinces and cities will be developed in consultation with UNICEF and Ministry of Planning and Investment (MPI) based on poverty prevalence. In light of the current COVID-19’s context, the consultant and his/her team are expected to prepare contingency plans which will include the possibility of conducting on-line interviews and relevant working modality.

1. **Deliverables and timelines**

This exercise is complex and therefore the consultant may need to have support in data collection. Therefore, the consultant will be in charge of recruiting, managing additional human resources and being accountable for the overall quality of the exercise and final deliverables. The study plans to take place from 18 October 2021 and 28 February 2022.

| **Tasks** | **Deliverables** | **No of days** |
| --- | --- | --- |
| 1. Develop the inception report which outlines clearly research methodology and detailed workplan and research protocols and ethical clearance. | * Availability of the inception report which outlines clearly research methodology and detailed workplan and research protocols and ethical clearance endorsed by UNICEF and Ministry of Planning and Investment (MPI)/Science, Education, Natural Resources and Environment (DSENRE). | 5 days (18-23 October 2021) |
| 1. Data collection and analysis | * Availability of data set and analysis | 50 (24 October – 28 December 2021) |
| 1. Report drafting | * Availability of first draft report with a 4-pager policy brief of preliminary findings and policy recommendations. | 27 (29 December 2021 – 30 January 2022) |
| 1. Validate the report with all relevant stakeholders and finalize it with UNICEF and MPI and DSENRE. | * Availability of the final report (40 pages maximum excluding annexes); a 4-pager brief and a PPT presentation of 15 slides maximum (including research methodology, key findings, and recommendations); presented and approved by UNICEF and MPI/DSENRE in both English and Vietnamese. The consultant will also avail to UNICEF and MPI/DSENRE the dataset used and the files (DO files) to replicate estimates. | 8 (1– 28 February 2022) |
| **Total** | | **90** |

1. **Management and Reporting**

The assignment will be undertaken under the supervision of the Chief of Social Policy and Governance Programme (SPG) with the day-to-day support of Social Policy and Governance Specialist and in close collaboration with the Child Survival and Development programme. UNICEF Viet Nam’s focal point will ensure that the consultants will gather inputs from all relevant stakeholders including Ministry of Planning and Investment (MPI)/Science, Education, Natural Resources and Environment (DSENRE), Ministry of Finance (MPI)/ (Department of State Budget, Department of Public Expenditures) and the Ministry of Health (Department of Planning and Finance) and General Statistics Office.

1. **Performance indicators for evaluation**

* Quality of deliverables meet the standards set by UNICEF and specifications outlined in the contract.
* Deliverables are submitted in a timely manner as indicated in the contract.
* Technical assistance delivered in a contextualized and tactful manner, drawing on the inputs of the partners.
* Performance evaluation will be completed at the end of the assignment.

1. **Qualification/Specialized Knowledge and Experience**

UNICEF is looking for a qualified individual consultant to lead this exercise with the following qualification.

* Must hold at least a master degree in related field (economics, preferably health economics, Social Science, or any other related field).
* At least 10 years of recognized experience in study and research in health financing and economic analysis using both quantitative and qualitative methods.
* At least 10 years of experience providing policy advice in the area of public administration, public health, socio-economic planning, budgeting, and social policies.
* Excellent knowledge and understanding of the country’s political context and PFM structure.
* Excellent research and analytical skills and experience, especially in facilitating key informant interviews with various groups of stakeholders.
* Excellent communication and facilitation skills and ability to manage diversity of views in different contexts, especially in the finalization of research reports.
* Language: Excellent knowledge of written and spoken English.

1. **Payment Schedule linked to Deliverables**

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| ***Deliverables*** | ***Payment Schedule***  ***(including travel/misc. costs) be directly linked with satisfactory deliverables*** |
| **First payment:** upon the delivery of the following outputs:   * Availability of the inception report which outlines clearly research methodology and detailed workplan and research protocols and ethnical clearance endorsed by UNICEF and MPI/DSENRE. * Availability of data set and analysis | 50% of the contract by 30 December 2021 |
| **Final payment** upon the delivery of the following outputs:   * Availability of first draft report with a 4-pager policy brief of preliminary findings and policy recommendations. * Availability of the final report (40 pages maximum excluding annexes), a 4-pager brief and a PPT presentation of 15 slides maximum (including research methodology, key findings, and recommendations); presented and approved by UNICEF and MPI/DSENRE in both English and Vietnamese. The consultant will also avail to UNICEF and MPI/DSENRE the dataset used and the files (DO files) to replicate estimates. | Remaining amount equivalent to 50% of the contract by 28 February 2022 |

1. **Assessment criteria**

*For evaluation and selection method, the Cumulative Analysis Method (weight combined score method) shall be used for this recruitment:*

*a) Technical Qualification (max. 100 points) weight 70 %*

* Qualifications and Experience (35 points)
* Knowledge, Skills, and competencies (55 points)
* Languages (10 points)

*b) Financial Proposal (max. 100 points) weight 30 %*

*The maximum number of points shall be allotted to the lowest Financial Proposal that is opened/evaluated and compared among those technical qualified candidates who have attained a minimum 70 points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.*

*The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview [if needed.]*

1. **Submission of applications**

Interested candidates are kindly requested to apply and upload the following documents to the assigned requisition in UNICEF Vacancies: <http://www.unicef.org/about/employ/>

1. Letter of interest and confirmation of availability;
2. Technical proposal which clearly explains the outline on how to deliver the tasks and deliverables (preferably less than 2 pages);
3. Performance evaluation reports or references of similar consultancy assignments (if available)
4. Financial proposal: All-inclusive lump-sum cost including consultancy fee, travel, and accommodation cost for this assignment as per work assignment.
5. CV/P11 form *(*[*UN Personal History Form*](http://www.unicef.org/about/employ/files/P11.doc)*)*
6. **General Conditions: Procedures and Logistics**

The following general conditions shall apply:

* Workstation:
* Official travel within the country, if any
* Specify if office will provide with a laptop, computer, and office supplies
* If authorized to have access to UNICEF transport
* Be paid on a monthly basis or daily rate. Consultants are not entitled to any payments during days off and sick leave.

1. **Policy both parties should be aware of:**

* Under the consultancy agreements, a month is defined as 22 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
* Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
* No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
* For international consultants outside the duty station, signed contracts must be sent by fax or email.
* Consultants will not have supervisory responsibilities or authority on UNICEF budget.
* Consultant will be required to sign (1) the Health statement, (2) Certificate of Good Standing for Consultants/Individual Contractor prior to taking up the assignment, and a copy of appropriate health insurance, including Medical Evacuation.
* The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant.

Please consult with HR on entitlements if you have any queries.

1. Decree#20/2021/NĐ-CP adopted by the Government in 2021. [↑](#footnote-ref-2)
2. Report on the Review of the Central Party Committee#15. [↑](#footnote-ref-3)
3. GSO (2014 & 2018). *2014 & 2018 Household Living Standards Surveys*. [↑](#footnote-ref-4)
4. WHO(2016). *Distribution of health payments and catastrophic expenditures methodology* [↑](#footnote-ref-5)
5. UNICEF Viet Nam (2020). *Rapid Assessment of the Social and Economic Impacts on Children and their Families in Viet Nam.* [↑](#footnote-ref-6)