**UNICEF China**

**Terms of Reference**

**For Consultant Recruitment**

**Job Title of Consultancy:**A scoping exercise to identify gaps, barriers and opportunities for strengthening medical insurance for children in China

**Requesting Section:** SPARC

**Name of Supervisor and Job Title:** Weilin Shi, Social Policy Specialist

**Background of Consultancy Request:**

1. **Background: Children and social health insurance in China**

Social protection is increasingly a crucial policy agenda in China. The government currently spends about a third of its expenditures on the provision of major basic public services (e.g., education, healthcare, social security and employment). ***Basic medical insurance (基本医疗保险)*** constitutes a critical pillar of social health protection in China, in addition to ***supplementary medical insurance (补充医疗保险), and medical assistance (医疗救助)[[1]](#footnote-1)***. The basic medical insurance (BMI) targets all citizens, through two separate schemes – one for employees and the other for all other residents. By the end of 2020, over 95% of the population are enrolled in BMI.[[2]](#footnote-2) The supplementary medical insurance is voluntary and targets those who are enrolled in the BMI with additional needs, e.g., the critical illness insurance program. Medical assistance targets groups with special needs, e.g., the impoverished, and those living with critical impairments etc. The three pillars are not exclusive to one another, with basic medical insurance as the foundation.

***Basic medical insurance (BMI)*** is organized into two separately funded schemes: an employment-based insurance scheme for the formally employed, co-funded by employers and employees; and a residency-based scheme for the rest of the population, called the Basic Residents Medical Insurance scheme (BRMI), which is co-financed by individuals and the state. **The BRMI is the only scheme that currently offers coverage for children**. As of 2018, it covered more than 73.6 per cent of the total population, or 1,027 million, including adults who are not engaged in formal employment and children[[3]](#footnote-3), with children making up 23.8 per cent of all enrollees.[[4]](#footnote-4) It is reported that a good number of children are not able to enroll or experience delay in enrollment in the scheme.

**The BRMI scheme is far from being progressive and equity enhancing**. Unlike the employment-based scheme, which is mandatory by law, enrollment in the BRMI scheme is **voluntary**. Compared to the employment-based scheme, the BRMI scheme is found **underfunded** given the relatively low thresholds for contribution amounts[[5]](#footnote-5). **Out-of-pocket (OOP) expenditures remain high** for enrollees in general due to low reimbursement rates and restrictions on reimbursable medical services. Countrywide, OOP expenditure of hospitalization cost for those enrolled in the residency-based scheme is declining but remains significant at above 43.9 per cent[[6]](#footnote-6), much higher than that of 28.8 percent for those enrolled in the employment-based scheme[[7]](#footnote-7). And, since lower reimbursement rate is applied for out-patient services[[8]](#footnote-8), **families with children – who typically use more outpatient services than hospitalization - usually have to bear higher out-of-pocket (OOP) expenditures their children’s healthcare**. **The administration of medical insurance remains restricted by household registration (‘Hukou’).** For instance, a lower reimbursement rate is applied for healthcare services received outside the jurisdiction where an enrollee is registered, which is usually tied with his or her ‘Hukou’. This restriction in practice has posed challenges to those who live in rural and poor areas with relatively less medical care resources and therefore have to seek more quality healthcare elsewhere. It also poses particular challenges to migrants – many of whom work in informal sectors - and their children who, according to the current practice, are not able to enroll in basic medical insurance where they actually live. Additionally, low-income households and individuals still find the personal contribution a financial burden; and if enrolled, they are challenged by the requirement for upfront payment and procedures required for the claims for reimbursement. Furthermore, medical interventions covered by BMI require improvements, for example, by including preventative interventions.

As part of the Government’s Health 2030 agenda, a wide range of actions have been planned to reform the social health protection, especially basic medical insurance. Exploring spaces and specific design to make the basic medical insurance schemes better meet children’s interest is crucial to children and families with children in China.

1. **Strategic momentum**

In the recently released 14th Five-Year Plan for Economic and Social Development and Long-Range Goals through 2035 (《中华人民共和国国民经济和社会发展第十四个五年规划和2035远景目标纲要》), actions and goals have been planned to strengthen universal medical insurance schemes, ranging from improving enrollment, benefit package, management and financing. The strategic momentum to call for more child-friendly medical insurance programs lies in – but is not limited to – the following policy windows presented by the government.

During the 2020 Chinese People’s Political Consultative Conference (CPPCC) and the National People’s Congress (NPC), reform of the basic medical insurance schemes was highlighted as a policy reform priority in 2020. The *Opinions of the Central Committee of the CPC and the State Council on Deepening the Reform of the Medical Insurance System (《中办国办关于深化医疗保障制度改革的意见》*) released in March 2020 provides overarching guidance on the key reform directions such as ensuring universal coverage, equitable benefit levels, and improving portability of benefits. In August and September 2020, the National Health Security Administration (NHSA) further released several guiding opinions, namely the *Guiding Opinion* *on Strengthening the Mutual Aid Mechanism for Outpatient Services under the Basic Medical Insurance* (《关于建立健全职工基本医疗保险门诊共济保障机制的指导意见（征求意见稿）》, officially adopted in April 2021) and the *Guiding Opinion on Strengthening and Improving Enrollment in the Basic Medical Insurance* (《关于加强和改进基本医疗保险参保工作的指导意见》) which provide specific recommendations and guidance on improving coverage of impoverished populations, newborns and informal workers in the schemes, increasing coverage of outpatient costs and allowing employees to share personal contribution accounts with family members (e.g., spouse, parents and children), among other specific reform focuses.

These ongoing reform processes have presented opportunities for UNICEF to provide technical support and advocate for children’s interest in both medical insurance (including maternity insurance) schemes. Such advocacy will not only protect the rights of children to survive and thrive but also make contribution to China’s coping with population aging and the socioeconomic impacts it entails in the longer run. At this critical juncture, it is important for UNICEF China to well understand the ongoing, relevant reform agenda and processes, based on which to identify specific advocacy windows and pathways. For this purpose, UNICEF China will commission **a scoping study to identify gaps, barriers and opportunities for strengthening medical insurance schemes for children in China** and develop recommendations on **strategy and** **pathways for policy advocacy to better ensure children’s interest in the ongoing reform.** Insights from this scoping exercise will be used to inform UNICEF’s strategic planning and engagement with stakeholders concerned.

**Purpose of Activity/Assignment:**

This consultancy assignment is looking for an **individual consultant** to help UNICEF China identify existing gaps and barriers, as well as relevant stakeholders, based on which to provide recommendations on advocacy priorities and opportunities stemming from the ongoing medical insurance reforms to better serve children and families with children. Specifically, the exercise will look into issues at **systematic,** (e.g., the strategy, the policies, coordination and financing), the **program** (e.g., eligibility, benefit level, reimbursement packages, threshold, ceiling, OOP), and **operational levels** (e.g., billing and payment, portability of benefits). For the best use of limited resources, recommendations and insights from the scoping exercise shall focus on priority gaps that are of significant criticality to children and most likely to be prioritized in the government’s reform directions in the next five years.

**Major Tasks, Deliverables & Timeframe:**

The consultant is expected to perform a scoping exercise to: identify key gaps and barriers for children and families with children in the current medical insurance (including maternity insurance) schemes; identify key stakeholders and policy influencers; and produce recommendations for relevant policy windows UNICEF should pursue and key stakeholder engagement.

Key questions to be answered by the scoping exercise shall include but are not limited to the following:

* To what extend children (of different age groups) are covered by the current BMI scheme in terms of enrollment/coverage, benefit package (e.g., preventive and/or curative interventions covered and not covered), benefit level and out-of-pocket expenditure, and other costs;
* What gaps and barriers exist in the design and implementation of the current scheme and relevant policies (e.g., division/alignment of different schemes, financing) that lead to the inadequate and insufficient coverage for children;
* What are the key barriers that remain in the operation of BMI schemes which affect children’s access to healthcare (e.g., upfront payment requirements, portability of benefits);
* What are the main debates and latest trends of policy reforms which may present opportunities to address issues identified above.

Under this consultancy assignment, the following specific tasks will be performed by the consultant to achieve the overall objective and purpose:

1. **Review relevant policies and literature**

The consultant will conduct a desktop review of key policy documents and latest administrative data and/or academic literature related to medical insurance and relevant reforms. The review shall aim to provide a clear picture of **current status, as well as gaps and barriers for children and families with children in the current schemes, including but not limited to eligibility/criteria, coverage, benefit packages, benefit level and delivery of benefits etc**. The desktop review shall also account for emerging and innovative policy solutions that have been proposed lately or may have been piloted by subnational governments to better serve children’s interest. When necessary, the consultant may carry out and document consultation with key informants. To enrich and vet analysis based on desktop review, the consultant is strongly encouraged to consult with key informants in the relevant sectors through individual interviews and/or focus group discussions.

1. **Map key stakeholders for relevant policy advocacy and engagement**

The scoping exercise will also aim to identify key stakeholders involved in relevant policy design, management and implementation, especially those which play a key role in relevant policy making and reform. Such stakeholders may include government stakeholders, research institutes, key academia, think tanks and international organizations/development agencies which have substantial cooperation with the Government of China on medical insurance reforms.

1. **Develop a scoping report**

Based on the above-mentioned reviews and analysis, the consultant is expected to produce a scoping report which shall at least present findings on current status, gaps and barriers in the medical insurance schemes for children and families with children, outline recommendations on key entry points, windows of opportunities, and stakeholders for UNICEF’s relevant policy engagement in the next five years.

Once the scoping report is ready, UNICEF may convene a close-door debriefing session at UNICEF China to disseminate the findings and facilitate brainstorming with its internal teams (e.g., Social Policy, Child Health Development) and external counterparts (e.g., the National Health Security Administration)on a wholistic strategy to engage in the sector of medical insurance. The consultant is also expected to participate in the debriefing session.

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| ***Main Tasks*** | ***Expected Deliverables*** | ***Days Required remotely*** | ***Time Frame*** |
| 1. Review relevant policies and literature | An agreed-upon plan that outlines scope, focuses, and methodologies for the scoping exercise | 2 | 1 week after contract signed |
| A summary of key findings and analysis from the review (in Chinese) | 32 | 10 weeks after contract signed |
| 1. Map key stakeholders for relevant policy advocacy and engagement | A summary of key stakeholder analysis (in Chinese) | 5 | 10 weeks after contract signed |
| 1. Develop a scoping report | A finalized scoping report (in Chinese) with an executive summary | 10 | 16 weeks after contract signed |
| Presentation and discussion at the debriefing session | 1 | 18 weeks after contract signed |
| *Total Number of Days* |  | *50* |  |

**Methodology & Expected Output:**

The scoping exercise shall be conducted through desktop review, and consultation with key informants, if necessary. If selected, the consultant shall develop a scoping plan to further define and specify questions, methodologies, scope and sources of literature, and deliverables of the scoping exercise before the exercise commences.

**Expected Output:** A scoping report (in Chinese) with an executive summary.

**Start Date:** 1 August 2021

**End Date:** 31 December 2021

**Total Working Days:** 50

**Consultancy Requirements:**

* **Minimum Academic Qualifications required and disciplines:**
* Advanced education in the field of health-related social policy, social security and other related fields.
* **Knowledge/Experience/Expertise/Skills required:**
* At least ten years of professional experience in the field of health-related social security and social assistance research and policy analysis;
* Excellent knowledge of the medical insurance schemes and relevant reform agenda and processes in China; good knowledge of social assistance schemes in China;
* Familiarity with key stakeholders in the field of health-related social security and social assistance in China a strong asset;
* Excellent presentation and writing skills in Chinese; ability to speak/write in English an asset.

1. National Health Security Administration (NHSA). 2019. Opinion on Establishing Inventory for Social health protection Entitlements (Draft for public comments solicitation) (《关于建立医疗保障待遇清单管理制度的意见（征求意见稿）》). [↑](#footnote-ref-1)
2. National Health Security Administration (NHSA). 2020. Statistical Report on the Development of National Basic Medical Insurance in 2020. [↑](#footnote-ref-2)
3. National Health Security Administration (NHSA). 2018. Statistical Report on the Development of National Basic Medical Insurance in 2018. <http://www.nhsa.gov.cn/art/2019/6/30/art_7_1477.html> [↑](#footnote-ref-3)
4. ibid. The coverage rate of children excludes 7 provinces where basic health insurance for rural and urban residents had not been merged as of 2018. Official data of rural children covered in these 7 provinces is not available. [↑](#footnote-ref-4)
5. National Health Security Administration (NHSA). 2018. Statistical Report on the Development of National Basic Medical Insurance in 2018. http://www.nhsa.gov.cn/art/2019/6/30/art\_7\_1477.html [↑](#footnote-ref-5)
6. Statistical Bulletin on the Development of National Basic Medical Insurance in 2018. <http://www.zdjt.com/index.php?a=shows&catid=29&id=5694> [↑](#footnote-ref-6)
7. Ibid. [↑](#footnote-ref-7)
8. Ibid. [↑](#footnote-ref-8)