

TERMS OF REFERENCE FOR CONSULTANCY WORK: RWANDA COUNTRY CASE STUDY

An analysis of alignment and coordination of the 3Gs in efforts to strengthen health systems at country level in Rwanda.

BACKGROUND

The '3Gs' are the three largest global health initiatives that raise and allocate funds to strengthen health systems in low- and middle-income countries. These are the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Global Alliance for Vaccines and Immunizations (Gavi) and the Global Financing Facility (GFF).

The COVID-19 pandemic has once more brought the need for strengthening health systems and close international cooperation to the forefront. Effective coordination between the 3Gs and alignment with country plans increases their impact on health systems and on global health. They have made promising commitments to do so, including in the Global Action Plan for Healthy Lives and Well-being for All (GAP). The time is now to seize the opportunities to move forward.

In 2021, [Cordaid](#) and [Wemos](#) embarked on a study and drafted a policy brief in which we identified some areas of attention and recommended ways for the 3Gs to reinforce their approach to strengthening health systems in a coordinated manner. These recommendations aim to support their efforts to contribute to country-led, sufficiently funded and staffed, gender-transformative and equitable health systems, together with the communities involved.

The study is split in two parts: a desk research (Part 1) and country case studies (Part 2). The desk research was finalized in March 2021. It was followed by a webinar, featuring speakers from GFF, the GAP and implementing countries. The full report, policy brief and webinar recording can be accessed through this [link](#).

These terms of reference outline guide the second part of the study, the country case studies which will be carried out in Q3/Q4 2021. The recommendations resulting from the case studies are meant to inform advocacy actions at country level and, when relevant, global level policy change. The country analyses will enable us to make sharpened, concrete, evidence-based recommendations to the 3Gs and other donors, within and beyond the six areas of attention that we identified in the desk study (health finance, human resources for health, supply chain management, health data and information systems, community engagement, and gender).

OBJECTIVE OF THE CASE STUDIES - RWANDA

The objective of this assignment is to conduct analysis on 3Gs alignment and coordination in implementing/partner countries, in this case Rwanda, to see how the collaboration is working out in practice and where there is room for improvement.

All '3Gs' are present in Rwanda, bringing in resources and programmes:

- The Global Fund has invested approximately USD 1,56 billion so far in HIV, Malaria, TB, TB/HIV, resilient and sustainable systems for health, and in multi-component grants;
- Gavi has committed approximately USD 174 million;
- The GFF has provided grants of USD 18 million, that came together with grants of USD 35 million from Scaling up Nutrition, and USD 25 million from the International Development Association.

These country case studies aim to provide insight into obstacles faced, progress made and issues requiring additional efforts in order to further improve alignment and coordination at country level. The health sector in Rwanda depends for a great deal on external funding, with external resources accounting for 31% of total current health expenditure in 2018¹, underscoring the importance of donor coordination and alignment. This assessment will be put into context and consider factors such as limited/shrinking civic space, different socio-economic, political, and cultural environments, as well as the specific global health actors' operation environment.

We would like to understand to what extent the 3Gs in Rwanda coordinate their programmes and align with national policies in order to strengthen health systems. The consultant is commissioned to analyse and provide actionable recommendations on improving the coordination between the 3Gs at country level and alignment with national policies, focusing on:

- Health financing;
- Human resources for health;
- Community engagement;
- Gender.

The results of the case study will be used as input in the on-going reflection and debate on 3G coordination.

¹ latest available data from the WHO Global Health Expenditure Database

RESEARCH QUESTIONS

OVERALL

- To what extent do the 3Gs in Rwanda coordinate their policies and align with national strategies in order to strengthen the health system?
- To what extent are the 3Gs implementing the value of “leaving no one behind”, including those with compounded vulnerabilities that lead to marginalization?

SPECIFIC

Health financing

- What strategies, mechanisms and instruments are in place to
 - (a) enhance collaboration, knowledge-sharing, and innovation between Gavi, GFF and the Global Fund on health financing? What the concrete results have been achieved?
 - (b) align with and/or use national financing systems?
- What has been achieved by the 3Gs in relation to the improvement of transparency and accountability of financial flows, and in prioritizing those in need (equity)?
- What has been achieved by the 3Gs, jointly and individually, in relation to domestic resource mobilization (DRM) and the (envisaged) increase in Rwanda’s government health budget?
 - In relation to the DRM, to what extent have the 3Gs been (jointly or individually) active to advocate for tax justice, fighting illicit financial flows and appealing for debt cancellation/management in Rwanda?
- To what extent have the 3Gs coordinated their efforts to ensure the best value for money, avoiding duplication of efforts and making sure that interventions are cost-effective?

Human resources for health

- How do the 3Gs support HRH in Rwanda?
- How flexible are they in funding HRH and what budget items are or can be covered? Do they provide for salaries? Pre and/or in-service training?

Civil Society and community engagement

- Which institution/department and principal individuals are responsible for programme development, implementation, and monitoring/evaluation in Rwanda? Who is involved? Who is represented? Who is left out?
- Were the 3Gs programmes generated in collaboration with the people they intend to benefit? Was there representation from grassroots activists and community groups?

Gender

- To what extent have the 3Gs been able to coordinate and align research to identify the impact of their programs and policies on gender equality?

INDICATIVE SET-UP & IMPLEMENTATION

The set-up of the case study is as follows, depending on how the COVID-19 outbreak will develop and depending on the consultant selected:

- Desk research: review and analysis of 3Gs country strategies and programmes in relation to national health policies;
- Mapping of the country processes and identification of interested CSOs for collaboration;
- Exploratory interviews: face to face interviews with government officials; representatives of the 3Gs in Rwanda; technical partners; beneficiaries, representatives from CSOs, etc.;
- Analysis / Conclusions / Recommendations.

DELIVERABLES

The research will result in a concise report in **English of maximum 20 pages**, excluding annexes. The indicative time requirement for delivering the report is **20-30 working days**.

We invite the consultant to submit their required budget estimate and a budget proposal, clearly specifying whether the consultant is able to cover all or part of the research questions, the resources required, i.e. the number of consultancy days multiplied by the daily tariff, as well as other expenditure foreseen.

Given that the research questions require a broad range of expertise, we are open to the possibility that a candidate may cover either all research questions or some of them (with the time requirement being adjusted accordingly). Alternatively, the proposal can propose more than one consultant to cover the different areas of work.

DESIRED COMPETENCIES & SKILLS

A Rwanda-based consultant is preferred. The candidate should have a solid understanding of the 3Gs, health system strengthening and knowledge of the areas of attention selected (see above) and the Rwandan country context. Moreover:

- A good understanding of the funding mechanisms of the 3Gs;
- Experience in analyzing policies (desk research) and interviewing stakeholders from different sectors (public, private and CSO);
- Full English proficiency;

- Proven experience in research, consultancy and report writing;
- Good communication and reporting skills;
- A pragmatic and efficient way of working;
- Availability at short notice.

CALL FOR PROPOSALS

The case study needs to be realized in the third/fourth quarter of 2021. We provided above an indicative set-up of the assignment. However, we invite consultants to submit their detailed proposals (no more than 2 pages) and CVs (no more than 2 pages), together with some examples of previous consulting work. The proposals need to specify:

- ✓ Understanding of the assignment/relevant expertise;
- ✓ Research framework;
- ✓ Methodology;
- ✓ Planning/Timeline;
- ✓ Daily fee and a budget for travel and other costs, if any.

The deadline for submitting the proposal and CV is **August 29th, 2021**.

The consultant is expected to start the work in the second week of September.

CONTRACT & PAYMENTS

A consultant for this assignment will be selected based on the submission of a detailed proposal (including a concise budget proposal and an overview of documents to be reviewed and key informants to be interviewed) and the CV of the consultant. Based on the submissions received, Wemos will select the candidate that is the best match to the objectives of the consultancy.

Wemos will sign a consultancy contract with the consultant selected.

CONTACT DETAILS

Please send your proposal and CV to: info@wemos.nl

For questions and/or clarifications please contact Myria Koutsoumpa, global health advocate: myria.koutsoumpa@wemos.nl