

## Initial Terms of Reference

***Consultant health economist to assist the TB Monitoring and Evaluation (TME) unit of the Global TB Programme on preparatory work required to support the implementation of TB investment cases in high TB burden countries***

This consultancy is requested by:

Unit:	TB Monitoring and Evaluation (TME)
Department:	Global TB Programme (GTB)

### 1. Purpose of the Consultancy

The purpose of the consultancy is:

- To summarize existing guidance, tools and experience related to investment cases for specific diseases (or groups of diseases), including TB;
- To identify the data required for the development of a TB investment case, and the extent to which such data are available in high TB burden countries;
- To indicate the budget and type of expertise required to support the development of a TB investment case at country level, based on experience to date;
- to identify 3-5 high TB burden countries that are suitable candidates for the development of a TB investment case in 2020.

The development of TB investment cases in 3-5 countries will subsequently be supervised and funded by the Global TB Programme at WHO.

### 2. Background

Tuberculosis (TB) is a leading cause of ill-health and the top infectious disease killer worldwide. About 10 million people develop TB each year and in 2017 there were an estimated 1.6 million deaths from the disease (including 0.3 million among HIV-positive people).

In September 2018, the United Nations (UN) General Assembly held its first-ever high-level meeting on TB. The outcome was a political declaration that called for accelerated progress towards ending the TB epidemic by 2030, in line with targets set in the UN Sustainable Development Goals and WHO's End TB Strategy. A new global target for financing was included in the declaration: to mobilize at least US\$13 billion annually for TB prevention and care by 2022 (compared with US\$6.4 billion in 2018).

Investment cases can be used to make the case for funding of existing or new projects, programmes, interventions or sectors. They do this by quantifying the benefits of investment and comparing them with the size of the proposed investment, and assessing the return on investment. In the health sector, examples include investment cases for HIV and noncommunicable diseases. An investment case for increased funding of TB interventions has been developed in a few countries: examples are Kenya and South Africa.

As part of its follow-up to the UN high-level meeting, the WHO Global TB Programme has decided to support the development of TB investment cases, initially in 3-5 high TB burden countries. This consultancy is the first step in that process.

### 3. Planned timelines

Start date: January 2020 (earlier if feasible)

End date: March 2020 (earlier if feasible)

### 4. Work to be performed

The expected output is a technical report that covers the following major topics:

- A summary of current guidance and tools that are available to support the development of investment cases for specific diseases (or groups of diseases), including TB;
- A summary of the methods currently recommended (by WHO and others) for the development of investment cases in the health sector or for specific diseases;
- A summary of TB investment cases developed to date (e.g. which country, when, how the investment case was used), and lessons learned;
- Summary of information about the budget and expertise required to develop an investment case;
- Summary of the data required to develop a TB investment case, and assessment of the extent to which these data available in high TB burden countries;
- Identification of 3-5 countries that are good candidates for the development of a TB investment case in 2020, with rationale.
- Summary of current guidance on institutional and context analysis (ICA), which is used to help understand the diverse range of institutions, actors and stakeholders that influence policy at country level. ICA helps to ensure that the numbers, narratives and policy options emerging from economic modelling are heard, understood and acted upon.

### 5. Technical Supervision

The selected Consultant will work under the supervision of

Responsible Officer:	Ines Garcia Baena, Health Economist, TME, GTB	Email:	garciabaenai@who.int
Manager:	Nobuyuki Nishikiori, Medical officer, TME, GTB	Email:	nishikiorin@who.int

### 6. Specific requirements

#### Qualifications:

##### *Essential*

- Advanced postgraduate degree (at least Masters level) in economics or closely related subject.

#### Experience:

##### *Essential*

- At least seven years of experience of working in health economics, including:
  - experience of communicable diseases and working on TB
  - experience of conducting and disseminating investment cases for health interventions (or similar, such as full public health value assessments) in low-and-middle income countries.
  - experience of working as part of a multicultural and multidisciplinary team.

##### *Desirable*

- Experience of working with WHO.

#### Technical skills and knowledge:

##### *Essential*

- Excellent knowledge of principles and methods related to health economics and financing, in particular those related to economic evaluation in the health sector.
- Excellent coordination, planning and organizational skills, and capacity to establish effective working relationships within WHO, with technical partners and with national TB programmes and those working on health financing and economics in ministries of health.

*Desirable*

- First-hand experience in conducting investment case for health intervention in low and middle-income countries.
- Excellent knowledge of TBMAC (<http://tb-mac.org/>) and GHCC work (<https://ghcosting.org/>).
- Excellent knowledge and understanding of existing methodology (from WHO and collaborating partners) for conducting investment cases (for example, those for noncommunicable diseases and mental health).
- Excellent knowledge of dissemination strategies and audiences that need to be reached with investment cases.
- Excellent communication (oral and written) skills.
- Excellent knowledge of and proven experience using a statistical software (Stata or R).

Language requirements:

*Essential*

- Excellent level of English (reading, writing, speaking).

*Desirable*

- Excellent level of French (reading, writing, speaking); *or*
- Excellent level of Spanish (reading, writing, speaking); *or*
- Excellent level of Russian (reading, writing, speaking); *or*

Other essential requirements

- Excellent organizational skills;
- Available to start the consultancy in Q1 2020 (or earlier if possible).

**7. Place of assignment**

The consultant is expected to be based in their country of residence.

**8. Travel**

None, *however if need arises all **travel arrangements** will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**.*

*Visas requirements: it is the consultant's responsibility to fulfil **visa requirements** and ask for visa support letter(s) if needed.*

**9. Fee rate, contract duration, timing of payments and performance evaluation**

The remuneration will be based on a daily fee rate for a P4 level specialist (in the range US\$400-US\$450 per day, depending on the selected consultant's expertise and years of experience). This is in accordance with the WHO remuneration scales for international consultants. The daily fee will be agreed between WHO and the selected consultant in advance. The contract will cover a 2-month period, and payments will be made following satisfactory completion of a set of deliverables. Other terms and conditions of employment will be in accordance with WHO policy on the employment of consultants (details available upon request). For example, the consultant is responsible for ensuring that they have adequate health insurance (mandatory in Switzerland) and for obtaining any necessary visas and vaccinations required for travel.