CONSULTANCY

Terms of Reference

The consultancy is ordered by:

<table>
<thead>
<tr>
<th>Units</th>
<th>EAE / EMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departments</td>
<td>HGF/EMP</td>
</tr>
</tbody>
</table>

1. Purpose of the Consultancy

The consultant is intended to assist in the development of the SDG indicator 3.b.3 on access to medicine and to the further development of the SDG 3.8.2 indicator on financial protection.

2. Consultant’s Name

3. Background

The indicators for the sustainable development goals (SDGs) were officially approved last July by the UN General Assembly. SDG indicator 3.b.3 is proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis which is a tier 3 indicator. SDG indicator 3.8.2 is proportion of population with large household expenditures on health as a share of total household expenditure or income which is a tier 2 indicator. The tier classification is as follows:

- Tier I: indicator is conceptually clear, established methodology and standards are available and data are regularly produced by countries;
- Tier II: indicator is conceptually clear, established methodology and standards are available but data are not regularly produced by countries;
- Tier III: no established methodology or standards are available for the indicator and methodology/standards are being developed and tested for the indicator.

The Department of Medicines and Health Products (EMP) aims to get SDG 3.b.3 to tier 2 by establishing the methodology and producing data for at least about 50% of the countries. The Department of Health Systems Governance and Financing (HGF) aims to further refine SDG 3.8.2 and possibly reach Tier 1 status. Improvement of the indicator 3.8.2 will allow disaggregation according to relevant classes, including income quintiles, geographic areas like urban/rural, etc. Tier 1 status will require data from more countries, preferably enough to provide trend information as well. The Inter-agency expert Group (IAEG) on SDG indicators meet twice a year in March and November. They approve the indicators and the tiering. The aim for both departments is to submit to the IAEG-SDG during their November 2018 meeting.

In support of this work, a consultant is needed to work 100% (50/50 split) from February 1 to December 28, 2018.

4. Work to be performed

The consultant is expected to:

For the Department of Medicines and Health Products: Under the supervision of the responsible officer:

- develop the methodology for the SDG indicator on access to medicines:
• identify calculation methods for the multi-dimensional indicator,
• organize consultations (with regional and country offices, other international organisations, member states etc.) on the methodology for calculation of the SDG indicator and ensure all received feedbacks are incorporated in the technical note on the indicator itself, keeping a good record of the comments received,
• organize the data collection piloting,
• support regions and countries in preparation and during the pilot data collection,
• collect and “clean” the data,
• provide feedback on the facility of use of the EMP App,
• ensure statistical validation of the data collected and possibly triangulation with alternative information sources,
• conduct data analysis from the piloting and prepare a report,
• provide a graphical representation of the data analysis’ results,
• prepare the technical note for IEAG-SDG in November, including meta data and clear description of methodology.

For the Department of Health Systems Governance and Financing: Under the supervision of the responsible officer:
• access microdata from selected countries; working with country teams and consultants as needed
• clean, run quality checks and analyse the datasets together using different variants of the catastrophic and impoverishment indicators with disaggregation by relevant classes (income quintiles and rural/urban, M/F headed households)
• organize a data analysis meeting in February and an internal WHO meeting with some invited experts in March 2018.
• complete the SDG 3.8.2 focal points database
• contribute to a technical report for the IAEG-SDG which summarizes the country data and proposes refinements to the indicator as needed.
• complete post IAEG-SDG work

Timelines
Start date: 01/02/2018 End date: 28/12/2018

Specific requirements
- Educational qualifications required:
  Post graduate degree in economics (at MS level required; PhD preferred)
- Experience required:
  3-5 year work experience in health economics
- Technical skills and knowledge:
  Knowledge of health economics with a focus on measurement of financial protection and inequalities in health and health care; and on access to medicines
  Advanced quantitative analysis skills using at least one of the three software: STATA, SPSS or SAS
  Excellent communication and language skills, as reflected in a track record of presentations at national and international workshops and seminars
- Language requirements:
  English required (read, write and speak at expert level);
  Additional WHO official language preferred