



**Alliance for Health Policy and Systems Research and
the Health Systems Financing Department, World Health
Organization**

Call for Expressions of Interest:

**Assessing efforts towards universal financial risk
protection in low- and middle-income countries**

April 2009

Issued: May 1st, 2009

**Deadline for submission of expressions of interest:
June 30th, 2009**

Assessing efforts towards universal financial risk protection in low and middle income countries

This call for expressions of interest is jointly issued by the Alliance for Health Policy and the Health Systems Financing Department, WHO:-

- The *Alliance for Health Policy and Systems Research (HPSR)* is an international collaboration, based in WHO Geneva, that aims to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. For more information please visit: www.who.int/alliance-hspr
- The *Health Systems Financing (HSF) Department*, at WHO, works in collaboration with regional and country offices of WHO to support countries seeking to strengthen their health financing systems. The department strives to be a trusted partner in the development of equitable, efficient and sustainable health financing systems and institutions. It does this through technical and policy support to countries, the provision and sharing of information, data and country experiences, capacity building and partnership.

1. Introduction

The question as to how countries develop and implement universal financial risk protection, was identified as one of the nineteen priority health systems financing (HSF) research questions voiced by key informants across the twenty-four case-study countries¹. At a ranking workshop conducted in Nyon (28 May 2008), involving twelve researchers, this issue was ranked first among the nineteen.

The Alliance HPSR and the HSF Department are eager to support in-depth country case-studies identifying factors that have helped or hindered the expansion of universal financial risk protection in low and middle income country (LMIC) contexts. We are interested in learning both from positive and negative experiences (i.e. both 'successes' and 'failures'). This research programme of work will build on the interest and momentum generated by the World Health Report 2010, which will focus on Financing for Universal Coverage. It is envisaged that the final product of this programme of country case-study work will be a book (or the special issue of a journal) encompassing all of the case-studies, and highlighting cross-cutting policy lessons and issues that are applicable beyond the case-study countries.

The Alliance HPSR and the HSF Department have decided in the first instance to request interested parties to submit brief expressions of interest (EOI). These EOI will be technically reviewed. The most promising EOI will be invited to a proposal development workshop, where applicants will work with technical advisers to develop proposals for 12

¹ Alliance for Health Policy and Systems Research, 2008. Establishing health system financing research priorities in developing countries using a participatory methodology. Available at <http://www.who.int/alliance-hpsr/researchsynthesis/financing/en/>

to 18 months of work. The Alliance HPSR and the HSF Department will then fund the five to ten most promising of these 12 to 18 month country case-studies. (We are also happy to work with self-funded teams who are interested in joining in this programme of research.)

At this time, we have a total of US\$500,000 to support the five to ten country case-studies. Funding to each team will depend on the nature of the research proposed, its duration, and the budget justification. Depending upon the number of good proposals developed, additional funding may be made available in the future, or could be sought from other funding agencies.

2. Universal coverage and financial risk protection

There is ample evidence that out-of-pocket expenditures prevent people from seeking necessary health care, and that those who do seek health care may incur a tremendous financial burden (1, 2). In 2005 the Member States of WHO adopted a resolution that encouraged countries to develop health financing systems aimed at providing universal coverage (3). With its latest World Health Report, the WHO again endorsed the pursuit of universal coverage, defined as ensuring that population access to needed health services without the risk of financial catastrophe or impoverishment associated with obtaining care:

The fundamental step a country can take to promote health equity is to move towards universal coverage: universal access to the full range of personal and non-personal health services they need, with social health protection. Whether the arrangements for universal coverage are tax-based or are organized through social health insurance, or a mix of both, the principles are the same: pooling pre-paid contributions collected on the basis of ability to pay, and using these funds to ensure that services are available, accessible and produce quality care for those who need them, without exposing them to the risk of catastrophic expenditures. (p. 25, 4)

Universal coverage implies two key features:

- Equity of access
- Financial risk protection.

It also requires coordinated action across three components of financing - raising sufficient funds, pooling funds to spread risk, and using them to provide and/or purchase services efficiently and equitably. Countries vary tremendously in the extent to which they have been able to move towards universal coverage, and the time it has taken them to achieve this. The lack of available funds has been one factor, but even in the European countries that have achieved universal coverage, the transition took place over many decades, often taking more than 50 years (6). Some countries have moved more quickly in recent times including Costa Rica, Colombia, Mexico, Thailand and Turkey (4). Ghana is another example of a country seeking to move towards universal coverage, having introduced a national health insurance scheme in 2003, which will ultimately be

offered to all Ghanaians. By December 2007, 55% of the population had registered with the NHI and 44% had received their membership cards (7).

It is important to understand why some countries have been able to move more rapidly than others, learning from positive and negative experiences. Possible issues or themes of importance for investigation include, but are not limited to:

- Political dynamics of change -- before a reform towards universal financial coverage can be initiated (or in order for it to be successful) governments need to have the political will to accept universal coverage as a long-term goal and government responsibility, and the capacity to exercise good stewardship (5, 6). In many ways, in terms of reform, the key issue is political and institutional – which risk pooling method is more acceptable to key stakeholders, more capable of being implemented (5).
- Broader influences -- general social and economic influences, globalization.
- Policy mechanisms, legislation, institutional mechanisms -- Different countries have pursued quite different pathways towards universal financial coverage. In terms of financing source, a key choice facing countries on the transition path to universal coverage is between general tax funding or mandatory social (or private) insurance payments, or mixes of these. In addition, even in high income countries with universal coverage, user fees or copayments usually still exist to some degree, so countries face choices on whether or not to retain user fee elements, and what to charge for (5).
- Degree of fragmentation -- fragmentation refers to the existence of a large number of separate funding mechanisms (e.g. many small insurance schemes) and a wide range of health providers paid from different funding pools. Fragmentation reduces the scope for risk pooling in the health system (7). It is important to achieve as much integration of risk pooling mechanisms as possible in order to promote income and risk cross subsidies.
- Degree of subsidization -- In most low- and middle-income countries, the bulk of public health care resources are derived from taxes of various types. Tax-financed domestic financing would have to remain prominent, even when a country pursues universal health insurance (6). External donor funding may also be needed to supplement resources that can be raised domestically.
- Potential de-stabilizing effects of up-scaling -- For example, in setting where there is a shift in purchasing mechanisms, from direct public financing of public facilities, to "strategic purchasing" by a national health insurance body, it can create instability in health care sector, labour market, etc.
- Relative importance of initiatives in other sectors -- Success of universal coverage may depend on initiatives or policies that fall under the Ministry of Finance, Labour, Education, etc. Also, the importance of trade unions, civil society, the informal sector.

The main constraint in many countries is funding. If countries are spending \$10 or \$20 per person per year on health, there is no way they can fund universal coverage in the short to medium term. So identification of the constraints to achieving universal coverage is important. This would include funding, but it might include questions of whether governments or donors are willing to support it.

This call aims to explore and compare country-specific experiences in developing and implementing universal financial risk protection, with a focus on the factors that have helped or hindered the expansion of financial protection mechanisms.

3. Possible Activities to be Conducted under the Call

Activities conducted under this grant programme are likely to focus on a single country (low- or middle-income). In exceptional cases, for example in larger countries with decentralized health care systems, we will consider research at a sub-national level. Case-studies can be done in any country where there was a serious attempt to reform the financing system -- raising revenue, pooling and purchasing -- in an attempt to achieve universal financial risk protection. Case-studies should:

- a. Describe the reform and its comprehensiveness in terms of raising revenue, pooling and purchasing or otherwise
- b. Compare the reform as designed with the reform as implemented as part of the process of trying to understand /explain reform outcome (success or failure)
- c. Assess the extent to which the reforms were successful (clearly defining criteria and perspectives used to define success or failure), drawing on the best available data. This might include quantitative data on the breadth and depth of coverage, now and in past.
- d. Analyse the factors that have aided or interfered with universal financial risk protection. Apart from analyzing the technical content of reform, analysis should include (for example) information on the context of reform i.e. historical, political, economic and/ or institutional factors that have helped or hindered reform as well as an analysis of the actors in reform and their characteristics and the influence on success or failure.
- e. Policy analysis perspectives and methods are particularly encouraged

The grant programme is **not** intended to support experimental studies nor to assess new / innovative risk-pooling strategies. Studies that include more than one country (i.e. cross-country studies) are **not** encouraged.

4. Technical support and award process

We will work closely with grantees to support their work, promote opportunities for South-to-South learning through workshops and online fora, and if appropriate, identify technical support to assist grantees in their efforts.

In the first instance therefore, we are requesting applicants to submit brief EOI. The most promising expressions of interest will be accepted for participation in a proposal development workshop. The purpose of this workshop will be to: (i) refine and move towards finalizing proposals; (ii) promote the exchange of ideas and strategies between participants; (iii) to foster some standardization of methodologies so as to facilitate cross-country comparisons. There will be time during the workshop for teams to work

independently towards finalizing their proposals. Final proposals will be due shortly after the workshop.

After submission of final proposals, we will decide which five to ten proposals will be fully funded. We will also help to identify and secure resources for other high quality proposals that the Alliance HPSR / HSF Department are not able to fund.

Successful final proposals will include some common methodological elements, so as to ensure that comparisons can be made across the case-study countries, and leading to conclusions that can be generalized to other LMICs. As well, we will encourage and facilitate networking among grantees while the case-studies are being conducted.

5. Eligibility to apply

Researchers in low and middle income countries are eligible to apply to this call for proposals. Organizations in high income countries are not eligible to apply. Researchers in low and middle income countries may collaborate with an institution or individual in a high income country; however, no more than 20% of the total grant value can go to institutions or individuals in high income countries.

Teams submitting expressions of interest should demonstrate:

- Expertise in health policy and systems research
- Expertise in health financing
- Ability to analyse quantitative data to evaluate the success or otherwise of various financing reforms
- Expertise in qualitative data collection, analysis and writing-up
- Awareness of relevant, national financial protection mechanisms
- Engagement with or access to policy makers involved in the development or implementation of universal financial risk protection.

Successful proposals involving human subjects will need ethical clearance from WHO`s ethics review committee as well as from the relevant institution in the country where the research will take place.

6. Evaluation Process and Criteria

EOI will be evaluated according to the following criteria:

- Relevance of the research question and a clear statement of what the study will add to existing literature (25%)
- Scope for learning lessons based on the selected financial protection mechanisms and the reform process applied in the country (25%)
- Methodological approach proposed for documenting the success of financial reforms, and exploring the factors responsible for success or failure (25%)
- Quality of the technical team proposed and organizational capabilities, including access to those who designed and implemented the selected reform / mechanism (25%)

The final selection of proposals to be funded will be made largely upon the scores awarded to the proposals but will also take account of geographical distribution and country income status.

7. Selection Process

Please direct all questions concerning this call for EOI, by email, to the Alliance HPSR for Health Policy and Systems Research (alliancehpsr@who.int). The Alliance HPSR will post responses to these questions on its website for all potential bidders to read.

All applications must be submitted to the Alliance for Health Policy and Systems Research, by email, and must be received by 30 June 2009. In the header of the email please put "EOI: Universal Financial Risk Protection". The Alliance HPSR will notify all applicants of receipt of their application.

Applications will be independently reviewed by two technical experts.

A small committee composed of members of the Alliance HPSR's Scientific and Technical Advisory Committee, HSF staff and other technical experts will make the final selection workshop participants and of grant recipients.

Applicants will be notified as to whether or not they have been selected for participation in the proposal development workshop during September 2009.

8. References

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2. Xu K, Evans DB, Kawabata K, Zeramdini R, Klavus J, Murray CJL. Household catastrophic health expenditure: a multicountry analysis. *The Lancet*. 2003;362:111-7.
3. World Health Organization. Resolution of the 58th World Health Assembly: Sustainable health financing, universal coverage and social health insurance. Geneva: WHO; 2005.
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5. Mills A. Strategies to achieve universal coverage: are there lessons from middle income countries? Geneva: WHO, Commission on Social Determinants and Health, Health Systems Knowledge Network; 2007.
6. Carrin G, Mathauer I, Xu K, Evans DB. Universal coverage of health services: tailoring its implementation. *Bulletin of the World Health Organization*. 2008 Nov;86(11):857-63.
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Additional references

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Expression of Interest

THIS FORM SHOULD BE SUBMITTED BY E-MAIL TO

alliancehpsr@who.int

PART I. ADMINISTRATIVE INFORMATION

Selected information from this box (1.1-1.5) may be released to the general public if this letter of intent is selected for funding		
1.1 Name of Team leader and institutional affiliation:		
Title:	Surname:	First name:
Name of Department and Institution (30 words maximum)		
Full postal address of team leader to be used for correspondence (170 words maximum):		
Telephone:	Fax:	
E-mail:	E-mail 2:	
1.2 Title of project: (30 words maximum) BLANK]	ID Number:	[LEAVE
1.3 Summary: (120 words maximum)		
1.4 Has your institution ever received a grant from a funding body before? If yes, please provide the grant making institution, project title, dates and value of the grant, for the last three grants awarded. a. b. c.		

PART II STRUCTURE OF EXPRESSIONS OF INTEREST

Expressions of Interest should be **no more than 10 pages** in length, plus annexes.

1. Technical Proposal

(approximately 6 pages)

1.1 Briefly describe the current health financing situation in the country (or sub-national area of interest). Assess the strengths and weaknesses of the overall health financing system in terms of equity, efficiency, access and financial risk protection. Describe the nature of available evidence on this issue and the basis for your judgements.

1.2 Present the specific health financing reform(s) or mechanism(s) that you are interested in studying. Describe the development and implementation, the target group, and the timeframe of interest. Describe why you are interested in studying this particular mechanism. Carefully describe what is already known about the effectiveness of the mechanism, and describe how your study will add to the existing literature.

1.3 Briefly outline the research approach proposed for documenting the success of financial reforms, and exploring the factors responsible for success or failure.

1.4 Describe the anticipated outcomes and products of the proposed programme of work. How will policy and decision makers be involved in the research, or if this is not appropriate, explain why the research is relevant to policy and how research findings will be packaged and disseminated in order to influence policy.

2. Technical Capabilities

(approximately 2 pages)

Provide a brief description of the capacity of the organization submitting the expression of interest, particularly as it pertains to health systems financing. Describe the status and nature of the applicant organization.

If the application is a joint one between more than one organization then please briefly describe the organizational capabilities of all organizations involved and what role each organization will play.

Identify key staff who will lead the project and explain what role each of the core team members will play. In the Annex provide a summary CV for all key staff included in the expression of interest.

3. Budget

(approximately 1/2 page)

Please given an indication of what you anticipate the total project cost will be and its duration (number of months/years). Please give a very approximate breakdown of the project budget between personnel and other costs. Please present this budget in USD.

If there are possibilities of leveraging additional resources (eg. through existing grants) then please describe these.