Repositioning the Health Economics Unit

June, 2018
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CONTENTS

List of Tables

List of Figures

ACRONYMS

BCS	Bangladesh Civil Service
BNHA	Bangladesh National Health Accounts
DG	Director General
DGFP	Directorate General of Family Planning
DGHEP	Directorate General of Health Economics and Policy [proposed new name for the Health Economics Unit]
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
EACU	Economic Analysis and Costing Unit
ESP	Essential Service Package
GEVSP	Gender, Equity, Voice and Stakeholder Participation
GNSPU	Gender, NGOs, and Stakeholder Participation Unit
GoB	Government of Bangladesh
HCFS	Health Care Financing Strategy
HEF	Health Economics and Financing
HETU	Health Expenditure Tracking Unit
HEU	Health Economics Unit
HFG	Health Finance and Governance project
HPNSP	Health, Population, and Nutrition Sector Program
HSS	Health Systems Strengthening
LLB	Bachelor of Law and Legislations
M&E	Monitoring and Evaluation
MIS	Management Information System
MNCAH	Maternal, Neonatal, Child, and Adolescent Health
MoF	Ministry of Finance
MoHFW	Ministry of Health and Family Welfare
MOPA	Ministry of Public Administration
NGO	Non-Governmental Organization
NHSO	National Health Security Office
PER	Public Expenditure Review
PMMU	Program Management and Monitoring Unit
PPP	Public-Private Partnership

QIS	Quality Improvement Secretariat
QoC	Quality of Care
SDG	Sustainable Development Goal
SSK	Shasthyo Suroksha Karmasuchi
UHC	Universal Health Coverage
UHCU	Universal Health Coverage Unit

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EXECUTIVE SUMMARY

Introduction

The Health Economics Unit (HEU) at the Ministry of Health and Family Welfare (MoHFW), Government of Bangladesh (GoB), requested support from the United States Agency for International Development (USAID) in early 2017 to strengthen the HEU's role in advancing universal health coverage (UHC). USAID was asked to:

- Conduct an organizational review and develop a plan for repositioning the HEU in the context of its changing organizational role in advancing UHC in Bangladesh—UHC is a primary component of the Health Care Financing Strategy (HCFS) 2012–2032 and the 4th Health, Population and Nutrition Sector Program (4th HPNSP) 2017–2022; and
- Assess the need for creation of a dedicated costing unit within the repositioned HEU to improve use of health costing results and foster a culture of evidence-based decisions using costing data.

In requesting the review, the DG cited the following concerns:

- Expansion of the HEU's mandate in the context of UHC, HCFS, and the 4th HPNSP led to the HEU taking on too many activities and roles, diluting its ability to achieve its mission and thereby rendering effective execution difficult;
- Staffing constraints limited the ability of the HEU to deliver in the areas of analysis and advocacy for use of evidence for policy-making—limitations imposed by civil service recruitment rules, and the absence of career paths for technical staff, made it very difficult for HEU to attract and retain staff with the skills needed; and
- High staff turnover and absence of effective knowledge management systems might have meant that analyses were not used effectively.

Methodology

A team from the USAID-funded Health Finance and Governance project (HFG) and MaMoni-Health Systems Strengthening (HSS) project conducted the assessment in July 2017. The assessment methodology consisted of a document review, interviews, and group discussions with the HEU staff, current and former MoHFW officers, implementing partner representatives, and donors. A total of 59 interviews were carried out, as well as numerous informal conversations.

Information and data were analyzed using the following questions as a framework:

- How is the mandate of the HEU currently defined?
- Is staffing sufficient to carry out the work and to fulfill the mandate?
- Can the work, as presently defined, be performed effectively in the HEU?
- Is the HEU positioned most effectively for the realization of its mandate? If not, how can the HEU be best repositioned to advance UHC?

Current Situation

The HEU defines its current mission as follows:

> *"To improve the performance of the health, population, and nutrition sector for increased provision of quality services for the entire population, especially the poor, women, and the disadvantaged, through use of resources in an economically efficient manner with a focus on equity and participation."*[A]

The Health Economics and Financing (HEF) operational plan of the 4th HPNSP guides the HEU's activities. In this, the HEU's objective is to:

> *"Attain sustainable health financing to achieve Universal Health Coverage and a more responsive health sector in Bangladesh."*

HEU comprises two subunits, the Heath Economics subunit, and the Gender, Non-governmental organizations (NGOs) and Stakeholder Participation Unit (GNSPU).

The Health Economics subunit is further divided into the Bangladesh National Health Accounts (BNHA) Cell; the *Shasthyo Surokhsha Karmasuchi* (SSK) Cell (which manages the HEU's pilot health protection scheme for the poor); the Quality Improvement Secretariat (QIS); and an open team for other activities. The cells and teams are loosely defined, and it is common for staff to carry out multiple responsibilities.

Since HEU's inception in 1995, the MoHFW has relied on it for a multitude of economic analyses and, more recently, on issues related to UHC. HEU's achievements can be summarized as follows:

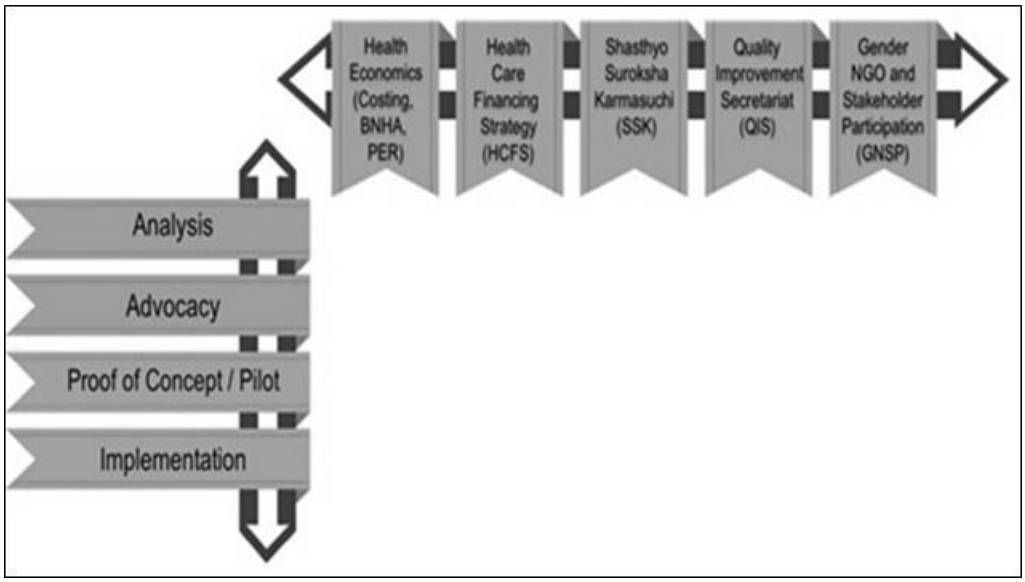
- BNHA—HEU has successfully institutionalized BNHA with a BNHA Cell and completed five rounds of BNHA (one every five years) as originally planned. The BNHA estimates important measure of out of pocket expenditures for health. HEU is recognized for producing the BNHA, and works closely with multiple partners within government, with agencies beyond MoHFW (such as Bangladesh Bureau of Statistics (BBS)), academia, technical assistance agencies, and development partners, to produce the BNHA.
- HCFS—HEU led the development of Bangladesh's first HCFS, working with multiple partners. In addition, HEU led:
    - Development of the UHC Communication Strategy (following from the HCFS), as well as the revision process;
    - Development of the implementation plan for HCFS; and
    - Development and piloting of the SSK, Bangladesh's first social health insurance scheme, as proposed in the HCFS.
- Quality of health care—HEU energized the QIS, developing multiple standards and protocols necessary for quality assurance in the health sector.
- GNSPU—HEU led the development of Bangladesh's first Gender Equity Strategy for the health sector, and its related action plan, and HEU leads training on gender in the health sector across the MoHFW.
- Costing—HEU has led and supported multiple costing studies of health services. Of particular importance for planning and UHC, is the costing of the first essential service package (ESP) in 1999, as well as later revisions, including the latest ESP.

[A] http://heu.gov.bd

By August 2017, HEU had 10 administration cadre officers (including three for GNSP) supporting technical activities. Technical work is carried out primarily by 10 medical officers deputed from the Directorate General of Health Services (DGHS), and another 17 staff seconded from and financed by development partners. Additionally, HEU has 26 support and administrative staff, which is the standard government allocation.

During the course of the assessment, the team paid careful attention to the breadth and depth of the HEU's current mandate, depicted in Figure ES 1. The breadth (horizontal axis) of mandate is measured by the number of different content areas in which the HEU works (Health Financing, SSK, QIS, and GNSPU). Depth of mandate (vertical axis) refers to the type of HEU engagement (analysis, formulation of policy guidance, proof of concept, and/or implementation) in any particular content area.

Figure ES I: Combined Horizontal and Vertical Scopes of the HEU



The team found that the number and capacity of staff was insufficient to carry out all of the functions of the current mandate, or to fulfill the mission of the HEU--i.e., the HEU does not have adequate staff to do all of the work for which it is responsible. In addition, much of the work of the QIS and GNSPU, while critical to the equitable provision of quality health care and services, is focused on the health care service delivery system and could be carried out much more effectively in those directorates and departments.

Proposal

With all of this in mind, the assessment team proposes the following steps in repositioning the HEU:

1. **Clarify the mandate of the unit in relation to UHC.** The team proposes the following revised mandate:

   To achieve Universal Health Coverage and a more responsive health sector in Bangladesh, HEU will support sustainable and equitable health financing approaches and policy formulation through the generation and use of health economics data and analysis.

2. **Refocus the HEU on analysis, advocacy, and policy guidance.** The team proposes that HEU refocus its activities on analysis and use of data and evidence, advocacy, and policy guidance (to support policy formulation), in accordance with the proposed mandate. While HEU might be involved in the design and monitoring of proofs of concept pilots, it should refrain from direct implementation at the service delivery level. While conducting pilots, the focus should be on demonstration of proofs of concept and documentation of scalability; thus clear boundaries must be established and maintained in order to distinguish between piloting a concept and direct implementation. Full-scale implementation will need to be done by the service delivery bodies of MoHFW, particularly the DGHS and Directorate General of Family Planning (DGFP).
3. **Limit the breadth of activities to those that directly contribute to attainment of the mandate.** The team proposes relocating the QIS and the gender component of the GNSPU to the health care delivery system so that the work is defined and directed by those charged with the delivery of equitable and high-quality health care.
4. **Implement the relocation of QIS and the gender component of the GNSPU during 2018-2022.**[B] This is to allow time for the necessary consultations to take place prior to decisions on relocation and placement. This would require initiating a participatory process for defining the Terms of Reference for these units, and reaching agreement on the most appropriate placement within the MoHFW, while minimizing disruption of programs and service.
5. R**ename the HEU, "Directorate General of Health Economics and Policy (DGHEP)" and place it within the MoHFW** where it can most effectively serve both divisions of the Ministry.[C]
6. **Design four functional technical units with necessary staffing to focus on analysis, advocacy, and policy guidance, in the context of the revised mandate.** This report provides Terms of Reference for the four units.
7. **Address the existing limitations imposed by Civil Service recruitment regulations** on the DGHEP's ability to recruit and retain qualified personnel. Develop new recruitment rules for DGHEP, which will need to define a career path for technical staff so that the DGHEP is able to attract and retain needed staff and reduce turnover.
8. **Strengthen multidisciplinary collaboration** between the new DGHEP and other units in the MoHFW to improve design, implementation, and uptake of research activities.
9. **Implement the proposed repositioning with a clear timeline and in close consultation with key partners and stakeholder** (see implementation plan in **Annex B**).

We are confident that if these changes are made, the new DGHEP will be well positioned to build on HEU's achievements to date and contribute to achievement of UHC in Bangladesh.

[B] Specifically, at the time of the mid-term review in 2019, or, at the latest, the start of the next sector plan in 2022.

[C] Ideally, given the cross-cutting technical and policy scope, DGHEP would be placed at the Ministry level and report directly to the Minister of Health or State Minister; however, the team recognizes that presently there is no option for this in the GoB.

1. INTRODUCTION

The HEU, MoHFW, requested support from USAID in 2017 in to strengthen the HEU's role in advancing UHC. The objective of this activity was to:

- Conduct an organizational review and develop a revised business plan to reposition the HEU in the context of its changing organizational role in advancing UHC in Bangladesh—UHC is a primary component of the HCFS 2012–2032 and the 4th HPNSP 2017–2022; and
- Assess the need for a dedicated costing unit within the repositioned HEU to improve use of health costing results and to foster a culture of evidence-based decisions using costing data.

In requesting the review, the DG cited these concerns:

- Expansion of the HEU's mandate in the context of UHC, HCFS, and the 4th HPNSP led to the HEU taking on too many activities and roles, diluting its ability to achieve its mission and rendering effective execution difficult;
- Staffing constraints were limiting what the HEU could deliver in the areas of analysis and advocacy for evidence use in policy-making—limitations imposed by civil service recruitment rules, and the absence of career paths for technical staff, made it very difficult for the unit to attract and retain staff with needed skills; and
- High staff turnover and the absence of effective knowledge management systems could mean that analyses were not used effectively.

This report proposes a plan for repositioning the HEU. It is organized as follows:

- Section 2 provides the methodology and analysis approach;
- Section 3 provides an understanding of the current structure and situation based on the assessment;
- Section 4 summarizes key findings from the assessment;
- Section 5 provides an overview of the proposed plan;
- Section 6 provides details of the proposal, including Terms of Reference for the proposed four technical units and a transition plan for relocation of two key areas of work;
- Section 7 covers the important areas of collaboration and coordination, as these are central to the success of the repositioned HEU; and
- Section 8 provides a summary of the assessment and proposal.

1.1 Background of the HEU

In 1994, the MoHFW undertook the Health Economics Project as part of the Fourth Population and Health Project. Funded by the then Overseas Development Administration (of the UK), the Health Economics Project aimed to develop overall health economics capacity in Bangladesh. This capacity was deemed necessary to ensure delivery of cost-effective and efficient health care services, and for provision of policy guidance to the government. The major activities included training (local and overseas), research and dissemination of findings, and networking with regional and international health economics institutions/organizations. HEU was established with this mandate as part of the MoHFW in 1995.

During the first health sector program (1998-2003), HEU was re-organized into the Policy Research Unit with three constituent arms, the Health Economics Unit, the Human Resources Development Unit, and the Gender, NGO, and Stakeholder Participation Unit.

The HEU initially focused on conducting policy research on health economics and financing, and providing policy support to policy-makers, but over time it has expanded its activities to include other health issues. At present, it serves as the focal point for UHC and supports coordination of activities geared towards achievement of Sustainable Development Goal (SDG) targets being undertaken by governmental, non-governmental, academic, and research organizations.

In 2014, the HEU started working on health care quality and established the QIS for this purpose. In 2015, the SSK Cell was established to manage the HEU's pilot social health protection scheme for the poor, an intervention proposed in the HCFS. The SSK Cell draws on the QIS, particularly for quality protocols used in the SKK pilot.

In the 4th HPNSP (2017-2022), the GNSP unit is charged with providing policy guidance for gender-responsive health care service delivery, and with identifying programs and activities where NGOs, stakeholders, and public-private partnerships (PPPs) can be used to improve efficiency and enhance accountability and transparency in the health sector.

1.2 Achievements of the HEU

HEU's achievements can be summarized as follows:

- BNHA—HEU is recognized for producing and has successfully institutionalized BNHA with a BNHA Cell, and completed four rounds of accounts (one every five years as planned). The BNHA estimates out-of-pocket expenditures for health, and HEU works closely with multiple partners to produce the accounts, including agencies beyond MoHFW within government (e.g., Bangladesh Bureau of Statistics (BBS), academia, technical assistance agencies, and development partners.
- HCFS—HEU led the development of Bangladesh's first HCFS focused on UHC, working closely with multiple partners. In addition, HEU led development of:
    - The UHC Communication Strategy (following on from the HCFS), as well as the revision process;
    - The HCFS implementation plan; and
    - The SSK, Bangladesh's first social health insurance scheme, as proposed in the HCFS, as well as piloting of the SSK.
- Quality of health care —HEU re-energized the QIS after it moved to HEU, developing multiple standards and protocols necessary for quality assurance in the health sector.
- GNSP—HEU led the development of Bangladesh's first Gender Equity Strategy for the health sector and the related action plan. HEU leads training on gender in health across MoHFW.
- Costing—HEU led and supported multiple health service costing studies. Of particular importance for planning and UHC is costing of the first essential service package (ESP) in 1999, as well as later versions, including the latest ESP (2017-2018). MoHFW relies on HEU for a multitude of economic analyses and, more recently, on to inform issues related to UHC.

2. METHODOLOGY

A team from HFG and MaMoni-HSS projects conducted the assessment in July 2017. The assessment methodology consisted of a document review, and interviews and group discussions with HEU staff, current and former MoHFW officers, implementing partner representatives, and donors. A total of 59 interviews were conducted, as well as numerous informal conversations.

2.1 Document Review

The team reviewed a variety of documents in order to fully understand the current state of the HEU, relevant operational plans, and strategies and policies that defined its work. These included: HCFS; Health Economics and Financing Operational Plans (of current and previous health sector plans); National Strategic Plan for Quality of Care for Health Services in Bangladesh; new strategies developed to address gender issues; past and present HEU publications; publications related to the SSK program; terms of reference for each HEU cell; MoHFW and HEU organograms; and selected staff job descriptions. In addition to these, the team reviewed documents on similar institutions in other developing countries. Reviewed documents are listed in the bibliography (**Annex D**).

2.2 Stakeholder Interviews

The assessment team conducted 20 individual interviews and 17 group discussions with the aim of learning about the HEU's strengths and areas for improvement. Interviewees were asked for recommendations relating to the HEU's mandate and appropriate structures to support that mandate. Interviewees included present HEU staff; current and former MoHFW staff; officials from other government entities, research, and academic institutions; and staff from a variety of development partners. A summary of interviewee categories can be found in Table 1. A full list of interviewees is included in **Annex A**.

Table 1: Types of Stakeholders and Numbers of Interviews Conducted

Type of Stakeholder	Type and Number of Interviews	Number of Participants
Government	Group (7)	17
	Individual (13)	13
Technical partners	Group (5)	12
	Individual (4)	4
Developemnt partners	Group (5)	13
	Individual (3)	3
Total number of persons participating in group discussions or individual interviews (without double-counting)		**59**

2.3 Analysis

The team analyzed the collected data and information using the following questions as a framework:

- How is the mandate of the HEU currently defined?
- Is staffing sufficient to carry out the work and to fulfill the mandate?
- Can the work, as presently defined, be performed effectively by the HEU?
- Is the HEU positioned most effectively for realization of its mandate? If not, how can the HEU be best repositioned to advance UHC?

As the work progressed, the team shared its thinking with stakeholders at two consultative meetings—first with HEU staff, and then with a wide variety of stakeholders including both current and former MoHFW staff, other government entities, NGOs, and development partners.

3. CURRENT SITUATION

3.1 Mandate

An organization's mandate defines its purpose and helps focus its work on pursuit of certain strategic objectives of the mandatory agency (in this case, the MoHFW). Clarifying the mandate enables stakeholders to understand the organization's focus and organize their collaboration and contributions accordingly. Clarification of the HEU mandate is therefore a critical starting point to inform development of any proposals presented here.

As stated on its website, the HEU's mission is "To improve the performance of the health, population, and nutrition sector for increased provision of quality services for the entire population, especially the poor, women, and the disadvantaged, through use of resources in an economically efficient manner with a focus on equity and participation."[D]

Under MoHFW sector programs, each department/office has its own five-year work plan, as well as a budget contained within the Operational Plans. Under the 4th HPNSP, the HEU's operational plan—the HEF Operation Plan—guides the HEU's activities and states as its overall objective as to: "Attain sustainable health financing to achieve UHC and a more responsive health sector in Bangladesh." This is the clearest articulation of the HEU's overall goal in the documentation available to the team, and we derived the mandate directly from this.

The five components of the HEF Operation Plan are as follows:

- Component 1: Health Economics and Financing including UHC and Capacity Building;
- Component 2: SSK;
- Component 3: QIS;
- Component 4: Health Expenditure Tracking; and
- Component 5: GNSPU.

The HEU's current functions can be defined in terms of both horizontal and vertical scopes as shown in Figure 1 in executive summary section. "Horizontal scope" refers to the number of content areas in which the HEU works (i.e., health economics and health financing, SSK, QIS, and GNSPU). "Vertical scope" describes the level of the HEU's engagement (i.e., analysis, formulation of policy guidance, proof of concept, and/or implementation) in any particular content area. The HEU currently engages at all these levels, in varying degrees across its technical areas.

[D] http://heu.gov.bd

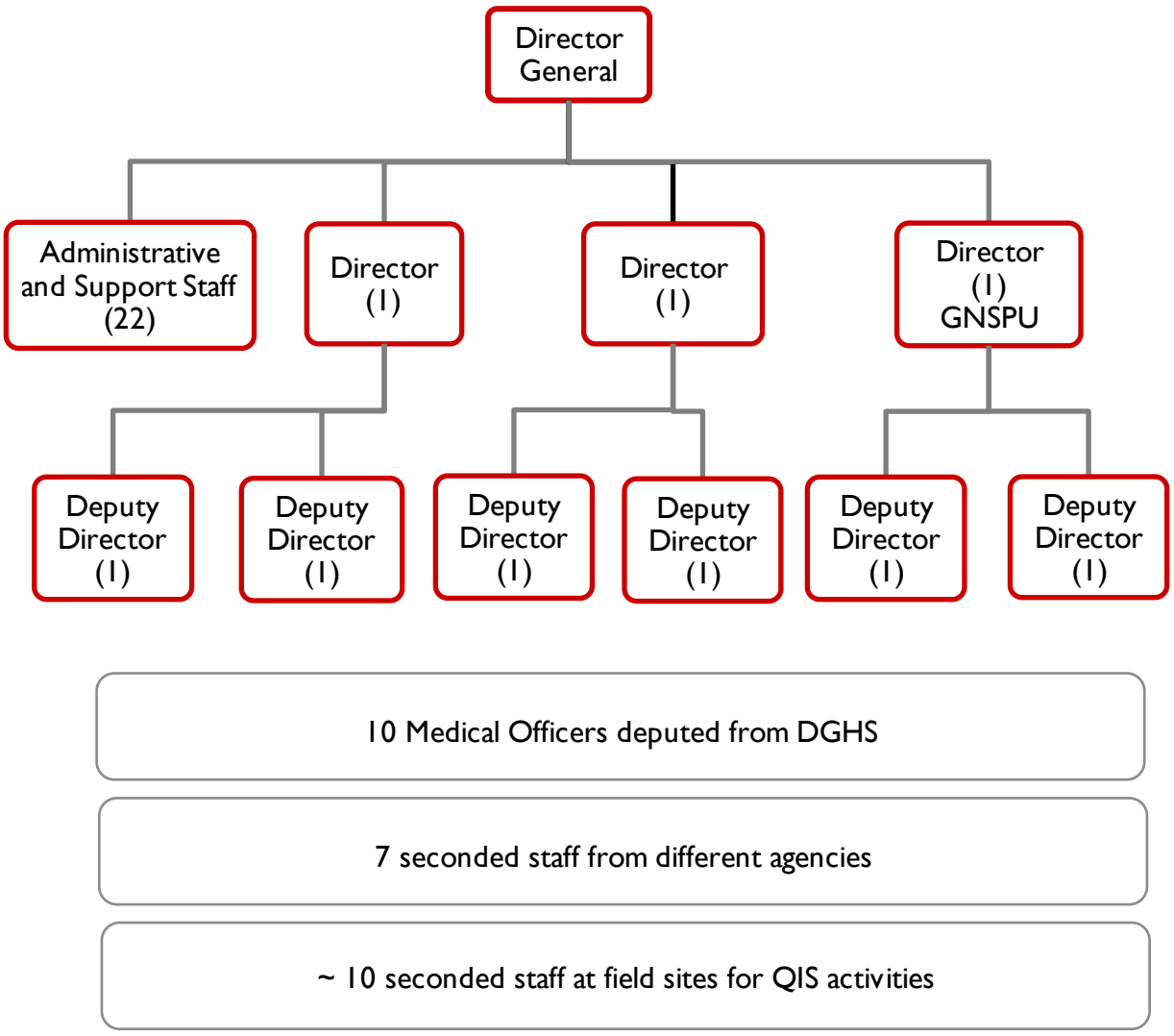
3.2 Current Structure and Staffing

The HEU comprises two subunits, Heath Economics subunit and the GNSPU.

The Health Economics subunit is further divided into the BNHA Cell, the SSK Cell (which manages the HEU's pilot health protection scheme for the poor), the QIS, and an open team for other activities. The cells and teams are loosely defined, and it is common for staff to carry multiple responsibilities.

By August 2017, HEU had 10 administration cadre officers (including those in GNSP) supporting technical activities. Technical work is carried out primarily by 10 medical officers deputed from DGHS, and another 17 staff seconded from and financed by different development partners. Additionally, HEU had 26 support and administrative staff, which is the standard government allocation. The Organogram in figure 2 depicts this staffing complement.

Figure 2: Current HEU Organogram



3.3 Current Activities and Functions

The HEU is engaged in a diverse range of activities, each important to the MoHFW and to the health sector in general, but faces limitations in its ability to implement these fully. For example:

- The HEU developed and plays a leadership role in implementing the HCFS, including addressing UHC. However, while staff are individually and collectively committed to carrying out the work to the best of their abilities, HEU is beset by staffing constraints and the absence of key management systems, and is struggling with a very broad mandate. HCFS implementation has therefore been slow.
- The HEU is working with local and international technical experts and development partners to build the capacity of the health sector in health economics research and analysis. This includes significant participation in trainings and workshops within Bangladesh and abroad. The HEU recently became a full member of the Joint Learning Network for UHC where Bangladesh is one of 27 member countries. It is not clear, however, that staff are aware of this, nor of the opportunities it brings to the HEU and the MoHFW.
- The HEU engages in a number of activities important to the MoHFW and the health sector: health economics and financing; piloting of the SSK, a non-contributory health protection mechanism; quality improvement through the QIS; and the GNSPU. However, HEU knowledge management systems and processes are inadequate to properly document and archive current and previous work. At present, the HEU website is the key tool for this.
- Efforts could be strengthened if the HEU were to proactively engage in communication and collaboration with other units in the MoHFW, especially the two Divisions that comprise the health care delivery system.

Current HEU activities are described in more detail below, organized according to the five components in the HEF Operational Plan (see Section 3.1).

3.3.1 Health Economics and Financing, including UHC and Capacity Building

Following its establishment, HEU executed several impactful economic analyses and costing studies between 1995 and 2000. These previous works included comprehensive financial analysis and costing of public, private, and NGO health care facilities, and costing of education and training of health workers, and of essential health services. HEU officials undertook this work with outsourced national and international consultants. One of these studies highlights the government's existing practice of allocating resources in the health sector without considering burden of disease or resource need (Elaiya 1999). Other HEU documents report on disease burden (Institute for Economic and Private Sector Development 2002), consumer costs for different health care services and different aspects of those costs (Kawnine 1998, Kawnine 1998, Ali 2001, Ferdousi 2001), and government coverage of education and training expenses (93%) for the health workforce (Kawnine 1998).

However, the HEU's output has decreased since 2000, primarily due to lack of technical leadership, expert personnel, organizational capacity, and other supporting resources. There was no planning for demand generation, or an understanding of which type of economic analysis was required for policy-making or for the government's future agenda.

The HEU has been working since 2011 on a number of activities aligned with the government's aim to achieve UHC. The HEU developed the HCFS in 2012 to address the financial protection dimension of UHC, and since 2015, has initiated and led the pilot of the first non-contributive social health insurance initiative in Bangladesh, the SSK. The HEU later started several initiatives on increasing awareness about UHC among officials from several ministries and related stakeholders. Since 2014, the HEU has also

started working on another aspect of UHC, quality of care (QoC), which is a core component of service coverage.

3.3.2 *Shasthyo Suroksha Karmasuchi* Cell

The SSK Cell is currently concerned solely with the task of piloting the SSK scheme. SSK is a non-contributory health protection mechanism developed by the HEU and its development partners as part of a broader framework of health care financing. Under this scheme, the HEU started a pilot to promote free-of-charge hospital services for the poor; the scheme applies to inpatient care only and does not currently address the outpatient department. The pilot scheme started in Kalihati Upazila of Tangail district, and had been expanded to Madhupur and Ghatail *Upazila* by the end of 2017. In the pilot, a benefit package was designed and providers were paid to provide services defined in the package, transforming finance from input-based allocation to output-based financing. The SSK tests the purchaser-provider split through third-party management, and an insurance company has been contracted to manage claims and payments. SSK has a five-year budget of approximately EUR 8 million. Its main objective is to reduce out-of-pocket expenditures on health in households living below the poverty line, thereby protecting them from further impoverishment in the event of illness requiring hospital services. SSK also aims to improve efficiency and effectiveness of health care financing through risk pooling and innovative payment mechanisms.

The SSK Cell is situated at the HEU because the HEU is tasked with implementing the HCFS and the SSK pilot is one of the activities listed in the HCFS. The pilot is testing the concept of social health insurance at an operational level. The findings from the SSK pilot will inform the design of a national social health protection scheme, a key component of the HCFS, to be implemented through the proposed National Health Security Office (NHSO).

HEU has been able to mobilize multiple technical assistance partners to implement the pilot. In addition, a technical group was convened including government, academia, and development partners, to discuss progress on the pilot. implementing the SSK pilot, however, has been challenging for the HEU because multiple partners are involved, there are no staff dedicated fully to managing the pilot, and the skills of staff working on the pilot do not necessarily match what is needed to implement a field-based social health insurance pilot (for example, insurance skills, or learning and evaluation skills). In addition, concerns have been raised about the scope of the pilot, the need to ensure rigorous learning for scale-up, and the importance of adequately engaging service delivery bodies (i.e., DGHS and DGFP).

3.3.3 Quality Improvement Secretariat

The HEU commenced QoC interventions as an integral component of achieving UHC with adoption of the HCFS in 2012. The QIS was established in 2015 with the aim of improving the quality of health care services, and serves as the secretariat for the National Quality Improvement Committee led by the DG of HEU.

The role of the QIS is to guide and oversee quality improvement activities nationwide through:

- Development of QoC-related protocols, guidelines, standard operating procedures, and tools;
- Ensuring attainment of national health care standards;
- Monitoring and evaluating QoC in health service delivery; and
- Ensuring the existence of a coordinating mechanism for QoC and service initiatives among government organizations, NGOs, development partners, and autonomous bodies.

Since inception, the QIS has carried out a number of initiatives to focus and strengthen QoC in health services, and the momentum created has attracted major investment by development partners in quality

improvement initiatives. The QIS is currently implementing a comprehensive strategy to improve the quality of clinical care for reproductive, maternal, neonatal, child, and adolescent health and family planning services. Through deployment of dedicated staff at division and district levels, structures are being strengthened to implement quality improvement initiatives at all levels across the country. A draft reproductive, maternal, newborn, child, and adolescent health QoC framework has been developed in alignment with the WHO framework for QoC for maternal and newborn services. The QIS has also developed a training manual and trained members of the District Quality Improvement Committee on Plan-Do-Check-Act. After the training, a specific quality improvement project is to be implemented by District Hospital participants. The QIS is also implementing the 5S[E] methodology in district hospitals, and has developed and implemented several checklists, guidelines, and monitoring tools to support initiatives in various service areas. In addition, a draft concept note has been developed to establish a system for accreditation of hospitals in line with the HPNSP priority.

Five government staff are now working in the QIS: one director, one deputy director, and three medical officers. Currently the QIS is supporting divisional and district-level quality improvement structures with support from the MaMoni-HSS project and other partners working in those areas. Acting on a request from DG/HEU, USAID's MaMoni-HSS project seconded 16 staff at national and divisional levels, and UNICEF seconded two staff to help ensure smooth functioning of the QIS. Seconded staff are a key ingredient in the QIS's achievements to date but there is concern about the sustainability of this staffing pattern. Furthermore, while there is engagement by the two delivery system divisions, absence of collaboration across the MoHFW for program design is problematic.

3.3.4 Health Expenditure Tracking (Current BNHA Cell)

Health expenditure tracking (or resource tracking) has been a core activity of the HEU since its inception, and includes two types of analyses:

- BNHA—the HEU has produced five rounds of BNHA since 1997, with dissemination of the most recent round in September 2017. BNHA provide health expenditure estimates by financing scheme, types of service (functions), and providers for a given period. Estimates are produced for both the public and private sectors, including households, NGOs, the for-profit sector, and donors. BNHA use secondary data sources as well as primary data (the HEU commissions surveys for primary data collection). The HEF Operational Plan notes that the HEU uses internationally accepted guidelines for BNHA production, and WHO published the estimates in its Global Health Expenditure Database.
- Public Expenditure Review (PER)—the HEU has been conducting PERs since 1995, with nine PER-related publications produced since 1995 (analysis was conducted for multiple years in three PERs). A PER is a key diagnostics instrument used to evaluate the effectiveness of public finances, and typically analyzes government expenditure over a period of years to assess consistency with policy priorities and results. The HEF Operational Plan notes that the main objective of the PER is to examine trends in public spending to assess health sector performance, particularly sector-wide programs, over a specified time period.

The HEU is recognized within the MoHFW and across the health sector for producing the BNHA. The estimates, such as public vs. out-of-pocket spending on health, are well-cited. The importance of these estimates becomes particularly clear in the context of both UHC and the HCFS.

[E] 5S is a methodology to drive continuous quality improvement. The five phases of 5S (Sort, Set in Order, Shine, Standardize, and Sustain) help health care staff and leaders keep a watchful eye on processes and materials that do not add value to patient care. 5S gives health care staff a method to follow while they continuously hunt for waste, and weed it out through small, incremental improvements.

HEU convened the BNHA Cell with representatives from government, as well as non-governmental and academic organizations, to lead, manage, and review production of BNHA. While BNHA are produced once every five years, the BNHA Cell has recommended more frequent production, as well as additional in-depth analyses, both of which are constrained by lack of staff and resources. The National Health Accounts analysis takes time, particularly because of limited staffing. In addition, although dissemination is effectively organized by HEU and well-participated at national and divisional levels, there is no preparation of policy briefs or policy dialogue beyond initial dissemination of the BNHA.

The HEU conducts health expenditure tracking analysis (BNHA and PER) primarily through external consultants for primary data collection and analysis, and by engaging a pool of experts for technical input and review. For many years, one HEU staff member was trained on health expenditure tracking and was the focal point for both BNHA and PER. He retired in 2017, thereby reducing the already limited resident expertise. Two new staff have been assigned and are being trained by technical experts. Even so, more dedicated technical staff are needed to ensure the timely production of results and analysis for effective policy use.

3.3.5 Gender, NGOs, and Stakeholder Participation Unit

The GNSPU is charged with providing policy guidance for gender-responsive health care service delivery, and with identifying the programs and activities where NGO contributions, stakeholder participation, and PPPs can be used to improve efficiency and enhance accountability and transparency in the health sector.

More specifically, the responsibilities of GNSPU as described in the 4th HPNSP's Program Implementation Plan, are to: conduct research and propose policies; organize gender sensitization workshops, training programs, and seminars to enhance the professional capacity of health care providers and stakeholders in implementing gender-responsive policies and programs; and strategy development in the areas of NGO participation and PPPs.

Currently GNSPU has one Director and two Deputy Directors. Some are deputed from other sections of DGHS, having received training on gender and equity. During the assessment, staff expressed the need for further training, as well as the addition of gender, equity, and voice specialists to the team.

Gender mainstreaming: The major activities undertaken by the gender component of the GNSPU to date include development of the Gender Equity Strategy (2001 and 2014) and the Gender Equity Action Plan (2014–2024), analysis of the hospital management information system (MIS) data from a gender perspective, and a baseline assessment of perceptions and knowledge among the community on women-friendly health services.

In the 4th HPNSP, GNSPU will pursue a number of activities, including: implementation of the Gender Equity Action Plan; development of a comprehensive response to gender-based violence; strengthening collaboration with other relevant ministries and agencies; rolling-out a women-friendly hospital initiative; and generation of gender-disaggregated information.

NGO involvement: Currently, the GNSPU supports the NGO bureau in registering NGOs working in the health sector by verifying applications for recognition by the MoHFW, and providing "no objection" certificates (indicates that the MoHFW has no objection to the NGO operating in Bangladesh). GNSPU has developed a database of NGOs working in the health sector. While a number of local and international non-governmental, civil society, research, academic, and media organizations work in the health sector, there is little effective coordination in terms of lessons learned, advocacy, or targeting of efforts. The GNSPU plans to develop a strategy to enhance stakeholder participation and transparency in the health, population and nutrition sector.

PPPs: Currently there are about 50 government hospitals (10-20 beds) at the *Upazila* level in Bangladesh, which were built to improve the health of the population, particularly the poor, the disadvantaged, women, and children. More specifically, the objective behind these hospitals was to ensure utilization and overcome access challenges due to the distance between potential users and existing *upazila* health complexes. These hospitals were intended to provide outpatient and inpatient services. However, indoor facilities in most are non-functioning or have a low utilization rate at present. There are a number of reasons for this including unplanned selection of hospital sites, location in hard-to-reach areas, insufficient staff, and poor infrastructure and/or maintenance.

Both the public and private sectors bring comparative advantages with respect to revitalizing these hospitals and addressing health challenges, and partnerships with the private sector can help foster new solutions. PPPs can leverage scarce resources, improve access, and increase the efficiency of the health system, offering the potential to bridge health system gaps in the areas of human resources, access, affordability, and demand. The objectives of PPPs are improved efficiency, sustainability, or equity in the health system. In preparation, GNSPU has:

- Conducted a baseline situation analysis of facilities;
- Developed a service package for proposed PPPs;
- Prepared a human resources distribution scheme, table of equipment, and list of drugs;
- Conducted an analysis of existing PPP laws in the health sector; and
- Organized training programs on PPP in health sector for policy-makers and managers in collaboration with the PPP wing of the Prime Minister's office.

Stakeholder participation: Complaint or grievance redressal procedures in Bangladesh do not function to the satisfaction of service seekers. There are isolated examples of community members fulfilling an oversight role with respect to access to and quality of health services. However, systemic approaches are required to more effectively link individual and community representatives with the management of health services at each level of the service delivery system. Several NGOs continue to facilitate stakeholder committees and/or health watch groups, but they remain without formal recognition by the GoB, and voices are still trapped at the local level. Initiatives are needed to institutionalize a client feedback and response system at local and national levels. With support from UNICEF, the GNSPU has initiated a pilot in Tangail and Khulna to create a system for lodging client views, feedback, and complaints, and responding to these at local and national levels.

The HEF Operational Plan clearly states that "GNSPU will provide policy guidance and coordinate with program implementation and roll out accordingly." However, at the beginning of the Operational Plan, GNSPU is entrusted with an implementing role along with its existing technical and policy support role. Given these differing mandate statements, combined with very limited numbers of staff, and the challenges of implementing activities from outside the health care delivery system, the GNSPU has been implementing very few activities for MoHFW.

Under the management of the sector program, the MoHFW has established the Gender, Equity, Voice and Accountability task group, composed of members from the ministry, DGHS, DGFP, and development partners. Responsibilities of the task group include review, follow-up, and discussion of equity, gender, voice and other related issues.

4. SUMMARY OF FINDINGS

HEU's achievements to date can be summarized as follows:

- BNHA—HEU has successfully institutionalized and completed four rounds of accounts. HEU works closely with multiple partners to produce the BNHA, including within government, academia, technical assistance agencies, and development partners.
- HCFS—HEU led, with multiple partners, the development of Bangladesh's first HCFS, which focused on achieving UHC. Working with multiple partners, HEU also led development of the UHC Communication Strategy and the HCFS implementation plan, and led development and piloting of the SSK, Bangladesh's first social health insurance scheme.
- Quality of health care—The QIS was established in 2015 within HEU. QIS was set up to strengthen and coordinate quality improvement activities in the Bangladesh health sector, both public and private. QIS has developed multiple strategies, standards, and protocols necessary for quality assurance in the Bangladesh health sector.
- GNSP—HEU led the development of Bangladesh's first Gender Equity Strategy for the health sector and related action plan, and leads training on gender in the health sector across MoHFW.
- Costing—HEU has led and supported multiple costing studies, including costing of the first ESP in 1999 (HEU 2001) and later ESP versions, including the latest ESP (prepared for the 4th HPNSP) in 2017.

However, HEU as currently positioned, faces a number of challenges:

- The scope of activities is broad in terms of both the number and variety of activities (i.e., health economics and financing, SSK, QIS, and GNSPU). This is immensely challenging given the limited number of technical staff in HEU (10 deputed from DGHS, 17 seconded for QIS alone, and support from 10 administrative staff). One consequence is that few staff are assigned to any particular activity, and are limited in the extent to which they can support one another. While secondments from development partners offset staffing challenges to some extent, the terms of reference for the secondments are specific, thereby limiting HEU's flexibility in deploying resources.

  If the HEU's engagement with all of the content areas listed above were limited to analysis and report writing, it would be better able to cope. However, the challenge posed by the breadth of activities is compounded by the depth of the HEU's scope—with activities ranging from analysis to policy guidance to piloting proof of concept to implementation. This necessitates an understanding of each activity and its context in sufficient detail to go beyond problem diagnosis to design and implementation. Staff continuity is key to achieving this scope but is not a reality.
- Staffing limitations including: lack of qualified technical personnel; limited number of allocated positions; limitations imposed by recruitment regulations on the HEU's ability to recruit and retain qualified personnel; absence of a defined career path for technical staff and resultant high turnover. HEU is unable to attract and retain staff, or build the requisite knowledge and experience.
- Staff turnover and the absence of an effective knowledge management system lead to limited documentation or archiving of current and previous HEU activities and reports. Insufficient communication, collaboration, or partnership with the directorates of the health care delivery system and implementing partners directly effects the quality of program design and implementation, and impairs efforts at national capacity building.

- Not all activities undertaken by HEU contribute to its mandate. Those units or activities that do not contribute to the mandate, in effect, also diminish the HEU's ability to achieve its mandate.

5. OVERVIEW OF THE PROPOSAL

The proposal for repositioning that follows is informed by the findings summarized in the previous chapter. Firstly we concluded that, although all components of the horizontal scope are important for the MoHFW and the broader health sector, not all contribute directly to the HEU's ability to fulfill its mandate. Much of the work of the QIS and GNSPU, for example, while critical to the equitable provision of quality health care and services, is focused on the health care delivery system, and arguably could be carried out more effectively in those directorates and departments with this mandate. Therefore, given its mandate and core competency, the repositioned HEU should limit itself to analysis, policy guidance, and policy formulation. While the repositioned HEU might contribute to the design and monitoring of pilots, it should refrain from implementation. Its focus should be on learning in order to demonstrate and document proofs of concept and scalability—this focus would maintain a clear boundary between monitoring and direct implementation of pilots at the service delivery level.

In addition to the proposed focusing of HEU's scope, it is essential to increase staffing significantly, both in terms of numbers and qualifications. In order for the repositioned HEU to be able to attract and retain needed staff, there is need to address limitations in the HEU's ability to recruit and retain qualified personnel (imposed by Civil Service recruitment regulations), absence of a defined career path for technical staff, and resultant high turnover.

In the context of the revised mandate, the team proposes the creation of four functional technical units with adequate staffing to focus on analysis, advocacy, policy guidance, and policy formulation. Section 6 provides Terms of Reference for these four units. The team also proposes relocating the QIS and the gender component of the GNSPU to the health care delivery system so that the work is defined and directed by those charged with delivery of equitable and high-quality health care. **Annex B** contains a suggested implementation plan and timeline for this transition.

We propose to rename HEU, the "Directorate General of Health Economics and Policy" (DGHEP). This aligns well with the March 2017 Ministry of Public Administration notification of MoHFW restructuring, and suggests a larger entity than that of a unit. The proposed new name also reflects the updated mandate and functions proposed here. The assessment team also considered "Department" for the new name, with the potential option of "Department of Health Economics and Policy", though this was considered a weaker alternative given the proposed mandate and functions.

The repositioned and renamed DGHEP will require a physical repositioning as well to increase proximity to the ministry of health, as well as to key partners (including DGHS and DGFP). The space must be large enough to accommodate increased staffing, as well as more visible to collaborators both within and outside the MoHFW.

Finally, the team recommends a number of administrative actions to support the changes outlined here. These include: 1) a careful review of recruitment policies and procedures, and an exploration of other staffing options (including developing new recruitment rules), to improve the DGHEP's ability to attract qualified technical staff; 2) a review of the practices and procedures that impact staff tenure; and 3) a review of departmental communication and coordination practices with an eye to improving the DGHEP's effectiveness.

5.1 Mandate and Functions

Based on the stated objective in the HEF Operational Plan of the 4th HPNSP, the proposed mandate for the DGHEP is as follows:

> *"To achieve UHC and a more responsive health sector in Bangladesh, support sustainable and equitable health financing approaches and policy formulation through the generation of health economics data and analysis."*

We view this as a clarification of the current mandate based on the HEF Operational Plan rather than a new mandate. The assessment team reached the conclusion that it is not practical to simply expand the current mandate to cover all aspects of UHC, nor is there sufficient stakeholder support for this. Rather, the DGHEP must focus on health economics and financing specifically in the context of the financial protection aspect of UHC. This is in keeping with the DGHEP's core competency and original mandate.

In order to support the 4th HPNSP and the UHC agenda beyond, the DGHEP will undertake a variety of studies to produce quantitative evidence and the analysis needed to support decision-making and inform policy-making. This will centralize health financing evidence generation and policy formulation at the MoHFW. We suggest therefore that the primary client of DGHEP is the MoHFW; a key role of the DGHEP will be to advise and support the MoHFW, providing evidence for planning and health financing, efficient use of finances, and improved budget execution.

We offer several examples of ways in which the DGHEP can support the MoHFW:

- As part of annual review and planning process, DGHEP could support OPs to identify low and high expenditure budget line items. Based on this, DGHEP may support increased execution of low expenditure budget line items, and where justifiable, OP budgets could be revised by moving allocations from low to high expenditure line items to increase budget execution (at the same time as achieving 4th HPNSP targets).
- DGHEP could proactively identify and meet the need for financing information from various Directorates and offices each year.
- DGHEP could initiate a variety of health financing capacity building initiatives, including regular orientations on health financing for relevant officials across the MoHFW.

Finally, the MoHFW's decisions to undertake new interventions or to discontinue others, should be accompanied by economic analysis. In some cases, DPs and others may provide such analysis; DGHEP should further analyze this information to provide pragmatic and objective recommendations to Ministers and other senior officials.

The DGHEP will work closely with key partners to carry out its functions (outlined below), coordinating within and across the MoHFW as well as contracting and collaborating with relevant academic and research organizations, as needed. The DGHEP's role will be to lead and facilitate high-quality technical activities, leveraging the contributions of key partners. The DGHEP will support capacity building of both staff and partners in its core technical areas, and will establish a pool of subject matter experts from within and outside the MoHFW to support each area of work.

We define the DGHEP's functions as follows:

- **Vertical scope**: The DGHEP's focus will be on analysis for evidence generation first, and then evidence-based advocacy, policy guidance, and policy formulation—all in the context of health financing and UHC. On occasion, the DGHEP may participate in the design and monitoring of pilots, bringing its health financing expertise to bear. HEU might be involved in the design and monitoring of proofs of concept pilots, but it should refrain from direct implementation at a broader scale.

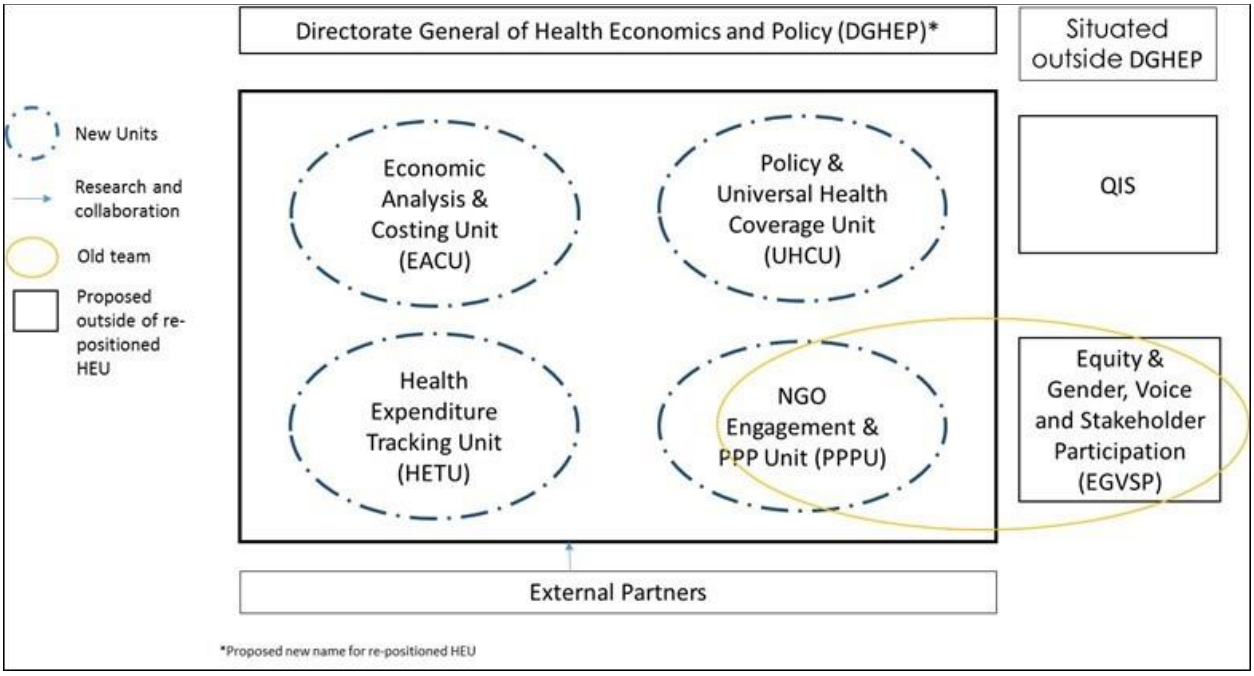
Learning from pilots must be carefully documented in collaboration with the service delivery system (such as the DGHS and DGFP), so that decisions about whether and how to scale up are taken by these and other implementing partners.

- **Horizontal scope**: The breadth of technical scope is limited to health economics and financing, as well as private sector partnerships and contracting. Engaging further with the private sector and NGOs (through modalities such as service agreements or contracting) will be relevant in the context of UHC, and financial protection. For example, if GoB wants to contracts out the services to NGOs in hard-to reach areas, it will be relevant activity for them. Selection of NGOs for contracting will be easier if HEU have full inventory list and authority over the NGOs. Therefore, it is suggested that HEU continue the NGO certification task.

5.2 Proposed Structure of the Directorate General of Health Economics and Policy

Figure 3 summarizes the changes proposed to reposition the DGHEP. This involves establishment of four clearly defined units—Economic Analysis and Costing Unit (EACU), Health Expenditure Tracking Unity (HETU), Policy and UHC Unit (UHCU), and NGO Engagement and PPP Unit (PPPU), which includes the NGO portion of the former GNSPU. Other changes include relocation of the QIS to the health care delivery system, and establishment of an Equity, Gender Voice, and Stakeholder Participation unit in a suitable location outside the DGHEP (but within the MoHFW).

Figure 3: Repositioned DGHEP



5.3 Functions of the DGHEP

The four units will have the following functions:

1. Economic Analysis and Costing Unit (EACU)

   Function: Conduct policy-oriented economic analysis and costing

2. Health Expenditure Tracking Unit (HETU)

   Function: Execute health expenditure tracking analyses

3. Policy and Universal Health Coverage Unit (UHCU)

   Function: Formulate policies, rules, and strategies for advancing financial protection for UHC and design programs for implementing the HCFS

4. NGO Engagement and PPP Unit (PPPU)

   Function: Engage with NGOs and the private sector to improve equity, efficiency, and quality for UHC.

Each of the proposed functions involves conducting carefully defined and rigorous research studies and analyses, as well as dissemination of results, communication about their significance, and promotion of their use in policy formulation:

- **Conduct policy-oriented economic analysis and costing**. This includes: costing services and other interventions; cost-effectiveness and cost-benefit analyses; and health technology assessments with cost-benefit analysis (in partnership with medical technology experts). The aim is to generate evidence for policy-making, planning, and programming, informing "value for money" decisions about interventions and programs, and reducing the burden of disease based on priority-setting in the health sector.
- **Execute health expenditure tracking analyses**. The HEU has conducted resource-tracking analyses since its inception, and this remains one of its core functions. BNHA and PER are two of the popular analyses that the DGHEP will continue. These analyses must become more pertinent, better presented, and better promoted, to increase their use and impact.
- **Formulate policies for advancing financial protection for UHC, and design of programs for implementing the HCFS**. As the institutional author and home of the HCFS, the DGHEP will conduct research and analyses, and design evidence-based programs and policies to implement the HCFS. The DGHEP will also lead, where appropriate, and contribute to the design of pilots to capture learning for advancing the UHC agenda. These will range from operationalizing a need-based resource allocation formula, to social health protection options, including a defined benefit package, community engagement models, and design and monitoring of health insurance pilots such as SSK. A key function for this newly designed unit will also be monitoring progress against the HCFS and financial protection for UHC.
- **Engage with NGOs and the private sector to improve equity, efficiency, and quality for UHC**. This retains the current function of supporting health NGO registration by issuing "no objection" certificates. It also expands the function to more strategic engagement with NGOs and the private sector to reduce costs (thereby improving efficiency) and improve access (thereby improving equity), as well as improving coverage and quality.

Both the GNSPU and the QIS are engaged in work that is important to the MoHFW's drive to provide equitable and high-quality health care and services. Both agendas are extensive, especially considering the breadth of the delivery system. Gender, Voice and Equity are crosscutting issues that need to be addressed in all parts of MOHFW including the service delivery directorates. QIS is also crosscutting

and related with both divisions of MOHFW and this also requires a powerful overarching body to ensure the quality of health facilities all over the country. For these reasons, we recommend that both units be repositioned activities at a higher level of MOHFW so they are in a better position to work efficiently with all directorates and offices and across all operational plans (OPs). The repositioning of both units requires more consultation and should be done without impeding current activities. More detail is proposed in Section 6.5.

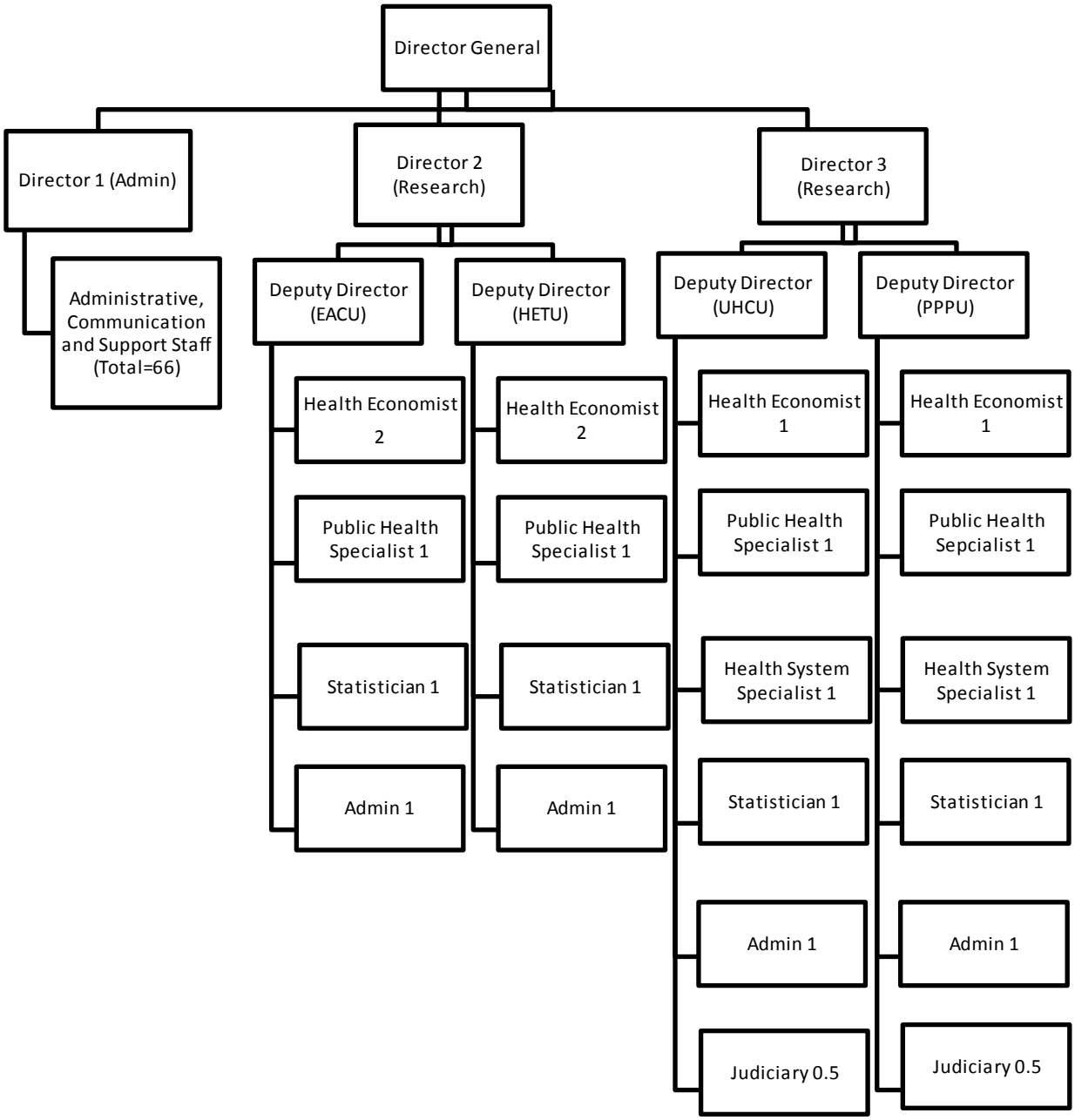
The existing activity on NGO certification is related to private sector partnerships and contracting of health services as a way to increase service coverage and population coverage, as well as to ensure financial protection of vulnerable towards achieving UHC. Therefore, we have proposed that this activity be continued under PPPU of DGHEP.

The Director General of the DGHEP will be supported by two Directors each with leadership responsibility for two units (EACU/HETU, and UHCU/PPPU), and responsibility for being the outward faces of their two units (see Figure 4). They will support the DG by assuring that the products of their units are recognized and understood across the MoHFW and relevant sector stakeholders. Each of the four units will be led by a Deputy Director with responsibility for the technical operation of that unit.

5.4 Organogram

The organogram in Figure 4 reflects the structure and staffing proposed for the DGHEP. All positions below Deputy Director are at Civil Service Assistant Director Level. A total of 29 technical staff positions are proposed along with 66 administrative and support staff. A detailed description of proposed technical staff is contained in Section 6, and a detailed description of proposed non-technical staff in Table 2.

Figure 4: Proposed structure of the DGHEP



Job descriptions, complete with delineation of required skills, must be developed for newly created positions (draft job descriptions is attached in **Annex C**). In addition, we recommend that a new recruitment rule is established to guide recruitment and promotion in DGHEP, ensuring a career path and thus increasing the likelihood of staff retention. Upon discussion with relevant stakeholders, the new recruitment rules will be developed, including grade and scale of the position, general requirements (education, and years of experience), specific requirements (skill, and field specific training), a career development plan, and delineation of promotion opportunities.

We propose that the DGHEP establishes a pool of subject matter experts (from within and outside government) to augment directorate staff skills and abilities. The pool of experts may be consulted on an as-needed basis for domain-specific guidance, capacity building, or assistance with special studies.

In addition, we suggest that capacity in DGHEP can be further increased through secondments from other public offices.

To ensure an efficient working environment, we propose additional administrative and support staff to support the work of technical staff and the overall department. Specifically, we propose 66 administrative and support staff in accordance with the government rule for support staff allocation (the required number of administrative and support staff is calculated for the whole office/directorate, including all four proposed units). See Table 2 for a breakdown of these positions. We propose an increase of 38 administrative and support staff compared to July 2017. In doing so, however, we have maintained the existing ratio of technical and management staff to administrative and support staff.

Table 2: Proposed requirements of administrative and support staff for DGHEP

Sl. No.	Positions	Grade	Current staff requirement rules	Total (Proposed)
1	Administrative Officer	10	2 for whole office/department	2
2	Accounts Officer	9	1 for whole office/department	1
3	Communication Specialist	9	2 for whole office/department*	2
4	Librarian (Knowledge Management Officer)	9	1 for whole office/department	1
5	Public Relations Officer	10	1 for whole office/department	1
6	Assistant Accounts Officer	10	1 for each Director	2
7	Store Keeper	15	1 for whole office/department	1
8	Computer Operator/Data Entry Operator/Statistician	13/15	1 for DG, 1 for each Director, 1 for each Deputy Director, and 2 for each Unit	15
9	Office Assistant/ Computer Typist	15/16	1 for DG, 1 for each Director, 1 for each Deputy Director, and 2 for each Unit	15
10	Driver	19	1 for DG, 1 for each Director, 1 for each Unit	7
11	Member of Lower Subordinate Staff (MLSS)	20	1 for DG, 1 for each Director, and 2 for each Unit	11
12	Cleaner	20	4 for whole office/department*	4
13	Guard	20	4 for whole office/department*	4
	Total			**66**

* Could not identify exact rules for allocation for these positions, and therefore proposed one Cleaner and one Guard for each Unit.

6. PROPOSED DGHEP UNITS

As mentioned, we recommend the DGHEP's work is carried out through four units, whose terms of reference and activities are described below. **Annex B** contains a suggested implementation plan and timeline. This section also provides more detail about the proposed transition of GNSPU and QIS to a more strategically appropriate location within the MoHFW.

6.1 Economics Analysis and Costing Unit

Bangladesh needs a strong plan to achieve its new SDGs, while transitioning the investments and plans from the Millennium Development Goals to SDGs for the health sector. This has been reflected in the 4th HPNSP. To meet four out of eight strategic objectives[F] (3, 4, 5 and 6) of the 4th HPNSP, the MoHFW requires analysis and a robust evidence base to make proficient choices, which in turn would need many economic analyses and costing statistics (MoHFW Planning Wing 2017).

Economic analysis and costing for the health sector encompass all types of activities, and aims to ensure efficient use of limited economic (financial and non-financial) resources among various health services. The focus of the 4th HPNSP is UHC as part of Bangladesh's journey towards achieving SDG 3. This includes an efficient health care delivery system with better governance, optimum resource use, greater functional integration at lower tiers, responsiveness to all existing and upcoming disease burdens, judicious adoption of technology, and greater investment in health based on evidence (Planning Wing 2016). Each of these goals requires comparative economic analyses and a strong evidence base for better decision-making.

Unit Objectives

The proposed unit, EACU, will be able to generate the required evidence for and on behalf of the MoHFW and sector stakeholders. Its objective is to conduct analysis on health economics, health financing, and costing to provide evidence to the MoHFW for decision-making, with the aim of strengthening the health system, as well as building national capacity in these topics. Over time, we expect the unit to establish itself as an important technical team for the MoHFW, generating useful evidence for policy-making in health financing and economics.

6.1.1 Scope of Work/Functions of the Unit

The proposed EACU will adopt a demand-driven approach for their choice of research activities. Key clients will include, not only the MoHFW and its various departments and directorates, but also a broad range of other health sector stakeholders, as well as key government agencies and ministries, such as the Ministry of Finance (MoF). Working in close collaboration with these stakeholders, EACU will identify those economic and costing analyses that have the highest potential impact on health policy and service

[F] Strategic Objectives of 4th HPNSP 2017-2022:
Strategic objective 1: Strengthen governance and stewardship of the public and private health sectors
Strategic objective 2: Undertake institutional development for improved performance at all levels of the system
Strategic objective 3: Provide sustainable financing for equitable access to health care for the population and accelerated progress towards UHC
Strategic objective 4: Strengthen the capacity of the MoHFW's core health systems (Financial Management, Procurement, Infrastructure development)
Strategic objective 5: Establish a high quality health workforce available to all through public and private health service providers
Strategic objective 6: Improve health measurement and accountability mechanisms and build a robust evidence-base for decision making
Strategic objective 7: Improve equitable access to and utilization of quality health, nutrition and family planning services
Strategic objective 8: Promote healthy lifestyle choices and a healthy environment

delivery. The unit will then produce high-quality evidence and analysis on health economics, health financing, and costing issues.

Activities of EACU include but are not limited to:

1 Costing health services, cost-effectiveness analysis, cost-benefit analysis, and cost-utility analysis for increasing efficiency through informed choices for value for money, as well as comparative analysis for equity in health status and service delivery. The team will also work on identifying the need for and promoting the use of economic analysis and costing-related activities within the health sector, including orientation on economic analysis and costing and its relevance to the health sector for new staff joining the MoHFW and its departments and directorates.

2 Analyzing resource allocation and gaps in health services and interventions, alternative financing, and efficient allocation and use of resources, and promoting use of findings for decision-making.

3 Leading the establishment and maintenance of a collaborative knowledge management system and comprehensive database for health economics reports and evidence, with the aim of both preserving data and reducing duplication of effort. The unit will also develop materials for policy advocacy (e.g., policy briefs) from both internal and external reports and analysis.

4 Building overall national capacity in economic analysis and costing, and promoting the use of the evidence for impactful decision-making in the health sector through collaborative activities and partnerships with different national and international research and educational organizations.

5 Organizing national and international workshops to bring together national, regional, and international experts on economic analysis and costing as a means of boosting national capacity, validating policy decisions, and creating new insights for potential scope.

6.1.2 Staffing

The proposed EACU is multi-disciplinary in nature, with the necessary professional experts required for research activities and translating research findings into evidence for policy:

- The core technical team will be composed of professionals with expertise in one or more of the following disciplines: public health, health economics, policy and planning, heath system research, medicine, economics, statistics, pharmaco-economics, or biomedical engineering.
- Short-/long-term national consultants will be contracted as necessary to support the unit for studies requiring specialized knowledge and skill.

The team will require training and skills for different aspects of research and for policy advocacy. Initially, the team will require training and skills building, as well as supportive supervision and technical assistance, from expert collaborators. Over time, the intention is that EACU staff are able to conduct analysis and reporting with minimal support from external experts.

The team will focus on analysis and writing activities, with surveys contracted out to external organizations. All technical experts must have strong analytical skills. At least one of the technical staff should have training and expertise in report writing and dissemination.

Finally, both professional and administrative personnel should have special training on translating findings from economic analyses into simpler language which is accessible to decision-makers, and to the management and finance personnel in other ministries.

Table 3: Staffing Requirements (Technical and senior Management) for EACU of the DGHEP

Sl. No.	Title	Quantity	Required Qualification/Skill	Responsibilities
1	Director (Research)	0.5	Master's degree in Health Economics/Public Health/Statistics	Oversee technical and administrative management of the unit.
2	Deputy Director	1	Master's degree in Health Economics/Public Health/Statistics	Manage and supervise the technical activities of the unit. Lead policy advocacy activities.
3	Health Economist	2	Master's degree in Health Economics	Guide the demand generation process, conduct analysis, and transform findings into policy information.
4	Public Health Specialist	1	Master's degree or higher in Public Health, Bachelor of Medicine and Bachelor of Surgery (knowledge about clinical care) with knowledge about or experience in public health	Support the demand generation process and provide better insight into the usefulness and interpretation of results about health care needs in Bangladesh. Provide support to identify clinical needs and demands of the health system, and to reach providers through understanding their perspective.
5	Statistician	1	Master's degree in Statistics	Conduct data management, analysis, and report writing.
6	Administration	1	Administrative cadre	Manage administrative activities related to research, partnership, collaboration, and dissemination to policy-makers and stakeholders.

6.2 Health Expenditure Tracking Unit

As noted earlier, health expenditure tracking (or resource tracking) has been a core activity of the HEU since its inception. For DGHEP, health expenditure tracking includes two types of analysis:

- BNHA—provides health expenditure estimates for a given period by financing schemes, types of services (functions), and providers of these services; estimates are produced for both the public and private sectors, including households, NGOs, the for-profit sector, and donors.
- PER—a key diagnostics instrument used to evaluate the effectiveness of public finances.

6.2.1 Scope of Work/Functions of the Unit

The proposed strengthened HETU will have both additional staff and enhanced capacity for producing BNHA more frequently (biennially, as listed in the Operational Plan), as well as for producing policy briefs and communication materials to support the translation of technical findings into planning and programming, and to ensure use of findings.

More specifically, the functions of the HETU will be:

- Building capacity of staff and partners engaged in health expenditure tracking; and
- Data collection, analyses, and dissemination.

In promoting the use of the data and analysis, activities of the HETU will include:

- Planning and scoping studies;
- Launching studies;
- Data collection;
- Data analysis and validation; and
- Dissemination of results and promotion of their use.

Figure 5 summarizes the key activities and the sequence in which they are undertaken in order to produce national health accounts. The PER follows a similar cycle, though over a shorter timeline, because it covers only public expenditure.

Figure 5: Key Activities in Health Accounts Cycles [G]

[G] Adapted from Partners for Health Reformplus Project, National Health Accounts Trainer Manual (Bethesda, MD: PHRplus Project, Abt Associates, 2004) and A. Maeda, M. Harrit, S. Mabuchi, B. Siadat, and S. Nagpal. Creating evidence for better health financing decisions: a strategic guide for the institutionalization of national health accounts (Washington DC: World Bank, 2012).

6.2.2 Staffing

Table 4: Staffing Requirements (Technical and Senior Management) for HETU

Sl. No.	Title	Quantity	Required Qualification/Skill	Responsibilities
1	Director (Research)	0.5	Master's degree in Health Economics/Public Health/Statistics	Oversee the technical and administrative management of the unit.
2	Deputy Director	1	Master's degree in Health Economics/Public Health/Statistics	Manage and supervise the technical activities of the unit. Lead policy advocacy activities.
3	Health Economist	2	Master's degree in Health Economics (and preferably MPH/ Bachelor of Medicine and Bachelor of Surgery)	Guide the overall production process and analysis of results to produce necessary policy briefs.
4	Public Health Specialist	1	Master's degree or higher in Public Health MBBS (knowledge of clinical care) with knowledge about or experience in public health	Provide better insight into the classification of expenditures by function and disease.
5	Statistician and data analyst	1	Master's degree in Statistics or relevant degree	Support sampling and extrapolation for primary data sets, and especially for dealing with shaping household-related expenditure data.
6	Administration	1	Administrative cadre	Manage administrative activities related to research, partnership, collaboration, and dissemination to policy-makers and stakeholders.

6.3 Policy and UHC Unit

6.3.1 Scope of Work/Functions

As proposed, the UHCU will act as the health financing and UHC policy formulation unit of the MoHFW. The unit will take inputs from research and analysis units, and provide policy guidelines for other units within the DGHEP. This work will be guided primarily by the Bangladesh HCFS 2012–2032, the 4th HPNSP (2017–2022), Vision 2021, and the SDGs.

The vision articulated by the HCFS is "to attain sustainable, equitable, effective and efficient health care financing for a healthier population," and the goal is "to strengthen the financial risk protection, and extend population and health services coverage, with the aim to achieve universal coverage."

Specific activities for UHCU will include the following:

- Contribute to the design of the Social Health Protection Scheme;

- Strengthen financing and provision of public health care services; and
- Strengthen national capacity in relation to UHC.

While the EACU will contribute costing analyses, and the HETU will provide a granular understanding of expenditure through its main publications (BNHA and PER), the UHCU will use these inputs to formulate policy guidelines that support the overall activities of the DGHEP. The unit will also extend assistance to the PPPU as it designs pilot programs and structures PPP arrangements.

SSK Pilot and NHSO Design

Officials within the SSK Cell have indicated that a major consideration in the next Operational Plan (2022) is that publicly funded health protection schemes will be operated by an independent body. The focus will shift from insurance-related pilots to forming an NHSO, an autonomous body as set forth in the HCFS. The DGHEP is responsible for submitting a feasible proposal to MoHFW, Cabinet, and others for establishment of the NHSO. The NHSO, once established, will implement the social health protection scheme. The work done throughout the SSK pilot may lead to findings and generate insights about social protection for health: the SSK Cell will remain responsible for documenting and disseminating these learnings. The team proposes that the SSK Cell transfer its learnings to the newly formed NHSO and be closed out by the end of the 4th HPNSP.

Other Financial Protection Pilots

In the course of setting up and supporting the NHSO, the UHCU may explore other potential financial protection pilots. Key elements of such pilots include research, concept development design, pilot implementation, pilot monitoring, analysis of findings from the pilot, design of rollout at scale, and full-scale rollout. Of these, we suggest that UHCU is directly involved in research and concept development, and that it collaborates with partners within or outside MoHFW in pilot design. The UHCU would not take up implementation or monitoring of the pilot, but it would, with partners, review the findings.

6.3.2 Staffing

Table 5: Staffing requirements (Technical and Senior Management) for Policy and UHCU

Sl. No.	Title	Quantity	Required Qualification/Skill	Responsibilities
1	Director (Research)	0.5	- Master's degree in Health Economics/Public Health/Statistics	Oversee the technical and administrative management of the unit.
2	Deputy Director	1	- Master's degree in Health Economics/Public Health/Statistics	Manage and supervise the technical activities of the unit. Lead policy advocacy activities.
3	Economist/ Health Economist	1	- Master's degree in Economics/ Health Economics/Business Administration or other business/finance oriented degree - Experience in health insurance	Guide the demand generation process, conduct analysis, and transform the findings into policy information.

Sl. No.	Title	Quantity	Required Qualification/Skill	Responsibilities
			- Multi-sector experience including private and non-profit	
4	Public Health Specialist	1	- Master's degree or higher in Public Health - MBBS (knowledge about clinical care) with knowledge about or experience in public health	Conduct analysis to include UHC perspective, and transform the findings into policy information.
5	Health System Specialist	1	- Master's degree in health systems-related fields such as public health, development, health economics	Support the design of policy and pilots.
6	Statistician	1	- Master's degree in Statistics or relevant degree	Conduct data management, analysis, and report writing process.
7	Administration	1	- Administrative cadre	Manage administrative activities related to research, partnership, collaboration, and dissemination to policy-makers and stakeholders.
8	Legal expert Position to be shared with PPP unit	.5	- Bachelor of Law and Legislations (LLB), with membership in a Bar Association - Experience working with legal tenders and contracts	Develop and/or scrutinize contractual documents developed by others prior to signature by the DGHEP/UHCU.

6.4 NGO Engagement and PPP Unit

The proposed PPPU has its roots in the mandate of the DGHEP, which includes "to identify and support programs and activities where NGO, stakeholder participation, and PPPs can be used to improve efficiency and enhance accountability and transparency in the health sector." PPPs involving strategic purchasing practices seem to offer the greatest opportunity to achieve these objectives. The BNHA published in September 2017 indicate that 43% of Total Health Expenditure in Bangladesh is on retailers and other providers of medical goods, and only 25% on hospitals.

Currently the GoB practices an approach to purchasing that the WHO describes as "passive purchasing." This is a form of procurement using fixed norms with little selectivity of providers and

limited quality monitoring. Strategic purchasing, on the other hand, involves a continuous search for the best ways to maximize health system performance by deciding which interventions should be purchased, how, and from whom. Strategic purchasing requires the purchaser to engage actively in three main relationships: with government (MoHFW), with health care providers, and with service recipients (i.e., citizens). One of the objectives of adopting strategic purchasing is to lower incidence of catastrophic health expenditures by price mitigation achieved through efficient purchasing practices.

Strategic purchasing can be implemented with public and private sector providers. Thus, strategic purchasing in the private, non-profit, and for-profit sectors, including contracting, can support the GoB to reduce the costs of health care while increasing quality, efficiency, and equity. While the end goal of these efforts is to some extent clear, the roadmap to deploy this system requires considerable thought as well as inter-ministerial collaboration, with the HEU being the focal point in the MoHFW. Strategic purchasing is likely to play a significant role in the future social health insurance scheme managed by the NHSO, so NHSO and UHCU will need to work together closely.

6.4.1 Health PPPs in Bangladesh

Examples of PPPs include the Smiling Sun Project, Urban Primary Health Care project, and the PPP for Essential Health Services. Essential Health Services was a program of the Health and Population Sector Program (1996–2006) funded by the Department for International Development (UK) and co-managed by the MoHFW. With a goal of making government services available and accessible to the poor, women, and the marginalized, the PPP supported provision of services in two areas: 1) Community Health Schemes were established in 33 unions and partnered with the Upazila Health Complex; and 2) NGOs provided health services through the Community Health Schemes. More recently, the HEU has been experimenting with outsourcing management of 20-bed clinics to the private sector.

6.4.2 Functions

The PPPU will serve as the focal point for PPPs related to UHC. The key activities will include mapping stakeholders, engaging potential partners, and facilitating the establishment of agreements between concerned parties. This unit will also continue to support NGO registration and issue "no objection" certificates.

Analyzing health sector needs and determining priority areas for PPPs involves various steps. Initially a sector-wide analysis should be conducted using both public and private sector data. While the BNHA provides insights into health care expenditure in public health facilities and some private ones, the financial information is not disaggregated enough to be useful for development of a PPP strategy in health. A consensus should be reached on the highest priority system gaps; a health system gap is the failure of a single sector to address health issues, and thus calls for a multi-sectoral approach or a PPP. Though the sector-wide approach lists priorities for components of a health sector program, a more holistic analysis of the health sector is needed, following identification of potential PPPs to address gaps. PPPs can be ranked during consultative meetings with ministry leadership, the private sector, and partners, in order to agree on priorities.

Public-Private Framework in Health Services

Table 6 contains examples of PPP models that can be used in the health sector, with a commentary about their fit with the DGHEP in the Bangladeshi context.

Table 6: Examples of PPP Models in the Health Sector

Model	Components	Fit with the HEU	Remarks
Resource Sharing	Staff, medicines, supplies and other inputs, and help in equipment maintenance	High	Already being undertaken in the form of technical expertise being shared
Contracts/ Memoranda of Understanding	Resource sharing, services, facilities management, and co-location	High	Inter-ministerial collaboration, overseen by PPP Authority, Prime Minister's Office
Leases and Concessions	Demand-side/supply-side financing, facilities, medical equipment, and maintenance	High	Already used on some level, e.g., 8% concession given on medicines for SSK Pharmacy

6.4.3 Staffing

The personnel required for the PPPU, number of full-time equivalents, required qualifications and skills, and the rationale behind the proposed staff are outlined in Table 5.

Table 7: Staffing Requirements (Technical and Senior Management) for NGO Engagement and PPPU

Sl. No.	Title	Quantity	Required Qualification/Skill	Responsibilities
1	Director (Research)	0.5	- Master's degree in Health Economics/Public Health/Statistics	Oversee the technical and administrative management of the unit.
2	Deputy Director	1	- Master's degree in Health Economics/Public Health/Statistics	Manage and supervise the technical activities of the unit. Lead policy advocacy activities.
3	Health Economist	1	- Master's degree in Health Economics - Training or experience in monitoring and evaluation	Evidence-based engagement for PPPs based on costing and other technical data. Help define the terms of engagement with NGOS and private sector.
4	Public Health Specialist	1	- Master's degree in Public Health and Master's in Public Administration/Master's in Business Administration - Experience in structuring PPPs (preferably in health)	Provide health expertise input to the unit across many dimensions, including identification and vetting of health system gaps.

Sl. No.	Title	Quantity	Required Qualification/Skill	Responsibilities
5	Health Systems Specialist	1	- Master's degree in health systems-related field	Identify and vet opportunities for PPPs across the health sector to ensure that the opportunities benefit the health system.
6	Statistician	1	- Master's degree in Statistics or relevant degree	Manage NGO database; conduct relevant analysis.
7	Administration	1	Administrative cadre - Experience in working with public procurements, legal tenders and contracts	Draft contracts and review those proposed by others, with support from the legal expert as needed to understand them. Design frameworks for conducting monitoring and evaluation.
8	Legal Expert; position to be shared with UHCU	0.5	- LLB, with membership of a Bar Association Experience in working with legal contracts	Develop and/or scrutinize contractual documents developed by others prior to signature by DGHEP/PPP.

6.5 Relocation of Two Units

It is recommended that GNSPU and QIS be shifted to a more strategically appropriate location within the MoHFW. This will facilitate coordination with implementing bodies (e.g., DGHS, DGFP, and the Directorate General of Nursing and Midwifery [DGNM]) and enable them to play a more meaningful role within the sector. However, we suggest that the registration of NGOs (which is a current function of GNSPU) be retained in the DGHEP, and carried out by the PPPU so that information obtained through the registration process can be used when considering different approaches to health care coverage.

The transition of these two units is expected to take between 2.5 and 5 years in alignment with the mid-term review of the 4th HPNSP in 2019, or at the latest, by the start of the next sector program in 2022. The repositioning of these units requires more consultation with relevant stakeholders and should be done without hindering or impeding current activities. More detail is provided in the following sections, and a suggested implementation plan with timeline is provided in **Annex B**.

6.5.1 Gender, NGO, Stakeholder Participation

Scope of Work/Functions

The review team proposes expansion of the scope of GNSPU to include "voice", and the unit renamed Gender, Equity, Voice, and Stakeholder Participation (GEVSP) unit. Irrespective of its location within DGHEP or outside, there should be designated positions for coordinating and managing "gender" and "equity, voice, and stakeholder participation," operating in two streams but with strong internal coordination. Coordination with QIS is also crucial because of similar mandates and the need to ensure gender responsive, client-centric health services. The scope of work should be limited to research and analysis, policy advocacy, coordination, capacity development of implementing agencies, and tracking

results. An independent team will bring the benefit of a focused group of people committed to facing the complex challenge of gender mainstreaming.

The GEVSP unit will have two components—"gender" and "equity, voice, and stakeholder participation."

GEVSP unit will reinvigorate momentum to drive policy reform that reduces health inequalities between rich and poor, between women and men, and within excluded groups, by ensuring participation of stakeholder groups. Figure 6 shows variety of Operational Plans with which GEVSP coordinates. The Gender Advisory Committee and Gender, Equity, Voice, and Accountability task group will oversee and support effective functioning of the GEVSP unit.

The unit will be responsible for:

- Developing the capacity of DGHS, DGFP, DGNM, and NGOs to implement the Gender Equity Action Plan;
- Identifying a GEVSP focal point in each Operational Plan, and developing capacity in gender-based program planning, management, and budgeting;
- Developing a set of gender-disaggregated and equity-sensitive indicators, and providing support in tracking them and using data for decision-making;
- Commissioning periodic research and analyses on gender-related issues;
- Supporting HETU to track expenditure using a gender perspective and for evidence-based policy advocacy to address gender issues within the health sector;
- Coordinating with Ministry of Women and Children Affairs (MOWCA) for functioning one-stop crisis centers, and supporting DGHS in implementing the health sector's response to gender-based violence;
- Revitalizing the Gender, Equity, Voice, and Accountability task group, and reconstituting and reactivating the Gender Advisory Committee;
- Organizing workshops, seminars, and consultations, and publishing newsletters, policy briefs, and journal articles.
- Supporting the Human Resource Management unit to identify gender issues among the health and family planning workforce;
- Formulating a strategy for stakeholder participation, promoting public participation in governance of the sector, and coordinating with QIS to use its local level structures; and
- Developing innovative mechanisms for creating demand for services, and communicating clients' rights and responses to client feedback.

6.5.2 Quality Improvement Secretariat

Scope of Work/Functions

Quality improvement in the MoHFW is carried out primarily within the health care delivery system. Quality components of service provision must be embedded in basic education, as well as pre-service and in-service trainings. All supervision and monitoring tools must be aligned with the QoC framework. For these reasons, the assessment team proposes the development of "quality cells/units" within each directorate that will be responsible for ensuring quality of services throughout the MoHFW, from national through to community-level interventions.

While working towards a smooth transition, QIS should complete the activities already committed to in their Operational Plan and document lessons learnt and results.

6.5.3 Transition Plan

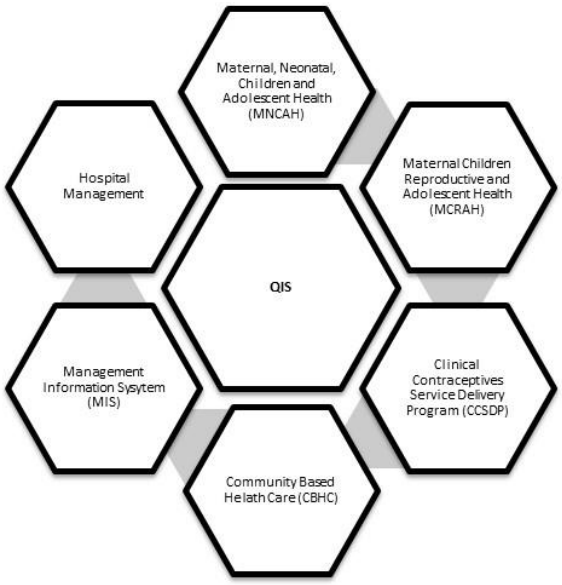
Recognizing the investment of time, effort, and financial resources in the existing QIS and GNSPU, the team proposes an extended transition period, which corresponds with the mid-term review (2019) or inception of the next sector plan (2022).

During this time, the team recommends that GNSPU and QIS organize workshops and other consultations with relevant stakeholders (Figure 6) to develop organizational infrastructure, revisit scopes of work, and build capacity of implementing bodies (DGHS, DGFP, DGNM) to integrate GEVSP and quality improvement within routine service delivery mechanisms. In addition, the DGHEP must work with key donors (e.g., UNICEF, UNFPA, USAID, SIDA, and the Norwegian Embassy) to redirect resources to implementing bodies and maintain continuity of activities and resources invested over the last few years.

In addition to the activities set out in the Operation Plans, we therefore also recommend that GNSPU and QIS undertake the following activities during the transition period:

- Rigorous consultation and advocacy with the MoHFW, relevant Line Directors/Program Managers of the DGHS, DGFP, and DGNM, and key development partners;
- Identification and building the capacity of focal persons for GEVSP in each Operational Plan;
- Technical support for establishment/strengthening of quality improvement cells/units within relevant departments of DGHS, DGFP, and DGNM, and develop their understanding of and systems for assuring adherence to already established protocols and standards; and
- Periodic research, analysis, and evidence-based policy advocacy.

Figure 6: Collaboration with different parts of MOHFW during Transition Period (Illustrative)



7. COLLABORATION AND COORDINATION

The work of the HEU takes place in the context of the MoHFW in general and the health care delivery system in particular. Whether the work entails developing and monitoring financial protection schemes, developing and implementing PPPs, or formulating policy recommendations, the knowledge and skills needed are not all resident within the current HEU. The work of the DGHEP will call for coordination with other organizations within and beyond the health sector. As a consequence, engagement with other units and departments is critical for the work to be successful. Such engagement may take the form of communication, coordination, or true collaboration. In this context, communication refers to sharing information among and between entities. Coordination takes place when the elements of a complex activity are organized to enable the units or departments to work together effectively. In a collaborative relationship, two or more units agree to: invest resources; mutually achieve goals; share information, resources, rewards and responsibilities; and jointly make decisions and solve problems.

By its nature, working collaboratively is more complex and more time-consuming than working independently. In addition, "soft" or social skills are required in addition to technical knowledge. Several best practices for effective collaboration include:

- Being inclusive in identifying the parties to a collaboration—ensuring that all who have an interest also have a voice;
- Defining and articulating a common outcome, which creates the framework for successful collaboration;
- Establishing mutually reinforcing or joint strategies, and assuring that the strategies serve the best interests of the collaboration (not the individual collaborator);
- Identifying and addressing needs by leveraging resources;
- Agreeing on roles and responsibilities in a way that leverages the potential technical contribution of each party;
- Establishing compatible procedures, practices, and other means to operate across agency boundaries;
- Developing mechanisms to monitor, evaluate, and learn from results; and
- Reinforcing partner accountability for collaborative efforts through agency plans and reports.

Collaboration is a key strategy for ensuring DGHEP's success. Collaboration requires both skills and intentional efforts; DGHEP must therefore strive to build its capacity for collaboration among current staff, and must look for these skills when recruiting new staff.

8. SUMMARY

In response to the request for advice on repositioning the HEU, the assessment team proposes a series of changes, which are designed to strengthen HEU's capacity for meaningful contribution to the MoHFW as the Ministry responds to changes in the dynamic health sector in Bangladesh. These changes begin with a clarification of scope, refocusing the unit's attention on its original mandate related to costing and economic analysis with the addition of a key role in the health financing aspects of UHC. With this clarified and expanded mandate, we propose an organizational repositioning within the MoHFW to a location where it can most effectively serve the entire Ministry, a retitling from Unit to Directorate General of Health Economics and Policy, and physical relocation to an office with more visibility and space, and which is more accessible by key stakeholders within and outside the Ministry.

The assessment team respectfully proposes the following steps in repositioning the HEU so that new unit could build on HEU's achievements to date and contribute to achievement of UHC in Bangladesh:

1. **Clarify the mandate of the unit in relation to UHC.** The team proposes the following revised mandate:
    1. *To achieve Universal Health Coverage and a more responsive health sector in Bangladesh, HEU will support sustainable and equitable health financing approaches and policy formulation through the generation and use of health economics data and analysis.*
2. **Refocus the HEU on analysis, advocacy, and policy guidance.** HEU should refocus its activities on data analysis and use of data and evidence, advocacy, and policy guidance (to support policy formulation), design and monitoring of proofs of concept pilots, in accordance with the proposed mandate. HEU should refrain from direct implementation of any intervention at the service delivery level.
3. **Limit the breadth of activities to those that directly contribute to attainment of the mandate**. Relocating the QIS and the gender component of the GNSPU to limit the breadth of activity as per mandate.
4. **Implement the relocation of QIS and the gender component of the GNSPU during 2018-2022.** This is to allow time for the necessary consultations to take place prior to decisions on relocation and placement. This would require initiating a participatory process for defining the Terms of Reference for these units, and reaching agreement on the most appropriate placement within the MoHFW, while minimizing disruption of their existing programs and services.
5. **Rename the unit "Directorate General of Health Economics and Policy (DGHEP)" and place it within the MoHFW,** where it can most effectively serve both divisions of the Ministry.
6. **Design four functional technical units with necessary staffing, to focus on analysis, advocacy, and policy guidance, in the context of the revised mandate**.
7. **Address the existing limitations imposed by Civil Service recruitment regulations** on the DGHEP's ability to recruit and retain qualified personnel. Define a career path for technical staff so that the DGHEP is able to attract and retain needed staff and reduce turnover.
8. **Strengthen multidisciplinary collaboration** between the new DGHEP and other units in the MoHFW to improve design, implementation, and uptake of research activities.
9. **Implement the proposed repositioning with a clear timeline and in close consultation with key partners and stakeholder**.

We propose that the work of the repositioned DGHEP be defined in terms of four functions and corresponding units, which are directly related to the clarified and expanded mandate:

- Economic Analysis and Costing Unit (EACU)
    - Function: Conduct policy-oriented economic analysis and costing, with related advocacy.
- Health Expenditure Tracking Unit (HETU)
    - Function: Execution of health expenditure tracking analyses, with related dissemination, communication, and promotion of use.
- Universal Health Coverage Unit (UHCU)
    - Function: Formulate policies, rules, and strategies for advancing financial protection for UHC, and design programs for implementing the HCFS, with related advocacy.
- NGO Engagement and PPP Unit (PPPU)
    - Function: Engage with NGOs and the private sector to improve equity, efficiency, and quality for UHC.

We also propose that those units whose work is less directly related to health financing and UHC, or whose work can be more effectively carried out elsewhere in the Ministry—specifically QIS and GNSPU—are relocated accordingly. Recognizing that there has been considerable investment of time, effort, and financial resources in the QIS and GNSPU already, it is critical that their relocation not be undertaken hastily. Rather, we propose extensive consultation with stakeholders within and outside the MoHFW to develop strategies for the work done by each unit, to define a staffing structure appropriate to the work, and to agree on the most advantageous location for each unit. Given that the new Operational Plans for the 4th HPNSP have just begun, and the difficulties of making changes within the span of an operational plan, we recommend that the consultations necessary to develop and subsequently implement a transition plan take place in the time between now and mid-term review (in 2019) or, if necessary, the start of the next sector program (in 2022). A suggested implementation plan with timeline is provided in **Annex B**.

Staffing in the DGHEP must be significantly increased; both in terms of numbers and qualifications (see Table 8 for a summary of the proposed staffing and **Annex C** for full job description). To this end, limitations on the HEU's ability to recruit and retain qualified personnel imposed by specific recruitment regulations, absence of defined career paths for technical staff, and resultant high turnover must be addressed in order that the DGHEP be able to attract and retain needed staff. We propose the development of a new set of recruitment rules, with approval from the relevant authorities, to address these staffing issues.

Table 8: Summary of Proposed Technical and Senior Management Staffing Number

Title	Required Qualification	Quantity				Total
		EACU	HETU	UHCU	PPP Unit	
Director General					1	1
Director	Post-graduate degree in Social Science, Public Health, Public Administration, Business Administration				3	3
Deputy Director	Post-graduate degree in Social Science, Public Health, Public Administration, Business Administration	1	1	1	1	4
Health Economist	Master's degree in Health Economics	2	2	1	1	6
Public Health Specialist	Master's degree or higher in Public Health	1	1	1	1	4
Statistician	Master's degree in Statistics	1	1	1	1	4
Health System Specialist	Master's degree in Public Health (Health System)	-	-	1	1	2
Legal expert	LLB, with membership in a Bar Association	-	-	0.5	0.5	1
Administration	Administrative cadre	1	1	1	1	4
Total number of proposed technical personnel						29

As per 2012 organogram of HEU, there were 10 positions (including 3 positions for GNSPU) for technical and senior management personnel (only 7 people were posted during this assessment). An additional 10 Medical Officers were supporting technical activities as deputed positions during this assessment, with an additional 17 seconded staff through development partners.

Stronger intra-departmental communication and coordination of activities will increase the effectiveness and efficiency of DGHEP. Effective knowledge management systems must be established in order to document and archive previous work and reports, and address gaps in policy advocacy-related activities.

Finally, proactive efforts to increase collaboration with other parts of the Ministry, and particularly the two divisions of the care and service delivery system, will improve the quality and ownership of initiatives undertaken.

The assessment team believes that if these recommendations are implemented, the DHEP will be well-positioned to achieve its mandate towards UHC and a more responsive health sector in Bangladesh, and supporting sustainable health financing approaches and policy formulation through the generation of health economics and financing evidence.

ANNEX A: LIST OF INTERVIEWEES AND CONSULTATIVE MEETING PARTICIPANTS

List of Interviewees for HEU Repositioning Activities

Serial number	Name	Designation and Organization	Type of Interview
		Government	
		HEU	
1.	Md. Ashadul Islam	Director General (Additional Secretary, HEU, MoHFW)	Individual
2.	Md. Nuruzzaman	Director (Research), HEU, MoHFW	Group
3.	Abu Momtaz Saaduddin Ahmed	Deputy Secretary (Deputy Chief and Program Manager), GNSP Unit, HEU, MoHFW	Group
4.	Dr. Ayesha Afroz Chowdhury	Deputy Program Manager, GNSPU, HEU, MoHFW	Group
5.	Md. Saidur Rahman Khan	Sr. Assistant Secretary and Deputy Program Manager, GNSPU, HEU, MoHFW	Group
6.	Dr. Ahmed Mustafa	Deputy Director, BNHA, HEU, MoHFW	Individual/ Group
7.	Dr. Md. Anwar Sadat	Medical Officer (Attached), BNHA Cell, HEU, MoHFW	Individual
8.	Dr. Subrata Paul	Medical Officer (Attached), BNHA Cell, HEU, MoHFW	Group
9.	Dr. Rafiqul Islam	Deputy Director, SSK Cell, HEU, MoHFW	Group
10.	Dr. Mohammad Abul Bashar Sarker	Medical Officer (Attached), SSK Cell, HEU, MoHFW	Individual/ Group
11.	Dr. Md. Aminul Hasan	Deputy Director, Focal Person, QIS, HEU, MoHFW	Individual
12.	Dr. Tonamy Chakma	Medical Officer, QIS, HEU, MoHFW	Group
13.	Dr. Pronob Roy	Medical Officer, QIS, HEU, MoHFW	Group
14.	Dr. Mohammad Nazmul Haque	Medical Officer, QIS, HEU, MoHFW	Group
15.	Shahana Sharmin	Deputy Director, HEU, MoHFW	Group
16.	Ziauddin Al Mamun	Deputy Director, HEU, MoHFW	Group
17.	Dr. Naila Amin Nitu	Deputy Director, HEU, MoHFW	Group
		Other officials of MoHFW	
18.	Md. Sirazul Islam	Secretary, Medical Education and Family Welfare, MoHFW	Individual
19.	Mr. Faiz Ahmed	Additional Secretary, MoHFW	Individual

Serial number	Name	Designation and Organization	Type of Interview
20.	Prof. Dr. Abul Kalam Azad	Director General, DGHS, MoHFW	Individual
21.	Kazi Mustafa Sarwar	Director General (Additional Secretary), DGFP, MoHFW	Individual
22.	Dr. A.E. Md. Muhiuddin Osmani	Joint Chief, Planning Wing, MoHFW	Group
23.	Dr. Mohammed Sharif	Director (Reproductive, Maternal, and Child Health), DGFP, MoHFW	Individual
24.	Dr. Md. Jahangir Alam Sarkar	Line Director, Maternal, Neonatal, Child and Adolescent Health (MNCAH), DGHS, MoHFW	Individual
25.	Dr. Altaf Hossain	Program Manager, National Newborn Health Program, MNCAH, Integrated Management of Childhood Illness, (currently transferred to Expanded Program for Immunization), DGHS, MoHFW	Group
26.	Dr. Azizul Alim	Deputy Program Manager, Maternal Health, MNCAH (currently transferred to Planning), DGHS, MoHFW	Group
		Officials from Other Ministries of GoB	
27.	Prof. Dr. Shamsul Alam	Member (Senior Secretary), General Economic Division, Ministry of Planning	Individual
28.	Mohammad Muslim Chowdhury	Additional Secretary (Finance Division), Ministry of Finance	Individual
		Technical Partners	
29.	Dr. Md. Tajul Islam	Seconded as Consultant to QIS, HEU, MoHFW	Group
30.	Dr. Harun or-Rashid	Seconded as Consultant to QIS, HEU, MoHFW	Group
31.	Tahmina Begum	Advisor, BNHA Cell, HEU, MoHFW	Individual/ Group
32.	Nahid Akter Jahan	Associate Professor, Institute of Health Economics, University of Dhaka	Group
33.	A. F. M. Azizur Rahman	Director, Data International	Group
34.	M. M. Reza	Retired Secretary and Chief Technical Advisor, PMMU, MoHFW	Group
35.	Abdul Waheed Khan	Advisor (Planning and Coordination), PMMU, MoHFW	Group
36.	Md. Humayun Kabir	Senior Strategic and Technical Advisor for Routine Health Information System MEASURE Evaluation, Carolina Population Center	Individual
37.	Dr. Istiaq Mannan	Deputy Country Director, Save the Children	Group
38.	Joby George	Chief of Party, MaMoni-HSS, Save the Children	Group
39.	Youssef Tawfiq	Quality Advisor, MaMoni-HSS, Save the Children	Group
40.	Dr. Syed Abdul Hamid	Professor, Director, Institute of Health Economics, University of Dhaka	Group
41.	Md. Abdus Sabur	Independent Consultant	Group

Serial number	Name	Designation and Organization	Type of Interview
42.	Nazme Sabina	Health Economist, Independent Consultant	Individual
43.	Shubhasish Barua	Deputy Senior Vice President, Retail and Small and Medium-Sized Enterprise Division, Green Delta Insurance Company Limited	Individual
		Development Partners	
44.	Dr. Valeria de Oliveira Cruz	Team leader, Health System, WHO	Group
45.	Mohammad Touhidul Islam	National Professional Officer, Health Financing, WHO	Group
46.	Dr. Murad Sultan	National Professional Officer (Health System), WHO	Group
47.	Dr. Bushra Binte Alam	Senior Health Specialist, World Bank	Group
48.	Dr. Shakil Ahmed	Senior Health Economist, World Bank	Group
49.	Melissa Jones	Office Director, Office of Population, Health, Nutrition and Education, USAID	Individual
50.	Dr. Kanta Jamil	Senior Monitoring, Evaluation and Research Advisor, USAID	Group
51.	Dr. Sukumar Sarker	Senior Technical and Policy Advisor, Office of Population, Health, Nutrition and Education, USAID	Individual
52.	Pushpita Samina	Clinical Services Lead, USAID	Group
53.	Marcela Lizana Bobadilla	First Secretary/Deputy Head of Development Section, Embassy of Sweden	Group
54.	Dr. Zahirul Islam	Health Specialist, Embassy of Sweden	Group
55.	Dr. Ziaul Matin	Health Manager (MNCAH), UNICEF Bangladesh	Group
56.	Dr. Hari Banskota	Health Specialist, UNICEF Bangladesh	Group
57.	Mahmuda Shayema Khorshed	Health Officer, UNICEF Bangladesh	Group
58.	Dr. Sathya Doraiswamy	Chief, Health, UNFPA Bangladesh	Group
59.	Dr. Syed Abu Jafor Md. Musa	Special Advisor to Representative, UNFPA Bangladesh	Individual

Repositioning the Health Economics Unit (HEU), MoHFW Organizational Review

Meeting with HEU staff and core partners

Fars Hotel—Thursday, July 20, 2017

List of Participants

Serial number	Name	Designation and Organization
		Government
1.	Md. Ashadul Islam	Director General (Additional Secretary), HEU, MoHFW
2.	Md. Nuruzzaman	Director (Research), HEU, MoHFW
3.	Shahana Sharmin	Deputy Director, HEU, MoHFW
4.	Abu Momtaz Saaduddin Ahmed	Deputy Secretary (Deputy Chief and Program Manager), GNSP Unit, HEU, MoHFW
5.	Dr. Ayesha Afroz Chowdhury	Deputy Program Manager, GNSPU, HEU, MoHFW
6.	Md. Saidur Rahman Khan	Sr. Assistant Secretary and Deputy Program Manager, GNSPU, HEU, MoHFW
7.	Dr. Subrata Paul	Medical Officer (Attached), BNHA Cell, HEU, MoHFW
8.	Dr. Ahmed Mustafa	Deputy Director, BNHA, HEU, MoHFW
9.	Dr. Mohammad Abul Bashar Sarker	Medical Officer (Attached), SSK Cell, HEU, MoHFW
10.	Dr. Naila Amin Nitu	Deputy Director, HEU, MoHFW
11.	Dr. Rafiqul Islam	Deputy Director, SSK Cell, HEU, MoHFW
12.	Dr. Aminul Hasan	Deputy Director, Focal Person, QIS, HEU, MoHFW
13.	Dr. Tonamy Chakma	Medical Officer, QIS, HEU, MoHFW
14.	Dr. Pranab Roy	Medical Officer, QIS, HEU, MoHFW
15.	Ziauddin Al Mamun	Deputy Director, HEU, MoHFW
16.	Dr. Md. Nazmul Haque	Medical Officer, QIS, HEU, MoHFW
		Seconded to HEU
17.	Dr. Md. Tajul Islam	Consultant, QIS, HEU, MoHFW
18.	Md. Azmal Kabir	National Coordinator, SSK Cell, HEU, MoHFW
19.	Md. Rayhan Uddin	Consultant, QIS, HEU, MoHFW
		Academic and Development Partners
20.	Mohammad Touhidul Islam	National Professional Officer, Health Financing, WHO
21.	Rumana Haque	Professor, Department of Economics, University of Dhaka

Serial number	Name	Designation and Organization
22.	Dr. Sayed Abu Jafor Md. Musa	Special Advisor to Representative, UNFPA
23.	Yasmin Ahmed	Freelance Consultant
24.	Pushpita Samina	Clinical Services Lead, USAID/Bangladesh
25.	Joby George	Chief of Party, MaMoni-HSS, Save the Children
26.	Youssef Tawfiq	Quality Advisor, MaMoni-HSS, Save the Children
27.	Tahmina Begum	Advisor, BNHA Cell, HEU, MoHFW
28.	Nahid Akter Jahan	Associate Professor, Institute of Health Economics, Dhaka University
29.	Mursaleena Islam	Country Manager, HFG
30.	Margaret Morehouse	Organization Development Consultant/Trainer
31.	Pial Islam	Consultant, HFG Project
32.	Shumona Shafinaz	QIS Consultant, Save the Children
33.	Shamima Akhter	Technical Specialist, HFG
34.	Tanver Hossain	Communications Specialist, HFG
35.	Md. Yasin Ali Shadat	Finance and Administration Manager, HFG

Consultative Meeting with HEU Partner Stakeholders for Repositioning the HEU

Venue: CIRDAP (ATM Shamsul Haque Auditorium)

Date and Time: Wednesday, July 26, 2017, 10.00 a.m.–2.30 p.m.

List of Participants

Serial number	Name	Designation and Organization
		HEU
1.	Md. Ashadul Islam	Director General (Additional Secretary), HEU, MoHFW
2.	Md. Nuruzzaman	Director (Research), HEU, MoHFW
3.	Dr. Ahmed Mustafa	Deputy Director, BNHA, HEU, MoHFW
4.	Dr. Aminul Hasan	Deputy Director, Focal Person, QIS, HEU, MoHFW
5.	Shahana Sharmin	Deputy Director, HEU, MoHFW
6.	Abu Momtaz Saaduddin Ahmed	Deputy Secretary (Deputy Chief and Program Manager), GNSP Unit, HEU, MoHFW
7.	Dr. Rafiqul Islam	Deputy Director, SSSK Cell, HEU, MoHFW
8.	Dr. Tonamy Chakma	Medical Officer, QIS, HEU, MoHFW
9.	Dr. Pranab Kumar Roy	Medical Officer, QIS, HEU, MoHFW
10.	Dr. Md. Nazmul Haque	Medical Officer, QIS, HEU, MoHFW
11.	Dr. Subrata Paul	Medical Officer (Attached), BNHA Cell, HEU, MoHFW
12.	Dr. Mohammad Abul Bashar Sarker	Medical Officer (Attached), SSK Cell, HEU, MoHFW
		Seconded to HEU
13.	Dr. Md. Harun Or Rashid	Consultant, QIS, HEU, MoHFW
14.	Md. Azmal Kabir	National Coordinator, SSK Cell, HEU, MoHFW
15.	M. Rahmat Ali	National Consultant (WHO), HEU, MoHFW
		Officials from Other Ministries of GoB
16.	Quazi A. K. M. Mohiul Islam	Additional Secretary, Population and Family Welfare Regulation, MoHFW
17.	Sayed Mamunul Alam	Joint Chief, Planning Commission, Ministry of Planning
18.	Mr. Salam Khan	Deputy Chief, Planning Wing, MoHFW
19.	Suleman Khan	Director, Management Information System, DGFP
20.	Md. Shahabuddin Sarker	Deputy Director, National Accounting Wing, Bangladesh Bureau of Statistics
21.	Abdul Hamid Moral	Senior Instructor, National Institute of Policy, Research and Training

Partner and Stakeholders		
22.	M. M. Reza	Retired Secretary and Chief Technical Advisor, PMMU, MoHFW
23.	Mr. Abdul Waheed Khan	Advisor (Planning and Coordination), PMMU, MoHFW
24.	Md. Humayun Kabir	Senior Strategic and Technical Advisor for RHIS, MEASURE Evaluation, Carolina Population Center
25.	Prof. M A Faiz	Independent Consultant
26.	Dr. Md. Abdus Sabur	Independent Consultant
27.	Dr. Yasmin H. Ahmed	Freelance Consultant
28.	Syed Abdul Hamid	Professor and Director, Institute of Health Economics, University of Dhaka
29.	Sk. Masum Billah	Sr. Research Investigator, Maternal and Child Health, icddr,b
30.	Joby George	Chief of Party, MaMoni- HSS, Save the Children
31.	Youssef Tawfiq	Quality Advisor, MaMoni-HSS, Save the Children
32.	Mohammad Touhidul Islam	National Professional Officer, Health Financing, WHO
33.	Dr. Shakil Ahmed	Senior Health Economist, World Bank
34.	Dr. Kanta Jamil	Senior Monitoring and Research Advisor, USAID/ Bangladesh
35.	Pushpita Samina	Clinical Services Lead, USAID/ Bangladesh
36.	Dr. Hari Banskota	Health Specialist, UNICEF
37.	Margaret Morehouse	Training Resources Group
38.	Mursaleena Islam	Country Manager, HFG
39.	Pial Islam	Managing Partner, Pi Strategy
40.	Shumona Shafinaz	Senior Advisor-Program Management, Save the Children in Bangladesh
41.	Shamima Akhter	Technical Specialist, HFG
42.	Sohel Rana	Program Associate, HFG
43.	Yasin Shadat	Finance and Administration Manager, HFG

ANNEX B: IMPLEMENTATION PLAN

Given the difficulties of making changes quickly, especially within the timespan of an operational plan, we recommend a five-year plan to fully implement the changes proposed in this repositioning plan. The Gantt chart below provides the necessary tasks with suggested timelines. Key elements are:

- Immediately start consultations with key partners and stakeholders on this repositioning plan, for ownership and buy-in;
- Immediately prepare a proposal for DGHEP for processing through MoHFW, Ministry of Public Administration (MOPA), and Ministry of Finance (MoF) for approval—there will be need to conduct inter-ministerial meetings to discuss and advocate for adoption of the proposal;
- Upon approval of the DGHEP proposal, start implementing the changes, and at the same time, prepare new set of recruitment rules for processing through MoHFW, MOPA, and the Public Services Commission for approval, and conduct new recruitments accordingly; and
- Conduct the consultations necessary to develop and subsequently implement a transition plan for QIS and GNSPU between now and the mid-term review of the sector program (2019), so that the transition can be made at the start of the next sector program (2022).

	Task	Year											
		2017		2018		2019		2020		2021		2022	
1.	HFG and MaMoni-HSS projects to conduct organizational assessment, preliminary consultations, workshops, and interviews on repositioning HEU												
2.	HFG and MaMoni-HSS projects to develop HEU repositioning plan												
3.	HEU to convene consultations with key partners/stakeholders regarding repositioning plan and implications (e.g., within MoHFW, WHO, World Bank, USAID)												
4.	HEU to convene inter-ministerial meetings with MoHFW, MOPA, and MoF to discuss repositioning plan, including staffing and budget implications												
5.	HEU to prepare repositioning proposal with budget and staffing plan, and submit to MoHFW for processing												

	Task	Year											
		2017		2018		2019		2020		2021		2022	
6.	MoHFW to process HEU repositioning proposal and send to MOPA and MoF												
7.	HEU to follow-up with MoHFW, MOPA, and MoF for approval of repositioning proposal												
8.	HEU to prepare recruitment rules for the repositioned unit and follow-up with MoHFW, MOPA and Public Services Commission for approval												
9.	HEU to recruits for proposed sub-units, train staff and become fully functional new structure												
10.	HEU to launch a series of discussions with relevant units at MoHFW (e.g., DGHS, DGFP) regarding potential options for future home and scope of work for GNSPU and QIS												
11.	HEU to reach agreement on future home and scope of work for GNSPU and QIS												
12.	HEU to prepare and implement transition plan for GNSPU and QIS												
13.	HEU to review progress of operational plan, particularly in light of repositioning plan, and update operational plan if needed during mid-term review of the sector program in 2019												
14.	MOHFW and HEU to ensure operational plan for next sector program reflects repositioned HEU, with GNSPU and QIS placed elsewhere												

ANNEX C: JOB DESCRIPTIONS

This Annex provides an outline of the job descriptions for proposed positions in the repositioned Directorate General of Health Economics and Policy (DGHEP). The positions and job descriptions are grouped by seniority and according to the four proposed units.

Senior Management

1. **NAME OF POSITION: Director General**	
UNIT: Directorate General of Health Economics and Policy (DGHEP)	GRADE SCALE (MINIMUM): Grade 3, Scale 1
EDUCATION REQUIREMENTS: Master's degree in Economics, Health Economics, Public Health, Statistics or related area	
YEARS OF EXPERIENCE At least 20 years of relevant experience	
MAIN DUTIES: • Lead health economics and policy-related analysis to take forward the MOHFW agenda for UHC, and act as a technical advisor to the MOHFW on UHC related planning, policy-making, and implementation. • Lead discussions with MOHFW and its different directorates/departments to identify necessary economic and policy analysis, including costing and generating evidence for policy review and reform. • Overall supervision and management of all activities as the administrative chief of DGHEP, including managing the functionality of all four technical units. • Overall management of all activities related to accounts and budgeting, including timely reporting, fund utilization, and expenditure approval. • Collaborate, manage, and coordinate partnerships with different directorates and departments of MOHFW as needed, as well as other ministries, to develop and implement rules and laws relevant for the new Directorate. • Ensure proposed career pathways for staff are in place, with relevant recruitment, promotion, capacity building, leave, and disciplinary activities. • Approve terms of reference and selection of consultants for costing, economic, and policy analysis.	

2. **NAME OF POSITION: Director (Admin)**	
RESPECTIVE UNIT: DGHEP	GRADE SCALE (MINIMUM): Grade 4, Scale 1
EDUCATION REQUIREMENTS: Master's degree in any subject	
YEARS OF EXPERIENCE: At least 15 years of relevant experience	
MAIN DUTIES: • Supervise and oversee the administration of DGHEP and its four units. • Supervise and monitor all administrative and support staff for DGHEP. • Support the Director General for all relevant administrative and management related activities.	

3. **NAME OF POSITION: Director (Research) 1**	
RESPECTIVE UNIT: Economic Analysis and Costing Unit (EACU) (50%) and Health Expenditure Tracking Unit (HETU) (50%)	GRADE SCALE (MINIMUM): Grade 4, Scale 1
EDUCATION REQUIREMENTS: Master's degree in Economics, Health Economics, Public Health, Statistics or related area	
YEARS OF EXPERIENCE: At least 15 years of relevant experience	
MAIN DUTIES: • Support the Director General in discussions with MOHFW and its different directorates/departments to identify requirements for economic and policy analysis. • Guide technical staff to develop and implement concept notes on health economics and policy analysis issues, including costing and expenditure tracking. • Ensure an enabling environment for technical staff to conduct economic analysis and policy research by managing all administrative activities and maintaining proper documentation. • Lead and organize the dissemination of analysis conducted by EACU and HETU involving relevant stakeholders. • Lead advocacy efforts in relation to policy with stakeholders both within and outside MOHFW using evidence generated by EACU and HETU. • Collaborate and coordinate with partners (e.g., other ministries, development partners, and academic and research organizations) to develop and conduct health economics and resource tracking related analysis and evidence generation required for MOHFW and GOB. • Support the Director General in all relevant technical and management related activities. • Overall supervision of technical and administrative management of EACU and HETU.	

4. NAME OF POSITION: Director (Research) 2

RESPECTIVE UNIT: Policy and Universal Health Coverage Unit (UHCU) (50%) and NGO Engagement and PPP Unit (PPPU) (50%)	GRADE SCALE (MINIMUM): Grade 4, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Economics, Health Economics, Public Health, Statistics or related area

YEARS OF EXPERIENCE:
At least 15 years of relevant experience

MAIN DUTIES:

- Support the Director General in discussions with MOHFW and its different directorates/departments to identify demand for economic and policy analysis on UHC and PPP related topics.
- Guide technical staff to develop and implement concept notes on policy analysis, UHC, NGO engagement, and PPP related topics.
- Mange the selection, contracting, management, and monitoring and evaluation of NGO engagement and PPP initiatives.
- Ensure an enabling environment for technical staff to conduct economic analysis and policy research by managing all administrative activities and maintaining proper documentation.
- Lead and organize the dissemination of analysis conducted by UHCU and PPPU involving relevant stakeholders.
- Lead policy advocacy on UHC related issues with stakeholders both within and outside MOHFW to take forward the UHC agenda in Bangladesh.
- Oversee the administrative management of NGOs, private sector partners, and other legal procedures related to activities of both UHCU and PPPU.
- Collaborate and coordinate with partners (e.g., different MOHFW departments, other ministries, development partners, academic and research organizations, and NGOs) to develop and conduct health economics and resource tracking related analysis and evidence generation activities required for MOHFW and GOB.
- Support the Director General in all relevant technical and management related activities.
- Overall supervision of technical and administrative management of UHCU and PPPU.

A. Economics Analysis and Costing Unit (EACU)

5. NAME OF POSITION: Deputy Director (EACU)	
RESPECTIVE UNIT: EACU	GRADE SCALE (MINIMUM): Grade 6, Scale 1
EDUCATION REQUIREMENTS: Master's degree in Economics, Health Economics, Public Health, Statistics or a related area	
YEARS OF EXPERIENCE At least eight years of relevant experience	
MAIN DUTIES: • Lead the development of concept notes and their implementation on health economics, costing, cost-effectiveness analysis, and related topics. • Organize dissemination and policy advocacy events with stakeholders, both within and outside MOHFW, to share findings and evidence using appropriate data visualization techniques. • Support the Director General and Directors to generate demand for economic analysis related studies within MOHFW and among other stakeholders through producing supportive materials highlighting the activities of EACU. • Support the directors to maintain collaboration and partnerships with different MOHFW departments, other ministries, development partners, and academic and research organizations to conduct economic analysis. • Support the EACU Director in all relevant technical and management related activities.	

6. NAME OF POSITION: Health Economist (EACU) (at least equivalent to Assistant Director position)	NUMBER OF POSITIONS: Two
RESPECTIVE UNIT: EACU	GRADE SCALE (MINIMUM): Grade 9, Scale 1
EDUCATION REQUIREMENTS: Master's degree in Economics or Health Economics (PhD suggested)	
YEARS OF EXPERIENCE At least five years of relevant experience	
MAIN DUTIES: • Provide technical content for the Director General and other Directors to generate demand for health economics related activities within MOHFW and among related stakeholders. • Conduct technical analysis on health economics including costing, cost-effectiveness, and other economic analysis. • Develop new ideas and concepts on economic analysis and costing related topics that will be useful and relevant to the requirements of MOHFW and its departments. • Write reports and policy briefs based on the findings of completed analysis. • Organize dissemination events to share of findings and evidence. • Translate the findings into policy information to support advocacy with stakeholders both within and outside MOHFW. • Develop technical scopes and terms of reference for consultants, and manage the work relationship with consultants. • Collaborate with different MOHFW departments, other ministries, development partners, and academic and research organizations to conduct health economics related research relevant to GOB plans for the health sector.	

- Support the EACU Deputy Director in all relevant technical and management related activities.

7. NAME OF POSITION: Public Health Specialist (EACU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: EACU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's Degree in Public Health or Bachelor of Medicine and Bachelor of Surgery with two years of experience in public health

YEARS OF EXPERIENCE
At least five years of relevant experience

MAIN DUTIES:

- Conduct analysis from a public health perspective, and foster meaningful interpretation of findings/results with regard to health care needs in Bangladesh.
- Write reports and policy briefs based on findings of completed analysis.
- Develop a public health perspective within new concepts on economic analysis and costing related topics, which are relevant to the requirements of MOHFW and its departments.
- Provide technical materials for the Director General and other Directors to generate demand on economics analysis related activities within MOHFW and among related stakeholders by highlighting the public health importance and relevance to the health care delivery system.
- Provide support to organize dissemination events to share findings and evidence highlighting the importance in public health issues and the health system.
- Support policy advocacy among stakeholders both within and outside MOHFW by translating research findings into policy information from a public health perspective.
- Provide support to maintain relationships with collaborators and partners to conduct relevant analysis.
- Support the EACU Deputy Director in all relevant technical and management related activities.

8. NAME OF POSITION: Statistician (EACU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: EACU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Statistics

YEARS OF EXPERIENCE
At least five years of relevant experience

MAIN DUTIES:

- Develop the data collection tools and analysis plan for new proposals on economic analysis and costing related topics.
- Conduct data analysis, ensuring statistical integrity.
- Use appropriate data visualization software to demonstrate results from analysis attractively and meaningfully.
- Train the team on data collection tools and oversee the data management system.

- Support the team to organize dissemination events by preparing the results in a meaningful and visually appealing way for presentation.
- Support the team to maintain collaboration and partnerships with different government and non-government organizations.
- Support the EACU Deputy Director in all relevant technical activities.

9. NAME OF POSITION: Administration (EACU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: One for each of the Unit (EACU, HETU, UHCU, PPPU)	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree from any recognized university or a degree that requires at least four years of education (BCS cadre entry requirement)

YEARS OF EXPERIENCE
At least two years of relevant experience

MAIN DUTIES:

- Manage administrative paper work and documentation for all analysis activities of the respective unit (EACU/HETU/UHCU/PPPU). For PPPU, it would included managing all documentation related to selection, contracting, management, and monitoring and evaluation of NGO engagement and PPP initiatives
- Support the corresponding Deputy Director to manage documentation related to managing collaboration and partnerships with different government and non-government organizations.
- Support the corresponding Deputy Director to organize dissemination events with policymakers and stakeholders both within and outside MOHFW.
- Provide the necessary logistical and administrative support for all unit activities.
- Manage printing, publishing, and distribution of documents produced by the unit.
- Support the corresponding Deputy Director in all relevant management related activities.

B. Health Expenditure Tracking Unit (HETU)

10. NAME OF POSITION: Deputy Director (HETU)

RESPECTIVE UNIT: HETU	GRADE SCALE (MINIMUM): Grade 6, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Health Economics, Public Health, Statistics or a related area

YEARS OF EXPERIENCE
At least eight years of relevant experience

MAIN DUTIES:

- Lead all activities of the unit related to analysis on health expenditure and resource tracking, including:
  - National Health Accounts (NHA),
  - Review of public expenditure (PER),
  - National Health Sub-Accounts,
  - Benefits Incidence Analysis (BIA), and
  - Public Health Expenditure study.
- Organize dissemination and policy advocacy events with stakeholders, both within and outside MOHFW, to share the findings and evidence using appropriate data visualization technique.
- Support the Director General and Directors to generate demand for economic analysis related studies within MOHFW and among other stakeholders through producing supportive materials highlighting the activities of HETU.
- Support directors to maintain collaboration and partnerships with different MOHFW departments, other ministries, development partners, and academic and research organizations to conduct health expenditure and resource tracking related research.
- Support the HETU Director in all relevant technical and management related activities.

11. NAME OF POSITION: Health Economist (HETU) (at least equivalent to Assistant Director position)	NUMBERS OF POSITION: Two
RESPECTIVE UNIT: HETU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Economicsor Health Economics (PhD suggested)

YEARS OF EXPERIENCE
At least five years of relevant experience

MAIN DUTIES:

- Provide technical content for the Director General and other Directors to generate demand for health economics related activities within MOHFW and among related stakeholders.
- Develop new ideas and concepts on health expenditure and resource tracking related topics that will be useful and relevant to the requirements of MOHFW and its departments.
- Conduct and publish National Health Accounts, Review of Public Expenditure, National Health Sub-Accounts, Benefits Incidence Analysis, Public Health Expenditure study, and related topics.
- Write reports and policy briefs based on findings of completed BNHA analysis at regular intervals to meet the national need, and guide the overall process to produce the necessary reports and policy briefs in a timely manner.

- Organize dissemination events to share findings and evidence from health expenditure and resource tracking analysis.
- Translate findings into information to support policy advocacy among stakeholders both within and outside MOHFW.
- Develop technical scopes and terms of reference for consultants, and manage the work relationship with consultants.
- Collaborate with different MOHFW departments, other ministries, development partners, academic and research organizations to ensure financial and technical support to continue health expenditure and resource tracking related activities.
- Support the HETU Deputy Director in all relevant technical and management related activities.

12. NAME OF POSITION: Public Health Specialist (HETU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: HETU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Public Health (and preferably with Bachelor of Medicine and Bachelor of Surgery degree)

YEARS OF EXPERIENCE
At least five years of relevant experience

MAIN DUTIES:

- Classify expenditures by function and disease group for proposal development and analysis on health expenditure and resource tracking related activities.
- Conduct analysis on health expenditure and resource tracking from a public health perspective, and ensure the meaningful interpretation of findings/results with regard to health care needs in Bangladesh.
- Write reports and policy briefs based on findings of completed analysis at regular intervals to meet the national need, and guide the overall process to produce the necessary reports and policy briefs in a timely manner.
- Develop the public health perspective and understanding of its importance within analysis on health expenditure and resource tracking, which are relevant to the requirements of MOHFW and its departments.
- Provide technical materials to the Director General and Directors to generate demand for economics analysis related activities within MOHFW and among related stakeholders by highlighting the public health importance and building understanding among stakeholders of the need in the health care delivery system.
- Help organize dissemination events to share the findings and evidence to highlight the importance of public health issues and the health system.
- Support policy advocacy with stakeholders both within and outside MOHFW by translating research findings into policy information from a public health perspective.
- Provide support to maintain relationships with collaborators and partners to conduct relevant analysis.
- Support the HETU Deputy Director in all relevant technical and management related activities.

13. NAME OF POSITION: Statistician and Data Analyst (HETU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: HETU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Statistics or relevant discipline

YEARS OF EXPERIENCE
At least five years of relevant experience

MAIN DUTIES:

- Ensure statistical integrity during data analysis of health expenditure and resource tracking.
- Support the Director General and Directors to generate demand for health expenditure and resource tracking related analysis within MOHFW and among related stakeholders.
- Calculate the sample size, develop the sampling frame, and extrapolate primary data sets, especially for household-related expenditure.
- Develop the data collection tools and analysis plan for new proposals on economic analysis and costing related topics.
- Conduct data analysis, ensuring statistical integrity.
- Use appropriate data visualization software to demonstrate results from analysis attractively and meaningfully.
- Train the team on data collection tools and oversee the data management system.
- Support the team to organize dissemination events by preparing the results in a meaningful and visually appealing way for presentation.
- Support the team to maintain collaboration and partnerships with different government and non-government organizations.
- Support the HETU Deputy Director in all relevant technical activities.

14. NAME OF POSITION: Administration (HETU)
(at least equivalent to Assistant Director position)

Details given under EACU as these are same positions – one Administrator for each of the four units.

C. Policy and UHC Unit (UHCU)

15. NAME OF POSITION: Deputy Director (UHCU)

RESPECTIVE UNIT: UHCU	GRADE SCALE (MINIMUM): Grade 6, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Economics, Health Economics, Public Health, Statistics or a related area

YEARS OF EXPERIENCE:
At least eight years of relevant experience

MAIN DUTIES:

- Lead technical activities related to economic analysis for financial protection of the population, and policy analysis for developing and promoting new rules and strategies towards achieving UHC in Bangladesh.
- Guide technical staff to design programs/interventions for implementing the health care financing strategy (HCFS) in Bangladesh.
- Organize dissemination and policy advocacy events with stakeholders, both within and outside MOHFW, to share findings and evidence using appropriate data visualization techniques.
- Support the Director General and Directors to generate demand for economic and policy analysis on UHC related topics within MOHFW and among related stakeholders by generating awareness about the UHC agenda in Bangladesh.
- Support directors to maintain collaboration and partnerships with different MOHFW departments, other ministries, development partners, and academic and research organizations to generate evidence.
- Support the UHCU Director in all relevant technical and management related activities.

16. NAME OF POSITION: Health Economist (UHCU)
(at least equivalent to Assistant Director position)

NAME OF POST: UHCU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Economics/Health Economics OR Business Administration/Finance with experience in the health sector (PhD suggested)

YEARS OF EXPERIENCE:
Required: At least five years of relevant experience
Desirable: Some experience in a complex multisectoral program (including private and non-profit sector).

MAIN DUTIES:

- Provide technical content for the Director General and Directors to generate demand for financial protection for UHC and implementation of HCFS related activities within MOHFW and among related stakeholders
- Conduct health economics and policy analysis on financial protection for UHC and implementation of HCFS related topics to generate evidence for formulation of policies and strategies.
- Develop new ideas and concepts on financial protection for UHC and implementation of HCFS related topics, which will be useful and relevant to the requirements of MOHFW and its departments, as well as continuing existing programs (e.g. SSK), if required.

- Write reports, policy briefs, and strategic documents based on findings from analysis, and document learning from pilot activities.
- Organize dissemination events to share of findings and evidence.
- Translate findings into information to support policy advocacy among stakeholders both within and outside MOHFW.
- Develop technical scopes and terms of reference for consultants, and manage the work relationship with consultants.
- Collaborate with different MOHFW departments, other ministries, development partners, and academic and research organizations to conduct health economics related research relevant to GOB plans for the health sector.
- Support the UHCU Director in all relevant technical and management related activities.

17. NAME OF POSITION: Public Health Specialist (UHCU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: UHCU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Public Health

YEARS OF EXPERIENCE:
At least five years of relevant experience

MAIN DUTIES:

- Conduct analysis from a public health perspective, and ensure the meaningful interpretation of findings/results with regard to health care needs in Bangladesh.
- Write reports and policy briefs based on findings of completed analysis.
- Develop the public health perspective and understanding of its importance within new concepts on financial protection for UHC and implementation of HCFS in line with the current plan of MOHFW and its departments.
- Provide technical materials to the Director General and Directors to generate demand for financial protection for UHC and implementation of HCFS related activities, within MOHFW and among related stakeholders, by highlighting the public health importance of achieving UHC in Bangladesh.
- Help organize dissemination events to share findings and evidence to highlight the importance of public health issues and the health system.
- Support policy advocacy with stakeholders both within and outside MOHFW by translating research findings into policy information from a public health perspective.
- Provide support to maintain relationships with collaborators and partners to conduct relevant analysis.
- Support the UHCU Deputy Director in all relevant technical and management related activities.

18. NAME OF POSITION: Health System Specialist (UHCU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: UHCU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in public health, health economics, health systems or a related area

YEARS OF EXPERIENCE:
At least five years of experience in health systems

MAIN DUTIES:

- Develop new ideas and proposals, and design policy analysis and pilots on financial protection for UHC and implementation of the HCFS, applying knowledge about the health system.
- Conduct analysis to bring health system factors into consideration, and interpret findings/results with regard to health system needs in Bangladesh.
- Document learning from pilots, and write reports, strategic documents, and policy briefs based on findings from analysis of financial protection for UHC and implementation of HCFS related issues.
- Provide support to organize dissemination events to share findings and evidence produced by UHCU.
- Support policy advocacy among stakeholders both within and outside MOHFW by translating findings from analysis into policy relevant information.
- Provide support to maintain collaboration and partnerships with different government and non-government organizations on existing policies and required new policies, rules and strategies to ensure better financial protection for healthcare through implementation of the HCFS.
- Support the UHCU Deputy Director in all relevant technical and management related activities.

19. NAME OF POSITION: Statistician (UHCU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: UHCU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in statistics or relevant discipline

YEARS OF EXPERIENCE:
At least years of relevant experience

MAIN DUTIES:

- Develop the data collection tools and analysis plan for new proposals on economic analysis and costing related topics.
- Conduct data analysis ensuring statistical integrity.
- Use appropriate data visualization software to demonstrate results from analysis attractively and meaningfully.
- Train the team on data collection tools and oversee the data management system.
- Support the team to organize dissemination events by preparing the results in a meaningful and visually appealing way for presentation.

- Support the team to maintain collaboration and partnerships with different government and non-government organizations for various analysis.
- Support the UHCU Deputy Director in all relevant technical activities.

20. NAME OF POSITION: Administrator (UHCU)
(at least equivalent to Assistant Director position)

Details given under EACU as these are same positions – one Administrator for each of the four units.

21. NAME OF POSITION: Legal Expert (UHCU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: UHCU (Position shared with NGO Engagement and PPP Unit)	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Bachelor of Law and Legislations degree (LLB), with membership in a Bar Association

YEARS OF EXPERIENCE:
At least five years of relevant experience on working with legal procedures of tenders and contracts

MAIN DUTIES:

- Draft contractual documents with partners and organizations: contract, sub-contract, and memorandum of understanding.
- Prepare documents for tender processes and tender selection for different services and activities.
- Manage proper documentation for each tender process and contract, and maintain for future reference.
- Review contractual documents developed by others prior to signature by DGHEP
- Support the DG / Director / Deputy Director with regard to all relevant legal documents.

D. NGO Engagement and PPP Unit (PPPU)

22. NAME OF POSITION: Deputy Director (PPPU)

RESPECTIVE UNIT: PPPU	GRADE SCALE (MINIMUM): Grade 6, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Economics, Health Economics, Public Health, Statistics or a related area

YEARS OF EXPERIENCE
At least eight years of relevant experience

MAIN DUTIES:

- Lead the development and implementation of technical activities related to NGO engagement and PPPs, including:
  - Engaging with NGOs for health service delivery,
  - Developing PPP models relevant to the Bangladesh context,
  - Improving equity, efficiency, and quality of health services to achieve UHC.
- Manage the process of selecting, contracting, managing, monitoring and evaluating NGO engagement and PPP initiatives.
- Organize dissemination and policy advocacy events with stakeholders both within and outside MOHFW to share results and evidence generated from analysis conducted by the PPPU to increase awareness about the importance of PPPs for achieving UHC.
- Support the Director General and other Directors to generate demand for economic analysis related studies within MOHFW and among related stakeholders through producing supportive materials highlighting the activities of the PPPU on NGO engagement and PPPs.
- Support directors to maintain collaboration and partnerships with different government and non-government organizations to enable NGO engagement and effective management of PPPs in the health sector.
- Support the PPPU Director in all relevant technical and management related activities.

23. NAME OF POSITION: Health Economist (PPPU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: PPPU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Economics/Health Economics (PhD suggested)

YEARS OF EXPERIENCE:
AT least five years of relevant experience

MAIN DUTIES:

- Lead the selection process for NGOs and private sector organizations using an evidence-based engagement process for PPPs based on cost-effectiveness and technical performance.
- Support the Director General and other Directors to select, contract, manage, and monitor and evaluate NGO engagement and PPP initiatives and performance.
- Provide technical content for the Director General and other Directors to generate demand for NGO engagement and PPP related activities within MOHFW and among related stakeholders, and also define the terms of engagement between MOHFW and NGOs/the private sector.
- Conduct technical analysis to generate evidence on the process of NGO engagement and PPPs.

- Develop new ideas and concepts on NGO engagement and PPP related topics that will be useful and relevant to MOHFW and its departments.
- Develop and implement pilot studies and operations research on NGO engagement and PPPs.
- Write reports and policy briefs based on learning from NGO engagement and PPP processes, as well as from findings from completed analysis.
- Organize dissemination events to share evidence and policy information deduced from learnings/findings.
- Translate the findings into policy information to support advocacy with stakeholders both within and outside MOHFW.
- Develop technical scopes and terms of reference for consultants, and manage the work relationship with consultants.
- Collaborate with different MOHFW departments, other ministries, development partners, and academic and research organizations to establish efficient NGO engagement and PPP arrangements for the health sector.
- Support the PPPU Deputy Director in all relevant technical and management related activities.

24. NAME OF POSITION: Public Health Specialist (PPPU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: PPPU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Public Health, Public Administration, or Business Administration

YEARS OF EXPERIENCE:
At least five years of relevant experience

MAIN DUTIES:

- Support the Deputy Director in selection, contracting, management, and monitoring and evaluation of NGO engagement and PPP initiatives and their performance.
- Develop and implement pilot studies and operations research on the process of NGO engagement and PPPs.
- Conduct analysis from a public health perspective, and ensure the meaningful interpretation of findings/results with regard to health care needs in Bangladesh.
- Write reports and policy briefs based on findings of completed analysis, and learnings from pilot studies and operations research.
- Develop new concepts on NGO engagement and PPP related topics that are relevant to the requirements of MOHFW and its departments.
- Provide technical materials to the Director General and other Directors to generate for NGO engagement and PPP related activities within MOHFW and among related stakeholders.
- Help to organize dissemination events to share findings and evidence to highlight the importance of, as well as challenges and barriers to, NGO engagement and PPPs in the health sector in order to achieve UHC.
- Support policy advocacy among stakeholders both within and outside MOHFW by translating research findings into policy information from a public health perspective.

- Help maintain relationships with collaborators and partners to conduct relevant analysis and establish efficient NGO engagement and PPP initiatives for the health sector.
- Support the PPPU Deputy Director in all relevant technical and management related activities.

25. NAME OF POSITION: Health System Specialist (PPPU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: PPPU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS:
Master's degree in Public Health, Health Economics, or Health Systems

YEARS OF EXPERIENCE:
At least five years of relevant experience; experience working on health system

MAIN DUTIES:

- Identify and vet opportunities for PPPs across the health sector to ensure that the opportunities benefit the health system.
- Manage the overall process of selection, contracting, management, and monitoring and evaluation of NGO engagement and PPP initiatives and their performance.
- Design the M&E framework for NGO engagement and PPP contracts with support from the Public Health Specialist and Statistician.
- Develop new ideas and proposals, and design policy analysis and pilots on financial protection for UHC and implementation of HCFS by applying knowledge about the health system.
- Conduct analysis to bring health system factors into consideration, and interpret findings/results with regard to health system needs in Bangladesh.
- Document learning from pilots, and write reports, strategic documents, and policy briefs based on findings from analysis about financial protection for UHC and implementation of HCFS related issues.
- Help to organize dissemination events to share findings and evidence produced by PPPU.
- Support policy advocacy with stakeholders both within and outside MOHFW by translating findings from analysis into policy-relevant information.
- Provide support to maintain collaboration and partnerships with different government and non-government organizations in relation to existing and required new policies, rules and strategies, to ensure better financial protection for healthcare through implementation of the HCFS.
- Support the PPPU Deputy Director in all relevant technical and management related activities.

26. NAME OF POSITION: Statistician (PPPU)
(at least equivalent to Assistant Director position)

RESPECTIVE UNIT: PPPU	GRADE SCALE (MINIMUM): Grade 9, Scale 1

EDUCATION REQUIREMENTS: Master's Degree in Statistics or relevant discipline

YEARS OF EXPERIENCE:
At least five years of relevant experience

MAIN DUTIES:

- Create and manage a database of all NGOs related to the health sector and potential partners in private sector.
- Develop and maintain the M&E process for NGO engagement and PPP contracts.
- Develop the data collection tools and analysis plan for new proposals on economic analysis and costing related topics.
- Conduct data analysis of policy research and M&E activities ensuring statistical integrity.
- Use appropriate data visualization software to generate attractive and meaningful results from analysis.
- Train the team on data collection tools and oversee the data management system.
- Support the team to organize dissemination events by preparing the results in a meaningful and visually appealing way for presentation.
- Support the team to maintain collaboration and partnerships with different government and non-government organizations for various analysis.
- Support the PPPU Deputy Director in all relevant technical activities.

27. NAME OF POSITION: Administrator (PPPU)
(at least equivalent to Assistant Director position)

Details given under EACU as these are same positions – one Administrator for each of the four units.

28. NAME OF POSITION: Legal Expert (PPPU)
(at least equivalent to Assistant Director position)

Details given under UHCU as this is a shared position.

BIBLIOGRAPHY

Bettina Brunner, September 2012. Public Private Partnerships in Health in Bangladesh: A Concept Note. Health Systems 20/20 project, Abt Associates Inc., Bethesda, USA.

Cabinet Division, Government of the People's Republic of Bangladesh, March 2017. Bangladesh Gazette. Dhaka, Bangladesh.

Health Economics Unit (BNHA Cell), Health Services Division, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, September 2017. Bangladesh National Health Accounts 1997-2015 Preliminary Results. Dhaka, Bangladesh.

Health Economics Unit (Quality Improvement Secretariat), Ministry of Health and Family Welfare, June 2016. Hospital Accreditation in Bangladesh. Dhaka, Bangladesh.

Health Economics Unit (Quality Improvement Secretariat), Ministry of Health and Family Welfare, January 2015. National Strategic Planning on Quality of Care for Health Service Delivery, Bangladesh. Dhaka, Bangladesh.

Health Economics Unit (SSK Cell), Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, June 2014. Shasthyo Surokhsha Karmasuchi (SSK) Concept Note. Dhaka, Bangladesh.

Health Economics Unit, Health Services Division, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, April 2017. 4th Health, Population and Nutrition Sector Programme (4th HPNSP) Operational Plan (OP) Health Economics and Financing (January 2017- June 2022). Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, November 2011. Operational Plan Health Economics and Financing (HEF) Health, Population and Nutrition Sector Development Programme (HPNSDP) July 2011- June 2016. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, May 2013. Operational Plan (Revised) Health Economics and Financing (HEF) Health, Population and Nutrition Sector Development Programme (HPNSDP) July 2011- June 2016. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, 2004. An Analysis of Hospital MIS Data: Measuring Performance from Gender Perspective. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, September 2012. Expanding Social Protection for Health: Towards Universal Coverage Health Care Financing Strategy 2012-2032. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, January 2015. Strengthening Organizational Structure of Health Economics Unit. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, November 1998. Bangladesh National Health Accounts 1996/97. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, December 2003. Bangladesh National Health Accounts 1999-2003. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, October 2007. Bangladesh National Health Accounts (BNHA-III) (Part I)1997-2007. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, March 2015. Bangladesh National Health Accounts 1997-2012. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, September 2013. Support to the Health, Nutrition and Population Sector Programme in Bangladesh, Component A: Health Financing Annex 2 Manual for SSK Cell. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, March 2016. Shasthyo Surokhsha Karmasuchi (SSK) Piloting Guideline. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. Brochure of Health Economics Unit. Dhaka, Bangladesh.

Health Economics Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. Health Economics Unit Organization Website. Accessed on 27 September 2017. Website: http://www.heu.gov.bd/organization.php.

Institute for Economic and Private Sector Development (IEPSD), June 2002. Study on Public and Private Hospital Provision of the ESP and Non- ESP Services and Efficiency. Research Paper no. 28, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, 2014. Gender Equity Strategy. Dhaka, Bangladesh.

Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, January 2012. National Health Policy 2011. Dhaka, Bangladesh.

Nazme Sabina, Ahmed Mustafa, October 2007. Baseline Survey on the Perception and Knowledge of Community Regarding Women Friendly Health Services. Gender, NGO and Stakeholder Participation (GNSP) Unit, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Nazmul Kawnine, James R. Killingsworth, Reinhold Gruen, Lorena Guinness, Yuwa Hedrick-wong, Charles Normand, Raquib Anwar, September 1998. Economic Aspects of Human Resource Development in Health and Family Planning in Bangladesh: Costs of Education and Training of Health Workers in Bangladesh. Research Paper no. 14, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Nazmul Kawnine, Lorena Guinness, Mohammad A. Amin, James R. Killingsworth, Yuwa Hedrick-wong, Nazme Sabina, March 1998. Consumer Costs of Caesarean Sections in Public, Private and NGO Health Care Facilities in Bangladesh. Research Paper no. 7, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Nazmul Kawnine, Lorena Guinness, Mohammad A. Amin, Raqibul Anwar, James R. Killingsworth, Yuwa Hedrick-wong, Nazme Sabina, March 1998. Costs and Outcomes of Caesarean Sections in Public, Private and NGO Health Care Facilities in Bangladesh. Research Paper no. 8, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Nazmul Kawnine, Yuwa Hedrick-wong, W. K. Eason, James R. Killingsworth, Lorena Guinness, Anisur Rahman, June 1998. Financial Analysis of Mymensing Medical College Hospital FY 1994-95. Research Paper no. 6, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Planning Wing, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, April 2016. Health, Nutrition and Population Strategic Investment Plan (HNPSIP) July 2016–June2021, Better Health for a Prosperous Society. Dhaka, Bangladesh.

Planning Wing, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, January 2017. 4th Health, Population and Nutrition Sector Programme (4th HPNSP) (January 2017 - June 2022). PROGRAMME IMPLEMENTATION PLAN (PIP), Better Health for a Prosperous Society, Volume-I. Dhaka, Bangladesh.

Quazi Liaquat Ali, Md. Abul Qasem, February 2001. Calculation of Total Unit Cost for Diarrheal Management at District Hospital and Thana Health Complex. Research Paper no. 20, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Ravi Rannan-Eliya, Aparnaa Somnathan, Md. Abul Qasem, Tim Ensor, November 1999. Bangladesh Facility Efficiency Survey. Research Paper no. 16, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

Resource Mobilization Directorate, Federal Ministry of Health, Federal Democratic Republic of Ethiopia, April 2014. Ethiopia National Health Accounts (NHA) Institutionalization Plan (Background Paper). Addis Ababa, Ethiopia.

Resource Mobilization Directorate, Ministry of Health (MOH), Federal Democratic Republic of Ethiopia, August 2015. Health Economics-Finance Analysis Case Team. Addis Ababa, Ethiopia.

Shawkat Ali ferdousi, Md. Abul Qasem, May 2001. The Current Costs of Essential Health Services- A Study of Government Facilities. Research Paper no. 25, Health Economics Unit, Ministry of Health and Family Welfare, Dhaka, Bangladesh.

The World Bank, March 2001. Guidelines for the World Bank's Work on Public Expenditure Analysis and Support (including PERs). Washington DC, USA.