



The World Health Organization Council on the Economics of Health for All

WHO Secretariat, Department of Health Systems Governance and Finance: Research Consultant – 3 positions

Three full-time consultants are sought to provide research in support of the Economics of Health for All (EH4A). Responsibilities include technical analysis and writing on social, economic and innovation policy disseminated as reviews, briefs and other documents. The aim is to elevate health as a core objective of public policy and reimagine its value through contributions in at least one of four major areas: measurement, public sector capacity, finance and the governance of innovation. Consultants hired will work remotely for this assignment during 2021.

Deadline for application: 14 July 2021

1. General description:

The COVID-19 pandemic has demonstrated the consequences of chronic under-investment in public health, on the global economy and on the lives and livelihoods of billions worldwide. Returning to the status quo following the pandemic will not be enough – no less than an innovation-led transformation of societies and their economies is needed to realize health and well-being everywhere. New strategies require investments that recognize the intrinsic value of health, the interdependence between health and the economy, and that health is a human right.

To advance this agenda, the Director-General of the World Health Organization established in November 2020 the **WHO Council on the Economics of Health for All**¹, to advise him on bold and practical recommendations needed to put “Health for All” at the centre of how we think about value creation and economic development.

The WHO Council on the Economics of Health for All² brings together different areas of policy, which can no longer be seen separately from health: social policy, economic policy, and innovation policy. Its

¹ <https://www.who.int/news/item/13-11-2020-who-establishes-council-on-the-economics-of-health-for-all>

² Council website: <https://www.who.int/groups/who-council-on-the-economics-of-health-for-all>

mission is to bring health and wellbeing to the centre of how we think about purpose, value, and development. It aims to propose a new approach to shape the economy with the objective of building healthy societies that are just, inclusive, equitable and sustainable.

The Council's work will:

- catalyse commitment at the highest political level, to long-term investments that will aim to make our economies more inclusive, equitable and sustainable, with a particular attention to low resource settings.
- change the way key actors and platforms think about and value health, e.g. national leaders and their finance ministries, economic platforms and country groupings, international financial institutions, etc.
- as part of Health for All, lead to innovations and actions that transform local and global health systems that will accelerate progress towards SDG target 3.8, in reducing gaps in Universal Health Coverage in low-, middle- and high-income countries.

2. Objectives of the positions:

During 2021-2023, the Council will publish quarterly briefs (5-10 pages) on key topics related to the core workstreams. Shorter issue statements will be produced for specific events or policy discussions taking place in regional fora, or in response to emerging health and economic issues. A seminal report will be published in April 2023, based on the Council's deliberations and policy proposals. The report will signal a significant change regarding our understanding of health for all, focussing on key structural problems and concrete policy proposals. It will be presented at the World Health Assembly in May 2023. Briefs, statements and the report will be disseminated at key global meetings, including those of the G7 and G20, the International Monetary Fund, The World Bank, and WHO.

These deliverables will advise the Director-General of the World Health Organization, support engagement beyond the traditional counterparts of WHO, and involve a whole of government approach, to encourage countries to make the political choice to invest and design public policies to make health for all a reality. The Council's outputs will also help to inform the piloting of initiatives in countries that express interest.

The Consultants will conduct research and writing to achieve the above deliverables, **in one or more of the Council's four interrelated, core workstreams³**:

- **Measurement**
- **Capacity**
- **Finance**
- **Innovation**

Guided by the Council, the research, technical analysis and writing conducted by each consultant will support 1) identifying options for a new narrative putting health in the center of social, economic and development policies; 2) identifying what could be done globally and within countries in relation to at

³ Further details on each workstream are found in the annex.

least one or more of the four interrelated work areas; and 3) documenting learning from across countries and communities on what is being done, towards investing in and building healthy societies.

Consultants will be part of the WHO Secretariat, in the Department of Health Systems Governance and Finance (HGF). The Secretariat is responsible for planning and supporting the Council's overall strategic and technical work, including coordination of research and related activities reflecting the Council's directions, through consultants, thematic working groups and external experts.

3. Planned timelines (exact dates subject to recruitment process)

Target start date: 1 August 2021 (negotiable) - End date: 31 July 2022 (renewable)

4. Duties and responsibilities

▪ Work to be performed

In one or more of the four major areas (measurement, public sector capacity, finance, and the governance of innovation):

Prepare, shape and write the Council's deliverables and outputs:

1. Conduct research on specific key questions within the area, and questions that cross cut multiple themes, drawing on published literature and other sources (e.g. grey literature, policy reports, interviews, electronic sources, etc.)
2. Draft the Council's statements, discussion papers and briefs on key topics, as well as any joint publications with WHO, in whole or in part, using clear and concise language suited to non-academic policy audiences. Redraft as needed based on Council members' input and other agreed on peer review comments.
3. Conduct analysis and prepare presentations to inform high-level engagements in multilateral and intergovernmental settings and country policy dialogues.
4. Contribute to writing the Council's seminal report, including drafting and updating text in specific thematic areas.

Engaging research and policy networks

5. Identify opportunities and key events for collaboration on research or policy engagement, and engage with technical experts, stakeholders, existing networks, or new networks set up, on critical policy inputs relevant for the Council's work.
6. Record and measure the impact of the Council's output and engagement.

Support Council meetings

7. Contribute to the development of meeting agendas.
8. Provide technical analysis and draft background papers to inform the deliberations of the Council.
9. Participate and prepare short reports of regular Council meetings and sub-group meetings on specific theme areas and deliverables under preparation.

Other responsibilities

10. Prepare periodic updates and presentations on the progress of work.
11. Collaborate with the other consultants, the WHO Secretariat, and advisors to Council Members.
12. Support the WHO Secretariat to ensure outputs are produced and communicated to a wide range of audiences and disseminated at key events.

▪ Technical Supervision

The Consultants will work on the content directed by the Council and its Chair, under the management of the WHO Secretariat.

▪ Deliverables

1. Literature reviews on key questions identifying options
2. Draft Council Statements and Briefs related to thematic areas
3. Prepare a selection of thematic sections of the Council's seminal report
4. Prepare background documents for Council meetings
5. Prepare presentations for high level meetings
6. Intermittent brief status reports produced on an ad hoc basis

5. Specific requirements

A. Qualifications required:

Essential:

- An advanced university degree in economics, finance and/or related discipline with knowledge of research methods relevant to the Council's four thematic areas: measurement, public sector capacity, finance and the governance of innovation.

Desirable:

PhD (Doctor of Philosophy or equivalent) in relevant area

B. Experience required:

- At least five to ten years of experience in research and analysis in one or more of the work areas, including quantitative and qualitative analysis;

- Experience communicating and engaging with stakeholders and high-level experts from different backgrounds;
- Demonstrated ability to review and synthesize data and evidence;
- Demonstrated experience in supporting publications and working in an environment that generates research;
- Demonstrated interest in the Health for All agenda;
- Experience in working in international teams and cross-culturally;

C. Skills / Technical skills and knowledge:

Essential

- Strong background, understanding and experience in economics, both theory and empirics;
- Demonstrated expertise in areas related to the key topics of the Council: health policy, measurement and value in economics and/or health, public sector capacity, finance including innovative approaches to resource mobilization and budgeting, and the governance of innovation (as described in the annex);
- Strong academic credentials and track record in evidence-based analysis, and excellent report writing skills in a policy context;
- Demonstrated ability to think laterally and integrate knowledge from different disciplines, approaches and viewpoints;
- Excellent organizational and project management skills;
- Diplomacy and communication;
- Willingness to work on multiple tasks simultaneously.
- Ability to work both independently and as part of a team;
- Strong drive for results and associated work planning skills;
- A flexible mindset, and proven ability to navigate and embrace changes and uncertainties in high-paced environment;
- Strong inter-personal skills and ability to build trust-based relationships.

Desirable

- Experience with quantitative and qualitative research;
- Research or policy experience across different contexts, including in developing countries;
- Experience working with policy, multilateral and academic stakeholders;
- Experience working with expert commissions;
- Experience working in both established and start-up environments.

D. Language requirements:

- Excellent written and verbal communication skills in English (expert).

6. Additional details

▪ Place of assignment

The consultant will work remotely for this assignment. Any travel will be subject to a separate travel authorization.

▪ Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

▪ Travel

The consultancy does not include travel.

However, if travel is proposed, all travel arrangements will be made by WHO – note WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive subsistence allowance.

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

7. Application process

Persons interested with required experience and skills are requested to submit their application by 14 July 2021 to EH4A-Secretariat@who.int with subject line: "Economics Council Research Consultant."

The application should include:

- A. A brief cover letter outlining pertinent experience and skills to conduct the work proposed, indicating expertise **in one or more of the four workstreams** (measurement, public sector capacity, finance and the governance of innovation);
- B. a CV with publication history;
- C. a writing sample **as first author** in one of the Council's work areas: measurement, public sector capacity, finance and the governance of innovation.

- Applications received after this date will not be accepted.
- Only successful candidates with complete applications will be contacted.
- Selection process may include a written test, presentation and interview.
- Selection process will aim to identify three consultants who can collectively address the four major interrelated areas (e.g. measurement, public sector capacity, finance and the governance of innovation)
- Proposals received from this posting may be used to fill future openings requiring a similar skill set.

Annex. Further details on each of the Council's workstreams

The Council will assess, critique, challenge and reimagine the value of health in four major interrelated areas:

[1] MEASUREMENT: Valuing and measuring Health for All. How do we understand Health for All as a key objective of economic well-being, and fundamental to the assessment of how countries design and prioritize policies and promote the common good, rather than focusing on GDP increase? How to better value the “human security” that comes from the reduction of both health threats (including pandemic and environmental risk) and financial risk for individuals, households, firms, and societies? How much are the current paradigms gender biased? How do we apply new understandings to value the workers, carers, and other key actors in the Universal Health Coverage (UHC) economy, ensuring that time spent on unpaid and voluntary work –often at home and in communities – are included in the equation? How could health be included in Environmental, Social and Governance (ESG) metrics?

[2] CAPACITY: A public sector leading towards Health for All. How do we better capture the critical role of public sector leadership and capacity in generating health through action on social determinants and strengthening its dynamic capabilities to drive progress towards UHC, crystallising new knowledge to drive transformative change? How do we create sustainable public sector structures to address evolving health and social care needs? What are the major strategic directions for economic policies that countries should pursue to drive equitable health gains and create a framework for a UHC economy? How to structure and govern the way public and private sectors work together to a shared goal of Health for All? What are common and different actions to be taken in low, middle and high resource settings?

[3] FINANCE: Investing in Health for All. There are two components:

FINANCING for global commons: How do we redesign national and global financial instruments and institutions to provide a proactive, stable, and

sustainable flow of investment to support the creation of health, rather than simply serving the needs of capital markets. This includes investing in the commons as an expression of the collective responsibility and capacity needed for public health at community, national, regional, and global levels and building the preparedness and response capabilities necessary to not only avoid health crises, but also sustain UHC.

BUDGETING to address health needs : How do we alter national budget processes to focus on outcomes that impact people's lives and move away from silos between and within sectors? How to establish the choice to increase domestic and cross-border investments in health, including within low-resource settings? How can national and international institutions be enabled and supported to provide the long-term finance needed for the transformation to Health for All? Fundamentally, which institutional arrangements must be altered to embed the intrinsic importance of Health for All for the future wellbeing of populations and communities?

[4] INNOVATION: Governing Innovation towards Health for All. How can we better govern the innovation system, from intellectual property rights to digitalisation to new forms of collaboration between public and private sectors driven by collective intelligence (rather than rent-seeking), and to financing? How can we change the landscape towards achieving population health goals, building global health commons, ensuring fair and transparent pricing, and improving health outcomes? Where have innovations in health – often perceived at the time as non-growth policies – spurred innovation across the economy and contributed to economic growth? How can a true understanding (and narrative) of how value is created collectively in health innovation translate into a more collective sharing of the rewards including public health goals like equitable access and improved health outcomes?