

TERMS OF REFERENCE

Digital Health Financing and Investment Consultant (Multi-country)

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	Digital Health Transformation, Access and Equity (DHx) Section, Health Practice, Nairobi COE, Kenya & Flexible location (home-based), with regular in-person engagement in Panama and Latin America and the Caribbean; see Working arrangement
DURATION OF CONTRACT	23 months

Purpose of Assignment

Governments across multiple regions are planning or negotiating significant health sector financing from International Financial Institutions (IFIs) and regional development banks to strengthen primary health care and health system resilience. A growing share of this financing is intended for digital health, yet digital components are often designed late in operation preparation, costed inadequately, and procured before functional, architectural and interoperability requirements are documented. As a result, investments that could strengthen national digital health ecosystems instead risk creating fragmented systems, duplicated data flows, vendor lock-in, and recurring costs that governments are not positioned to scale or sustain. UNICEF is supporting a growing number of countries to develop costed digital health roadmaps and investment cases, creating demand for specialized technical expertise to help governments and partners translate strategic priorities into investment-ready, sustainable, and interoperable digital health programmes.

UNICEF's Health Practice is implementing Digital Health: High-Impact Solutions for Scale, a two-year programme (September 2026 to August 2028) designed to change how digital health investment reaches national scale. Much of the funding that has gone into digital health over the past two decades, UNICEF's included, has paid for pilots that prove a tool in a few districts and then stall, because nothing in their design connects them to the country's national budgets and large-scale financing on which scale and sustainability depend. This programme is not another pilot, but instead uses a modest, time-bound investment to influence how larger government, IFI and global health partner financing is designed and spent, so that national systems are centered around documented requirements, costed before they are procured and built on shared foundations that later investments can reuse.

The High-Impact Solutions for Scale programme works through two components. In eight countries, country offices are supporting governments to prepare investment-ready digital health blueprints (costed, government-endorsed roadmaps carrying the functional and interoperability requirements that finance ministries and lenders need), timed to the financing windows and preparation cycles of the World Bank, regional development banks and Gavi. In three further countries, the programme funds the operationalization of a health information exchange (HIE), such as registries, terminology services and interoperability components, without which point-of-care applications end up joined through workarounds and duplicated databases at high and recurring cost.

Success is measured by the financing that follows these two components, and the national systems it builds. UNICEF country offices retain government relationships and programme accountability throughout, with technical backstopping from the Health Centre of Excellence and a set of institutional technical partners. Therefore, UNICEF's role shifts from implementing on behalf of governments to accompanying them as a trusted technical adviser through the design, financing and early delivery of systems they steward, whatever the mix of financing behind them. This

consultancy strengthens country offices' ability to position digital health within larger financing operations by providing time-bound analytical, financing, costing and investment planning support.

This consultancy has two purposes. The first, which accounts for most of the assignment, is to provide participating country offices with the analysis, technical input and coordination on digital health financing that most of them do not have in-house, given limited programme staff and digital health expertise. The second is to help UNICEF build credibility and working relationships with IFIs, including regional development banks such as IDB, CAF, ADB and AfDB, by demonstrating a model of technical accompaniment that can extend to other countries with comparable financing opportunities. Currently, UNICEF staff hold these relationships at headquarters, regional offices and country offices, among Health Section colleagues in Panama, Nairobi and Bangkok. The consultant will support UNICEF staff to facilitate and follow through on this ongoing engagement.

The consultant will lead technical support to the digital health financing and investment advisory support across the programme. This includes mapping and tracking the financing windows open to participating countries, preparing analysis and briefs that position digital health within IFI operations and national budget cycles, and contributing investment cases that Ministries of Health, Ministries of Finance and lenders can use. The consultant will work closely with the UNICEF Health Economics and Financing (HEF) team, Health Section colleagues in the COEs, and with IFI teams whose operations cover the participating countries. The assignment requires periodic face-to-face engagement in Panama and working hours that overlap substantially with Latin America and the Caribbean. Fluency in Spanish is required.

Scope of Work

The consultant supports the UNICEF country offices taking part in the costed blueprint component of the programme, currently Botswana, Ecuador, Ethiopia, Lao PDR, Madagascar, Mexico, Panama, and Tajikistan, and backstopping the HIE components in Honduras, Sri Lanka and Namibia as needed. The split of countries between the programme's two multi-country consultancies is agreed in the inception work plan and reviewed as the programme progresses. The consultant will coordinate routinely with the companion multi-country consultant to avoid duplication and ensure consistent methods across the programme. Coverage changes only through a formal contract amendment, which may add countries or units to the deliverables already in this ToR but does not add new types of work.

Subject to progress in the approved programme countries, the consultant may spend around a fifth of their time to support countries outside the program that fit one or more of the following criteria:

- a health operation with a digital component in preparation or early implementation with the World Bank or a regional development bank, or a comparable financing window expected within the next two years;
- a government request for support to plan or finance digital health investment, including through UNICEF's technical assistance channels;
- membership of a group of countries where shared digital health infrastructure could be financed jointly by governments and IFIs as a regional public good.

Work for non-participating countries is capped at 20 per cent of input days and limited to the expansion deliverables in the table below. It covers only countries agreed in writing with the contract manager in the work plan, and it builds on analysis already undertaken for participating countries (for example, an IFI operation or National Health Compact that spans several countries). The consultant draws on desk analysis and on engagement led by UNICEF staff and does not open new engagement with governments. The weightings below are indicative, and the allocation of effort is set in the work plan.

1. Financing window intelligence (about 20%)

- Produce a baseline financing window register for the eight blueprint countries, covering IFI and regional development bank operations in preparation or implementation, Gavi and other health financing windows, and national budget and planning cycles, and setting out for each window the entry point, the product needed and the latest usable date for digital health requirements.
- Produce quarterly register updates, each flagging windows at risk of closing before country products are ready.

2. Country analysis and investment products (about 35%)

- Produce financing situation analyses for the eight blueprint countries, covering the health financing context, digital health investment already made or planned, where the financing gaps lie and the products needed to influence upcoming financing opportunities.

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- Produce financing situation analyses for the eight blueprint countries, covering the health financing context, digital health investment already made or planned, where the financing gaps lie and the products needed to influence upcoming financing opportunities.
- Produce the financing and costing content of the eight investment-ready blueprints, consistent with the WHO Digital Implementation Investment Guide (DIIG), the World Bank Digital Health Blueprint Toolkit and requirements-driven procurement.

- Produce technical review notes on deliverables from institutional partners contracted by country offices.
- Produce technical advisory notes in response to requests from participating country offices, prioritised by the contract manager, where an office has no digital health lead or dedicated health staff.

3. IFI engagement products (about 15%)

- Produce briefs, positioning notes and meeting materials for UNICEF staff engaging IFI task teams, ministries of finance and ministries of health, each followed by a short note recording agreed actions and the entry points identified for digital health.

4. Programme reporting and learning (about 10%)

- Produce quarterly progress reports and inputs to programme Steering Committee materials.
- Produce a final learning and handover report documenting what worked in positioning digital health within financing operations, including reusable tools, examples and content for case studies.

5. Expansion and regional public goods (about 20%)

- Produce expansion opportunity assessments for non-participating countries agreed with the contract manager.
- Produce financing concept notes for regional public goods financed jointly by governments and IFIs, drawing on demand identified across participating and non-participating countries.

Deliverable standards, reporting and performance

Deliverable standards. Each unit of a deliverable is a discrete written product in English, in the format and indicative length set out in the deliverables table, with country products also in Spanish or French where the country office requires it. A unit is accepted when the contract manager clears it, and the contract manager will respond within ten working days of submission. Fees are paid per accepted unit at the rate agreed for that deliverable. Where a blueprint section may be drafted either by the consultant or by an institutional partner, the inception report records, country by country, who drafts and who reviews, and the consultant remains accountable for the quality of that section in either case.

Reporting. The consultant submits a quarterly progress report of no more than three pages to the contract manager, covering deliverables completed and accepted, the schedule for the next quarter, risks and the performance indicators below, and contributes to the programme Steering Committee materials. The consultant agrees methods and country inputs with the companion multi-country consultant to avoid duplication.

Performance is assessed against the following indicators:

- Baseline financing window register covering all eight blueprint countries accepted by 31 March 2027, and each quarterly update accepted within its quarter.
- Financing and costing content accepted for seven of the eight blueprints by 15 December 2027, and for the eighth by 15 June 2028.
- Each IFI engagement product submitted at least five working days before the engagement it supports.

Boundaries of the role

UNICEF staff hold the relationships with governments, IFIs and partners at headquarters, COE Health Section, regional offices, and country offices. The consultant prepares, facilitates and follows through on those engagements but does not represent UNICEF, make commitments on UNICEF's behalf, manage contracts with institutional partners, or supervise UNICEF personnel. All outputs are cleared by the contract manager before they are shared outside UNICEF.

Work Assignments Overview	Deliverables/Outputs	Delivery deadline (in weeks/months) and input days to complete the deliverable
Inception	Inception report (no more than 10 pages): work plan, country allocation and methods agreed with the companion consultancy, country-by-country division of drafting and review with institutional partners, and the register method.	28 February 2027 12 days
Financing window intelligence I	Baseline financing window register for the eight blueprint countries (spreadsheet with a summary note of no more than 5 pages).	31 March 2027 15 days
Financing window intelligence II	Three quarterly register updates (updated spreadsheet with a note of no more than 3 pages flagging windows at risk).	31 December 2027 21 days
Financing window intelligence III	Two quarterly register updates (updated spreadsheet with a note of no more than 3 pages flagging windows at risk).	30 June 2028 14 days
Country analysis and investment products I	Four country financing situation analyses (10 to 15 pages each).	Four by 30 April 2027 12 days
Country analysis and investment products II	Four country financing situation analyses (10 to 15 pages each).	Four by 30 June 2027 12 days
Country analysis and investment products III	Financing and costing content for seven investment blueprints, drafted or reviewed as recorded in the inception report.	Seven by 15 December 2027 35 days
Country analysis and investment products IV	Financing and costing content for one investment blueprints, drafted or reviewed as recorded in the inception report.	One by 15 June 2028 5 days
Country analysis and investment products V	Twelve technical review notes on institutional partner deliverables (2 to 4 pages each), each within ten working days of receipt.	Final note by 30 June 2028 18 days
Country analysis and investment products VI	Six technical advisory notes responding to country office requests prioritised by the	Final note by 30 June 2028 9 days

	contract manager (2 to 5 pages each).	
IFI engagement products I	Five IFI engagement products (brief or positioning note of 2 to 4 pages, plus a one-page note of agreed actions after the engagement).	Five by 30 June 2027 10 days
IFI engagement products II	Six IFI engagement products (brief or positioning note of 2 to 4 pages, plus a one-page note of agreed actions after the engagement).	Six by 31 December 2027 (eleven cumulative) 12 days
IFI engagement products III	Five IFI engagement products (brief or positioning note of 2 to 4 pages, plus a one-page note of agreed actions after the engagement).	Five by 30 June 2028 (sixteen cumulative) 10 days
Programme reporting and learning I	Quarterly progress reports (no more than 3 pages, reporting against the performance indicators) with inputs to Steering Committee materials.	31 March, 30 June, 30 September and 31 December 2027 8 days
Programme reporting and learning II	Quarterly progress reports (no more than 3 pages, reporting against the performance indicators) with inputs to Steering Committee materials.	31 March and 30 June 2028 4 days
Expansion and regional public goods I	Two expansion opportunity assessments for non-participating countries agreed in writing with the contract manager (8 to 10 pages each).	Two by 31 December 2027 10 days
Expansion and regional public goods II	Two expansion opportunity assessments for non-participating countries agreed in writing with the contract manager (8 to 10 pages each).	Two by 31 May 2028 10 days
Expansion and regional public goods III	One financing concept note for regional public goods financed jointly by governments and IFIs (no more than 10 pages each).	30 September 2027 10 days
Expansion and regional public goods IV	One financing concept note for regional public goods financed jointly by governments and IFIs (no more than 10 pages each).	31 March 2028 7 days

Travel	Travel is undertaken only on missions approved in advance by the contract manager and is reimbursed on actual costs in line with UNICEF policy for consultants (economy class by the most direct route, with daily subsistence allowance at prevailing UN rates). For the financial proposal, candidates provide an indicative travel budget, itemised by trip and calculated from their place of residence, against the planned missions below, each of about one week (five working days at the destination plus travel days). The indicative budget is used to compare proposals and is not a lump sum; actual missions, destinations and frequency are set in the work plan and may change.	As approved, to 30 June 2028
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Payment Schedule:

Payment will be made on submission and acceptance of deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

Important Notes

- Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- The selected candidate is solely responsible for ensuring that the health insurance (and visa if applicable) required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.
- UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

**QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) /
LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT**

Minimum requirements:

Education: Master' in Health economics, health financing, economics, public policy, public health, international development or a related field. A first-level university degree with two additional years of relevant experience may be accepted in place of an advanced degree.

Work Experience: At least eight years of progressively responsible experience in health financing, health sector investment planning or development finance in low- and middle-income countries, including at least five years working with or within the World Bank or regional development banks on health sector operations (preparation, appraisal or financing instrument design), and a record of producing costed investment cases, financing strategies or national health or digital health roadmaps for governments.

Skills: Knowledge of IFI operation cycles and financing instruments, national budget processes and public financial management.

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- Working knowledge of how digital health investment is costed and planned, including familiarity with the WHO Digital Implementation Investment Guide, the World Bank Digital Health Blueprint Toolkit and/or comparable approaches.
- Ability to translate digital health architecture and system requirements into investment costing and financing language for non-technical audiences.
- Ability to write concise analytical products for Ministries of Finance, Ministries of Health and IFI task teams.
- Ability to work across several countries and time zones with limited supervision.

Language Requirements: Fluency in English and Spanish is required. Spanish is a screening requirement, and candidates without it are not evaluated further. French is an advantage.

Desirables: Experience in one or more regions of the participating countries.

- Experience supporting health sector investment planning or IFI engagement in Latin America and the Caribbean.
- Experience with Gavi or other global health financing windows.
- Experience designing multi-country or pooled financing arrangements, including for regional public goods.
- Experience with UN agencies.