UNDP Country Office in Guinea Bissau

Strategy for the Health and  
Social Protection Cluster

United Nations Sustainable Development Cooperation Framework 2022-2026

UNDP Country Programme Document 2022-2026

*“Robust health and social protection systems provide better access to affordable and quality services to all and reduce vulnerability to health and social risks”.*

October 2021

Table of contents

[Background information 3](#_Toc87710040)

[Founding principles of the health and social protection strategy 4](#_Toc87710041)

[Initiatives to be implemented during the 2022-2026 quinquennium. 4](#_Toc87710042)

[1 Activities supporting the effectiveness of the health sector 4](#_Toc87710043)

[1. Support to the implementation of large-scale health projects 6](#_Toc87710044)

[2. Support to the national Early Warning System. 6](#_Toc87710045)

[3. Strengthen the national response to COVID19 through the implementation of emergency procurement and Health System Strengthening 6](#_Toc87710046)

[4. Introduce an E-Logistics Management and Information System (LMIS) to monitor the end-to-end supply chain of medicines, vaccines, and medical products. 7](#_Toc87710047)

[5. Green Technologies for Health 7](#_Toc87710048)

[6. Strengthening public health governance (including diseases control, data management, health research/statistics) by increasing capacity of the health information system and improving digitization and evidence-based decisions. 8](#_Toc87710049)

[2 Social protection initiatives 9](#_Toc87710050)

[7. Promoting dialogue for health and social protection 9](#_Toc87710051)

[8. Based on existing social protection initiatives (World Bank, EU, UNICEF), expand the social protection coverage, systematize the operating procedures, and mainstream it into national law. 9](#_Toc87710052)

[9. Increased resources for social protection thanks to greater connection between priority areas and allocated resources, and more financial inclusion 10](#_Toc87710053)

[Promotion of healthy lifestyles by increasing communication for behaviours changes. 10](#_Toc87710054)

[10. Foster institutionalization of health practitioners through the engagement of traditional healers in the health services. 11](#_Toc87710055)

[11. Increased awareness of gender-biased practices via promotion of human resources gender balance and sensitizations of health personnel and promotion of a more inclusive health system. 11](#_Toc87710056)

[Synthesis of proposed initiatives 12](#_Toc87710057)

[List of proposed initiatives, implementation status and budget 12](#_Toc87710058)

[Portfolio per Status and Source of Funds 14](#_Toc87710059)

[II. Proposed Organization of the Health and Social Protection Cluster 15](#_Toc87710060)

[In the coming weeks, new projects will start to be implemented by the current team: the extension of the World Bank emergency COVID procurement, the Japanese COVID project, and the C19RM grant funded by the Global Fund. Positions should be included in the budgets, and recruitments processes undertaken as soon as possible, using all the flexibilities offered by UNDP to fast track recruitments in an emergency setting. 17](#_Toc87710061)

[Proposed Organogramme. 17](#_Toc87710062)

[Analysis of Risks and risk mitigation measures 18](#_Toc87710063)

[Annexes: 19](#_Toc87710064)

# Background information

UNDP’s office in Guinea Bissau has been playing a key role in the health sector since 2004, managing the resources of the Global Fund as principal recipient (from 2004 to 2009 and since 2013 to date), allowing for the continuity of life-saving health services during the multiple political crisis that have affected the country over the last years. This role has allowed UNDP and its national and international implementation partners to deliver large volumes of quality health services, strengthening the national response to HIV/Aids, Tuberculosis and Malaria, but also contributing to the improvement of the national supply chain of medicines and medical products and strengthening the monitoring and evaluation systems. Despite the weaknesses of the health sector and the chronic political instability of the country over the last years, significant progress has been achieved in the response to the 3 diseases.

Building on its success in the implementation of health projects, UNDP country office has been over the last years willing to expand its offer of health and social protection initiatives, for the following reasons:

* Health has a central place in the SDG 3 “Ensure healthy lives and promote well-being for all at all ages”, underpinned by 13 targets. Almost all the other 16 SDGs are related to health, or their achievement will contribute to health indirectly.
* The implementation of Global Fund grants has demonstrated the difficulty to deliver vertical health services in a very weak health system, where health data production and distribution of medicines, for instance, can only be achieved through massive efforts, hence the need for health system strengthening initiatives.
* The UNDP health and social protection corporate offer goes well beyond the implementation of GF funded grants.
* There is interest shown by several donors to rely on a trustworthy implementer of health projects and social protection initiatives. As a result, within the COVID-19 context, the World Bank and the Ministry of Economy and Planning selected UNDP for the procurement of $6.5m COVID-related medical supplies and are exploring the possibility to expand the portfolio to Maternal and Child Health.
* The current COVID 19 crisis has created new dialogue opportunities between the national authorities and the community of donors, and opened up the possibility to “do things differently”. In this context, the possibility to “connect the dots” and have a more comprehensive approach to health and social protection, with a broader set of interventions and actors.

The United Nations Sustainable Development Cooperation Framework (UNSDCF) for 2022-2026 for Guinea Bissau, the UN-wide planning process, is under development during the first semester of 2021, and emphasizes heavily on the improvement of the delivery of social services such Health, Water, Sanitation and Hygiene, Education and Nutrition to the population. UNDP is concurrently developing its Country Programme Document (CDP 2022-2026). Both the UNSDCF and the CDP represent a good opportunity to reflect the willingness of UNDP to increase its investment in health and social protection, to take stock of the already important engagement with the sector[[1]](#footnote-1) in the country and to take advantage of the existing experience in health and social protection, locally and globally.

Simultaneously, the COVID-19 pandemic represents an opportunity to accelerate progress and meet the SDGs targets, achieve significant transformations of the affected countries, into greener, more equitable spaces, providing employment opportunities for the poor and fragile groups, as well as a more robust social protection framework, as reflected in the “Beyond Recovery[[2]](#footnote-2)” and UNDP COVID 2.0 narratives.

For the health and social protection sector (outcome 3 of the 2022-2026 UNSDCF), the following priorities have been identified, that constitute the foundation of the investment strategy recommended in this document:

* Output 3.1: Improved health and social services as well as social protection schemes to respond to citizens needs in health, well-being, and nascent social security.
* Output 3.2: Enhanced health seeking behaviours to eliminate harmful practices and reduce risks.

This plan has been defined in close collaboration with national and international partners and is based on the existing needs and challenges that were identified during a series of interviews and review of the available documentation.

Finally, the proposal unquestionably translates the recent national context, marked by a persistence of the COVID-19 pandemic, that will shape many health interventions in the short and long term, especially in terms of health data, health system preparedness and emergency response.

# Founding principles of the health and social protection strategy

The proposed strategy relies on a series of principles that have guided its formulation:

-The national health system of Guinea Bissau cannot, alone, tackle the issues related to the health of the population without profound reforms in its funding base, and requires a massive effort to find alternative sources of funding, both national and international

- The massive progress made by technology should benefit to the population and innovation should be a core component in the design of the strategy

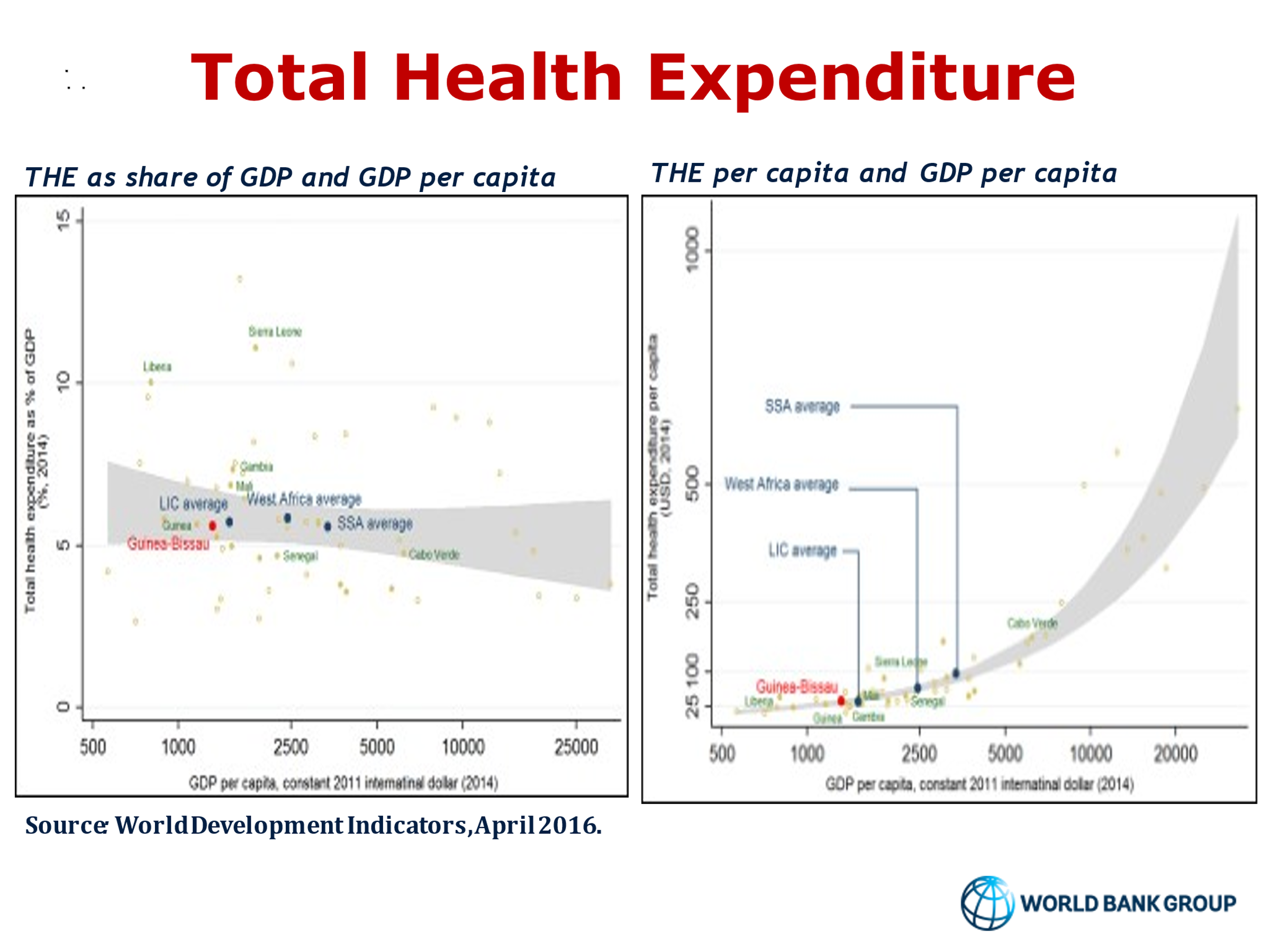
- The scope of social protection is very diverse and encompasses actions as diverse as the design and implementation of social insurance programmes, job creation for the most vulnerable, cash transfers, etc. In the design of the strategy, the actions proposed are limited in scope, and do not reflect the wide variety of possible actions that could be undertaken in Guinea Bissau. They are however ambitious in their goals, as critical aspects such as funding of health and social protection, or national dialogue for social protection are the cornerstone of any national strategy.

- When possible, synergies with other UNDP programmes in Bissau will be used, to maximize the impact of UNDP interventions.

# Initiatives to be implemented during the 2022-2026 quinquennium.

## 1 Activities supporting the effectiveness of the health sector

The weakness of the health system in Guinea Bissau is certainly a source of concern, and the systemic lack of investment in health system strengthening has caused further degradation over the years. The overall level of total health expenditures is among the lowest in the region, as shown in the tables below [[3]](#footnote-3).



Health expenditures are exceptionally low, and primarily used to pay salaries: In 2015, 79 % of the public health expenditures were used for payroll, 19 % for procurement and barely 2% for investment. “Public spending on health in Guinea-Bissau is significantly lower than its regional and economic peers. In 2014, public health spending represented merely 20% of total health spending, equivalent to US$7.6 per capita (or US$ 18.7 PPP), versus 32.4% for West Africa (US$57.5 PPP), and 22.2% for Sub-Saharan Africa (US$84.2 PPP). Furthermore, only 7.8% of general government expenditure has been allocated to health, lower than regional average and far below Abuja Target of 15%.” [[4]](#footnote-4).

Most of the health expenditures (excluding payroll) are financed either by donors, or by out-of-pocket payments from patients, that represent between 45 and 50 % of the total health expenditures. As a result, “Approximately 12% of the households incurred catastrophic health expenditures. Catastrophic health expenditures occur when a household allocates more than 40% of the households’ non-food expenditures to health care.[[5]](#footnote-5)”.

To enhance the effectiveness of the health sector, UNDP will concentrate its investment in the following main areas:

* Strengthen the Malaria response
* Support an early warning system
* Support to the Covid 19 response through emergency procurement
* Creation of an electronic logistics management information system (E-LMIS)
* Use of green technologies for Health
* Improve the governance of the health sector through a better use of data

The proposed actions are described below:

### Support to the implementation of large-scale health projects

Under this initiative, UNDP will continue supporting the health sector, implementing Global Fund grants to support the national response to malaria. The 2021-2023 grant will focus on prevention of Malaria (mass distribution of mosquito nets), protect pregnant women and children, but will also significantly contribute to the strengthening of the national health system, by implementing the following activities:

1. Strengthening of the national health information system, using the DHIS 2 platform (Capture and Tracker), including mobile technology at community level and in health care facilities for the regions and for all programs.
2. Quality of care:
   * Organizational and quality-management training in health care facilities and at the community level.
   * Recruitment and provision of training and capacity building to supervisors with expertise in a variety of topics, including malaria, TB/HIV/viral hepatitis, maternal and child health, enabling them to carry out high-quality, integrated supervision. Training of 100 midwives (2021, 2022 and 2023 graduates) from the Escola Nacional de Saúde [National School of Public Health – ENS] in the management of STIs/TB/HIV/malaria and sexual, reproductive, maternal, new-born, child, and adolescent health.
3. Service organization and facility management:
   * Training in organization and integrated health system management.
   * Supervision and inspection of health services at all levels.
   * Implementation of advanced integrated strategies (malaria, TB/HIV/viral hepatitis, maternal and child health).
4. Provision of water and electricity to 56 service delivery facilities
5. Community systems strengthening

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| Donors | The Global Fund |
| Domestic Partners | Sub-Recipients (Ministry of Health Natl Malaria Program, MOH Bandim Health Project, MOH CECOME, UNICEF, Plan International), CCM (oversight body) |
| International Partners | The Global Fund, UN agencies and bilateral partners in the CCM. |

### Support to the national Early Warning System.

The current COVID-19 pandemic, as well as the 2014 and 2021 Ebola epidemics, have shown the weaknesses of the Early Warning system in Guinea Bissau. Emergency measures have been taken at the beginning of the pandemic, such as the implementation of a call centre. UNDP will work with its partners to continue supporting the efforts to build a functional early warning system, fully interoperable with the existing systems.

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| Donors | The Global Fund, The World Bank, Japan |
| Domestic Partners | National Covid High Commission, INASA, COES (Emergency Public Health Commission), MOH |
| International Partners | The Global Fund, UN agencies (WHO), Africa CDC, USA CDC, ECOWAS |

### Strengthen the national response to COVID19 through the implementation of emergency procurement and Health System Strengthening

UNDP will continue to provide support services to the national COVID-19 response, delivering emergency procurement to the national authorities and strengthening the emergency mechanism.

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| Donors | The Global Fund, The World Bank, Japan, Islamic Development Bank, African Development Bank, ECOWAS, GIZ |
| Domestic Partners | National Covid High Commission, MOH |
| International Partners | The Global Fund, UN agencies, Africa CDC, USA CDC, ECOWAS |

### Introduce an E-Logistics Management and Information System (LMIS) to monitor the end-to-end supply chain of medicines, vaccines, and medical products.

UNDP has been since 2013 supporting the strengthening of the national procurement and supply chain of medicines and medical products, providing a new modern central medical warehouse, CECOME, with a comprehensive warehouse management system, technical assistance, and a new warehouse. In the next five years, it is planned to support the new pharmaceutical regulatory authority and the Procurement and Supply Management Committee on quality assurance and regulatory support, strengthen the storage and distribution capacity (training in stock management at all levels), introduce an e-LMIS (medicines logistics management), and support the supply capacity in procurement of pharmaceutical and health products, and prevention, reduction, and management of medical waste.

The development of information technologies and their usability on portable devices, as well as the generalization of barcodes, are allowing to implement for a relatively modest cost real-time stock and logistics management systems. The implementation of such technologies, and the training and institutional adaptation it requires, will allow for very substantial savings (reducing overstocks), the possibility to deploy medicines and medical goods where they are needed, and track non-compliant usage of medicines.

Multiple solutions exist for e-LMIS, as described in a recent note of C. Wright, corporate e-LMIS expert of UNDP. The guiding principle in the selection of the system should be its possible integration with DHIS2. The possibility to outsource the operation of the system to a private operator, given the institutional constrains of CECOME, should also be considered.

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| Donors | The Global Fund |
| Domestic Partners | CECOME, MOH Programs, INASA (Public Health Institute) |
| International Partners | WHO, UNICEF, WFP, University of Oslo, technical assistance, Islamic Development Bank, African Development Bank, BADEA |

### Green Technologies for Health

Two technologies have been widely recognized as promising to support the health sector in Guinea Bissau and improve the volume and quality of services provided.

Solar energy could contribute vastly to the improvement of health care, by allowing health facilities to have electricity, to store adequately temperature-sensitive health products and operate equipment requiring electricity. In a country where energy provision is very irregular, and expenditures in fuel-based generation of power are remarkably high, solar energy should be a preferred option of the public sector.

The COVID-19 pandemic has increased the need for energy in the health sector, as vaccines require a functional end-to end cold chain, as well as laboratory consumables.

UNDP has developed an ambitious “Solar for Health” project in 2017, that requires to be updated, as other donors have been also investing in solar energy in the health sector, and because technology has also changed. The government of Canada has accepted to finance UNDP a project to equip heath facilities with solar energy.

Drone technology seems also promising, and an interesting pilot has been developed, to use this technology in the health sector. Possible application of drone technology for health include mapping, transportation of samples (useful for transporting sputum samples in the case of the TB response, urgent delivery of medical supplies), and other applications.

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| Donors | Canada (Solar), Islamic Development Bank, Global Fund, others |
| Domestic Partners | Ministry of Health, Ministry of Higher Education, University Amilcar Cabral, Ministry of Environment, COVID High Commission, Ministry of Interior. |
| International Partners | Technical solutions providers |

### Strengthening public health governance (including diseases control, data management, health research/statistics) by increasing capacity of the health information system and improving digitization and evidence-based decisions.

One of the critical factors for good public health governance is the possibility for the health sector stakeholders to monitor the impact of their policies and to take evidence-based decisions. Guinea Bissau has benefitted from the installation of the University of Oslo supported DHIS2 (District Health Information) system, which is the standard global platform for health information, and its usage is making progress. It should be noted however that a functional health information system should focus not only on information being regularly entered into the DHIS2 database, but also on the following aspects:

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| **Steps of the knowledge cycle [[6]](#footnote-6)** | **Factors to consider in health information** |
| Creation | Quality (accuracy, frequency, timeliness, etc.) of the information captured in the health facilities |
| Recording | Pertinence of the capture templates, training of health personnel |
| Storage | Safety of the servers, updating of the platform, maintenance |
| Access | Who has access to the information, information-sharing policy of INASA vs other health stakeholders |
| Assimilation | Possibility to use the health information for decision makers, existence of predefined queries to allow for the stakeholders to have a quick access to the information they need |
| Application | Quality of the decisions taken based on the health information, additional information needs, measure of impact of the decision taken |

UNDP, with Global Fund Funding (regular and COVID-19 specific resources) will continue strengthening the health information system.

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| Donors | The Global Fund, Canada (components with INASA) |
| Domestic Partners | MOH, INASA, health stakeholders |
| International Partners | University of Oslo, WHO, UNICEF, World Bank |

## 2 Social protection initiatives

Beyond its historical role in supporting the Ministry of Health, UNDP will implement social protection initiatives that will broaden its role and contribute to the overall improvement of the protection of the more vulnerable.

### Promoting dialogue for health and social protection

Despite real improvements in the health situation of the population in the last 40 years, Guinea Bissau still faces major challenges to achieve major success and, at least, reach the SDG health-related targets. Unquestionably, the health system requires substantial reform of governance with restructuring, and a massive injection of financial resources. But it may also be necessary to question the way things are being done: will be more of the same enough to improve the health of the population of Guinea Bissau? What are the critical areas that need a new approach? What should be the respective roles of the public sector? The community? The private sector? Academia? Which are the actions that provide the best health return on investment? Which bottlenecks could be reduced, or suppressed, with the use of technology? Who should and how to pay for health services?

Together with the Governance Cluster, in partnership with UN and non-UN partners, with national and international stakeholders, a series of thematic dialogues for health will be organized during the next CDP, in order to stimulate a national conversation and generate a country-wide strategy for health and social protection.

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| Donors | UNDP |
| Domestic Partners | All national stakeholders (government, civil society, private sector, academia). |
| International Partners | All international stakeholders |

### Based on existing social protection initiatives (World Bank, EU, UNICEF), expand the social protection coverage, systematize the operating procedures, and mainstream it into national law.

To accelerate the impact of critical health initiatives the European Union, through its PIMI[[7]](#footnote-7) programme, have been subsidizing lifesaving medical acts to remove financial barriers to health since 2014. Evaluations of the impact of such interventions have been positive and will continue in the coming years. UNDP has also adopted a similar scheme to improve the impact of its malaria interventions[[8]](#footnote-8). Within the framework of the 2022-2026 CPD, UNDP will subsidize key health intervention, in coordination with the stakeholders engaged in similar activities, propose standard operating procedures, and include them in the national rules and regulations.

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| Donors | The Global Fund, GIZ, ECOWAS, European Union, World Bank |
| Domestic Partners | MoH, Bandim (research of financial and non-financial barriers to health), EMI (implementation, training) |
| International Partners | UNICEF, European Union, World Bank |

### Increased resources for social protection thanks to greater connection between priority areas and allocated resources, and more financial inclusion

Social protection initiatives such as the ones described in the previous section have proven to be extremely cost effective and represent relatively modest budgets. However, they heavily depend on the availability of budgets in donors’ programmes. To reduce the dependency on foreign aid, UNDP will support the national authorities in identifying possible national funding for social protection. Based on the experience of other countries, the following sources of national financing could be explored:

* Exploring the possibly to channel part of the financial resources mobilized in traditional saving mechanisms, such as “tontines”, into health and social protection packages.
* Proposing to the national authorities the creation of a Health Fund (“Fondosaude”), that will subsidize a package of high-impact health interventions, to be funded by a tax levy on tobacco, alcohol and other products having adverse effects on health [[9]](#footnote-9).
* Making available health insurance packages to be funded by Bissau Guineans living abroad. This kind of schemes can be found in Latin America, where immigrants (mostly living in the USA) are financing basic health packages, to cover their family members living in their country of origin.

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| Donors | The Global Fund for social protection and Malaria, World Bank, UNDP TRAC (for the design of the social protection initiatives) |
| Domestic Partners | Ministry of Health, Bandim, Ministry of Finance |
| International Partners | World Bank, EMI, UNICEF, UNDP Country offices (El Salvador, Philippines…), UNDP HHD team, UNDP RBA Social Protection Hub. |

Social protection activities to be implemented by the health and social protection cluster have been intentionally limited to health-related social protection ones. Income generation, jobs creations, vocational training, and other types of social protection initiatives are not mentioned.

### Promotion of healthy lifestyles by increasing communication for behaviours changes.

Non-financial barriers to health include factors such as the distance between the health facilities and the users, the possibility to travel to the health facility (some roads are not usable during the rainy season, and the population living in the numerous islands represent a constant logistical challenge for the health sector). Another type of barriers is related to unhealthy health behaviour, or social discrimination that represents an obstacle to equitable access to health, such as gender discrimination, clearly identified as a major obstacle.

U.N. agencies and development agencies such as the French bilateral cooperation have a long history promoting communication for healthy and non-discriminatory health behaviour, leading to the creation of the “C’est la vie” TV series, that has proven to be an enormous success across Africa [[10]](#footnote-10). Since 2020, episodes dubbed in Hausa, Malinke, Wolof, Fulani and English have been available on YouTube, and the dubbing of episodes in Criollo could be undertaken at a moderate cost. If more budget is available, the production of episodes filmed in Bissau could be considered. “C’est la vie” also provides radio material as well as training guides for health workers

Recently the University of California in Los Angeles (UCLA) as well as the School of Public Health of Drexel University in Philadelphia have realized impact evaluations of the “C’est la Vie” programme, showing its usefulness in behaviour change for health.

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| Donors | UNDP, other UN agencies. French bilateral cooperation, Canada (gender |
| Domestic Partners | MoH, community health workers, Bandim |
| International Partners | C’est la Vie/RAES NGO, UCLA, Drexel University |

### Foster institutionalization of health practitioners through the engagement of traditional healers in the health services.

Given the existence of important financial and non-financial barriers to access health services, and the irregular existence of medicines in health facilities, the population frequently uses the services traditional healers to cure their diseases. This initiative seeks to engage them in the provision of sound health advice, converting them into promotors of good and healthy behaviours.

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| Donors | UNDP |
| Domestic Partners | MoH, community health workers, |
| International Partners | UNFPA has experience on the subject, UNICEF |

### Increased awareness of gender-biased practices via promotion of human resources gender balance and sensitizations of health personnel and promotion of a more inclusive health system.

Surveys such as the ones developed by EMI during the implementation of the PIMI programme have shown that the relationship between health workers and the population could be improved, and that gender bias, as well as other kinds of prejudice towards people with disabilities, or sexual minorities, were often present in the interaction with patients. A robust training package will be developed to address these issues, as well as proposals to systematically track unproper behaviour and reward good patient management. This will be developed in close collaboration with the” C’est la Vie” programme, in order to have a coherent approach to behaviour change across the health system (health practitioners and patients).

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| Donors | UNDP |
| Domestic Partners | MoH, EMI |
| International Partners | WHO, UNICEF, World Bank, European Union |

# Synthesis of proposed initiatives

## List of proposed initiatives, implementation status and budget

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Initiative | Title | Implementation status | Donor | Budget (USD)[[11]](#footnote-11)° | Comments |
| 1 | Support the Implementation of large-scale health projects | Implementing phase | Global Fund | 29 882 891[[12]](#footnote-12) | NFM3 M |
| 2 | Continuing support to the national Early Warning System | Hard Pipeline | Japan JSB | Japan:120 000 |  |
| 3 | Strengthen the national response to COVID19 through the implementation of emergency procurement and Health System Strengthening. | Implementing (WB) and Hard Pipeline (Japan) | Japan: 200 000  World Bank:6 500 000 | 6 700 000 | Ongoing procurement of PPE and supplies. Procurement of PPE and supplies with Japan and World Bank and C19RM2 |
| 4 | E-Logistics Management and Information System (LMIS) to monitor the end-to-end supply chain of medicines, vaccines, and medical products | Idea |  | 750 000 | Funding to be found |
| 5 | Green Technology for Health | Ideas/ Pilots projects financed | Islamic Development Bank (soft pipeline) and Canada (implementation) for pilot projects | 50 000 (TRAC)  300 000 (soft pipeline, IsDB)  110 000 (Canada) | Pilots: $300 000 (drones) and $110 000 (solar Canada) [[13]](#footnote-13). 50 000 Seed money from TRAC to finance the scaling-up design |
| 6 | Robust public health governance (including diseases control, data management, health research/statistics) by increasing capacity in the health management system and improving digitization and evidence-based decisions | Implementing phase + Idea |  | 250 000 | Some activities undertaken under the Global Fun grant. More could be done with additional 250 000 |
| 7 | Promoting dialogue for health and social protection | Idea | TRAC | 200 000 |  |
| 8 | Based on existing social protection initiatives (World Bank, EU, UNICEF), expand the social protection coverage, systematize the operating procedures, and mainstream it into national law | Implementing, hard Pipeline | Global Fund, Japan | Japan: 580 000 | There are elements of social protection in the Global Fund grant. Output 2 of the Japan project is made of crisis mitigation social protection measures |
| 9 | Increased resources for social protection thanks to greater connection between priority areas and allocated resources, and more financial inclusion | Idea | TRAC as seed money | 150 000 |  |
| 10 | Use social media and health promoting experiences to promote behaviour change, with strong emphasis on gender and non-financial barriers to access to health | Idea | TRAC + Resource mobilization. Involve other UN agencies + media | 300 000 |  |
| 11 | Foster institutionalization of health practitioners through the engagement of traditional healers in the health services. | Idea | TRAC | 75 000 |  |
| 12 | Increased awareness of gender-biased practices via promotion of human resources gender balance and sensitizations of health personnel. | Idea | TRAC. Can be partially combined with social media initiative and with social protection (EMI has already produced training material | 150 000 |  |

## Portfolio per Status and Source of Funds

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| --- | --- | --- |
| **Status** | **Budget (USD)** | **Source of Fund** |
| Implementation phase | 36 492 891 | Global Fund Malaria grant + Government of Canada + World Bank |
| Hard Pipeline (under signature) | 1 186 945 | Japan |
| Soft Pipeline (talks with donors ongoing) | 500 000 | C19RM2, Islamic dev. Bank |
| Idea / Unfunded | 1 925 000 | TRAC and other donors, resource mobilization effort to be done |
| **TOTAL** | **39 904 836** |  |

TO BE UPDATED BY COUNTRY OFFICE

Comments:

* TRAC could be used essentially as seed money to mobilize resources for new initiatives (“ideas”)
* For the social protection component, as mentioned earlier, the possibility to mobilize in-country resources should be explored as a priority.

# II. Proposed Organization of the Health and Social Protection Cluster

The health and social protection cluster is, as of October 2021, exclusively composed of personnel managing the Global Fund grant and financed through the malaria grant budget. The additional workload deriving from the response to COVID-19 pandemic and expansion of health and social protection-related work represents an important additional burden for the team and has raised GF concern that GF is funding work for other partners, including WB, without cost sharing. If UNDP is successful in its resource mobilization efforts to expand its health and social protection investment, additional human resources should be mobilized.

In addition to the UNV that has been provided by RBA for the GF COVID grant, the 2 GF COVID Health Systems Strengthening positions, and to the 2 additional staff included in the project to be financed by Japan (until May 2022), the strengthening of the finance and procurement units is recommended, and the recruitment process should be initiated immediately (TA contracts).

The human resources architecture for the Global Fund implementation should be kept to their current configuration. However, there are GF malaria budget shortfalls, in that 50% of positions are funded only in 2021, and not covered in 2022 and 2023. It should be however noted that human resources budget of the Global Fund grant is very substantial, and could jeopardize UNDP’s attractiveness as Fund manager, so cost-sharing certain positions should be considered at a medium-term goal, especially for the HR funding gap of 50% for 2022 and 2023

Additional activities especially related to Social Protection require a strong resource mobilisation effort to be achieved in 2022. Depending on the success of this effort, additional staff need to be hired to implement the new initiatives. The initiatives requiring strong resource mobilisation effort should benefit from the support of consultants, that could be paid from the TRAC budget. French bilateral cooperation has agreed in principle to fund consultants through Expertise France (social protection, for instance).

Finally, some initiatives could be entirely outsourced to specialized institutions, such as the field activities of social protection (EMI) and the social media activities.

The current unit is composed of 26 positions, all funded by the Global Fund through the 3rd NFM malaria grant.

Any increase of the workload of the team should be matched with a proportional increase of the number of positions, for two reasons:

* Global Fund grants are very labour-intensive, and the team is already quite overloaded, as the budget growth from NFM2 to NFM3 has not been matched with additional human resources.
* Donors do not like to subsidise the projects of other donors, and the Global Fund is no exception to this.

**UNDP Guinea Bissau  
Current Global Fund Grant PMU Organogram + World Bank and Japanese Funding**

**1 Logistician** (SB 3/3)

**1 PSM Database** (SB3/3)

**2 SCMs** (SB 3/3) + **4 SCMs** (SB 2/3)

**COORDINATION**

**Finance Associate**

(SB 3/3)

**Community Associate** (SB3/3)

**2 M&E Associate**

(SB 3/3)

**M&E Analyst**

(SB 4/2)

**Finance Associate**

(SB 3/3)

**M&E Specialist**

(P4)

**M&E**

**Finance Analyst**

(SB 4/3)

**Finance Specialist**

(P3)

**PSM Specialist**

(P4)

**4 Drivers** (SB2/1)

**Admin Assistant** (SB2/3)

**Project Associate** (IUNV)

**FINANCE**

**PSM**

**Project Manager**

(P5)

**COVID-19 and response to epidemics**

**Project Associate** (IUNV) Japanese Funds

**Project associate** (IUNV), RBA

**Finance Associate**

(SB

(japanese funding)

**3 Procurement Associate**

(SB 3/3), (1 Global Fund, 2 WB)

**PSM Associate**

(SB 3/3)

### In the coming weeks, new projects will start to be implemented by the current team: the extension of the World Bank emergency COVID procurement, the Japanese COVID project, and the C19RM grant funded by the Global Fund. Positions should be included in the budgets, and recruitments processes undertaken as soon as possible, using all the flexibilities offered by UNDP to fast track recruitments in an emergency setting.

So far, the following human resources have been negotiated to support the COVID-19 and response to epidemics team.

* 1 International UNV (Japanese funding) for programme and M&E
* 1 National Finance associate (Japanese Funding)
* 1 International UNV (UNDP RBA support)
* 2 procurement staff (World Bank funding)
* The C19RM grant includes budget for a P3 and an SB4.

**For the initiatives proposed in the current document that are still at the “idea” or soft pipeline stage, namely the social protection and innovative finance initiatives, the digital and green pillar (solar + drones), and the communication and training initiatives, it is still premature to design a human resource architecture, as there is still no budget associated with them. Our recommendation is to undertake a resource mobilization effort, based on the draft projects that are proposed as annexes to the current document. A consultant could be hired to mobilize resources for the second semester of 2021, and during the first quarter of 2022, the adequate human resources could be appointed, depending on the success of the resource mobilization efforts.**

A few principles could be nevertheless defined for the growth of the health and social protection team:

* M&E activities, as well as the reporting tasks, should be located in the existing M&E unit, with additional staff if required, to ensure a coherent reporting quality.
* Similarly, additional procurement and finance personnel should be located in the existing units.
* Therefore, only programme and support personnel should be located in the “Digital and Green Technologies for Health” and the “Social Protection and Innovative finance” units, typically a NOC/NOD or P3 or P4 staff and support staff with a PMSU profile.
* The “communication for behaviour change and training” ideas should be outsourced to a specialized NGO, as suggested, and therefore should not require hiring dedicated staff. A focal point should nevertheless be designated to monitor the contract and ensure a proper coordination with other stakeholders (nationally and internationally).

### Proposed Organogramme.

Based on the previous comments, the following organigramme could be used for the health and social protection cluster:

* In Black, the already existing units (that could be further developed, in proportion of the additional volume of transactions). The current positions in these units are funded by the Global Fund grant, but any additional personnel should be funded by other donors.
* In grey, the COVID-19 unit, that was funded by GF COVID C19RM2 will be cross cutting, supporting health systems strengthening.
* In white, 2 new units: one focused on social protection and innovative finance, the other on health and technology. The exact structure of this unit should be defined in collaboration with the governance and environment clusters in the country office, and their composition should be specified according to the results of the resource mobilization efforts undertaken in 2021.

## Analysis of Risks and risk mitigation measures

The following risks and their corresponding mitigation measures have been identified.

|  |  |  |
| --- | --- | --- |
| **Risk** | **Severity** | **Mitigation measure** |
| Health and social protection cluster overwhelmed by increased volume and diversification of scope of work | Critical | Make full use of the existing flexibilities to recruit consultants and TA staff |
| Resource mobilization effort unsuccessful due to COVID-19 focus of donors | Important | Focus on TRAC-funded pilots, and explore alternative sources of funding (tax levy, for instance) |
| Lack of acceptance/understanding of UNDP’s role in health | Important | Develop clear talking points, based on corporate existing documents. Request support from HHD/HIST |
| Heavy reporting burden due to the multiplication of sources of funds | Important | Specialize the M&E unit and increase staff |
| Global Fund questioning the multiplication of donors and willing to avoid subsidizing initiatives not related to the existing grants | Important | Clarity on staff allocation and possible cost sharing of staff |
| The team is overwhelmed and lacks strategic guidance | Important | Creation a programme board with UNDP senior management and national stakeholders (it is in any case UNDP mandatory practice) |

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# Annexes:

1 Terms of reference of the consultancy

2 Revised concept note on health and social protection.

**Terms of Reference for ICs and RLAs through /GPN ExpRes**

**Services/Work Description:**

**Project/Programme Title:**

**Consultancy Title:** Consultant, strategic positioning of UNDP Guinea Bissau towards existing and emerging health and social protection challenges

**Duty Station:** Due to the current COVID-19 pandemic, the work is expected to be conducted remotely. However, the consultant will agree with the Country Office on a list of virtual meetings to be conducted (with partners and UNDP senior management and staff), for the consultant to have a better understanding of the priorities, constrains and opportunities existing in Country.

**Duration:** 25 days

**Expected start date:** 29th of March.

1. **BACKGROUND**

The health sector of Guinea Bissau is severely underfunded, understaffed, and consequently the health results of the country are not good, even if compared to the neighbouring countries. According to the findings of the Global Health Security Index, the country has the second most fragile health system in the world - only performing better than Somalia. Guinea-Bissau has one of the highest infections rates (HIV/AIDS, malaria, and tuberculosis) in the ECOWAS region, and one of the highest out of pocket payments indices in sub-Saharan Africa. The present COVID-19 has clearly shown the structural vulnerability of the health system, and the recurring Ebola outbreaks in neighbouring Guinea are constantly a source of concern.

The United Nations Sustainable Development Cooperation Framework for Bissau, the UN-wide planning process, is under development during the first quarter of 2021, and emphasizes heavily on the improvement of the delivery of social services such Health, Water, Sanitation and Hygiene, Education, and nutrition to the population. UNDP is concomitantly developing its Country Programme Document (2022-2026). For the health sector (outcome 3 of the UNSDCF), the following priorities have been identified by UNDP:

* 1. **Improved Health and Social Systems**
  2. Enhance human and physical infrastructure.
     1. Decentralization
     2. Timely planning, monitoring, and tracking.
     3. Improved supply chain
     4. Improved access to quality training
  3. Robustness public health governance (including disease control, data management, health research/statistics
     1. Increased capacity in the health management system
     2. Improved digitization, evidence-based decisions, digital payments
  4. Enhanced early warning system (COVID-19 and emerging diseases)
     1. Improved Coordination, Surveillance, Data management, BCP, Procurement, Communication
  5. Improved civil registry.
     1. Accessible, digital, and efficient civil registry services
  6. **Enhanced health-seeking behaviour**
  7. Promote healthy lifestyle.
     1. Increased communication for behaviour change
  8. Institutionalised health practitioners
     1. Engage traditional healers in health services.
  9. Increased awareness of gender biased practices
     1. Increased awareness of health personnel + active promotion of HR gender balance
  10. **Social Protection**
  11. National social protection framework established.
      1. Enhance government capacity to address social protection gaps.
  12. Increased public resources for social protection.
      1. Resource’s allocation better aligned with targeted areas and priorities.

UNDP’s office in Guinea Bissau has been playing a major role in the health sector since 2004, managing the resources of the Global Fund as principal recipient (2004-2009 and 2013-present). This role has allowed UNDP and its national and international implementation partners to deliver large volumes of quality health services, strengthening the national response to HIV/Aids, TB, and Malaria, but also contributing to the improvement of the national supply chain of medicines and medical products. Despite the weaknesses of the health sector, remarkable progress has been made in the response to the 3 diseases.

UNDP country office is now willing to expand its offer of development services, for several reasons:

1. Health has a central place in SDG 3 “Ensure healthy lives and promote well-being for all at all ages”, underpinned by 13 targets that cover a wide spectrum of WHO’s work. Almost all the other 16 goals are related to health or their achievement will contribute to health indirectly.
2. The implementation of GF grants has put into evidence the difficulty to deliver vertical health services in a very weak health environment, where for instance health data collection and distribution of medicines can only be achieved through massive efforts.
3. The UNDP corporate offer goes beyond the implementation of GF funded grants.
4. There is interest shown by some donors to rely on a trustworthy implementer of health projects. In the COVID context, the World Bank and the Ministry of Economy selected UNDP for the procurement of $6.5m COVID medical supplies and is exploring the possibility to expand the portfolio to Maternal and Child Health.

In this context, UNDP intends to hire the services of an international consultant. The purpose of this consultancy is therefore to recommend to UNDP Country office in Bissau a strategic orientation for its Health and Social Protection engagement and a portfolio of Health and Social Protection projects that may allow UNDP to expand its experience in the field of Health and Social Protection, based on the UNSDCF. This exercise will be conducted building on the existing strengths of the Country Office, global and regional UNDP health experiences, and existing and possible partnerships. A special attention will be given to the existing COVID-19 crisis, and a selection of initiatives that could strengthen the preparedness and response of the country will also be proposed.

1. **SCOPE OF WORK, RESPONSIBILITIES AND DESCRIPTION OF THE PROPOSED WORK**

The consultant will consult available documents on the internet and facilitated by the country office, as well as conduct interviews as part of a mapping exercise to identify needs, gaps, and partners, to support UNDP country office, develop its Health sector and Social Protection strategy, and a portfolio of projects that reflects this strategy.

The consultant will also, based on the ongoing efforts in-country, the existing pipeline of projects and the availability of funding internationally, propose a COVID-19 strategy to UNDP country office.

##### **Tasks of the consultant**

* Review the existing documentation and conduct a series of virtual meetings with stakeholders of the health and social protection sectors, as well as UNDP senior management.
* Propose to UNDP senior management a general strategy for the development of the existing health and social protection portfolio, for discussion.
* Based on the agreed strategy, propose an outline for a portfolio of health and social protection projects, with possible donors, required human resources, and tentative budget.
* A strategy and proposal to strengthen COVID-19 response in country, to be funded by the Global Fund or other donors.

1. **EXPECTED OUTPUTS AND DELIVERABLES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverables/ Outputs** | **Estimated Duration to Complete** | **Target Due Dates** | **Review and Approvals Required** *(designated person who will review output and confirm acceptance)* |
| 1. Inception report following interviews with partners, needs, gap analysis | 5 days | 2 April | UNDP Senior Management |
| 1. An overall strategy report for the health and social protection portfolio of UNDP | 10 days | 16 April | UNDP Senior Management |
| 1. A portfolio of projects to be developed, with possible donors, required human resources, and tentative budget | 5 days | 23 April | UNDP Senior Management |
| 1. A COVID 19 project | 5 days | 30 April | UNDP Senior Management |

1. **INSTITUTIONAL ARRANGEMENTS/REPORTING LINES**

The consultant will report to the Deputy Resident Representative/Programme, and his/her outputs will be cleared by the Project Manager of the Global Fund grants.

The consultant is expected to liaise with UNICEF, WHO, UNFPA, IOM, MOH, the Global Fund, the World Bank, Islamic Development Bank, African Development Bank, BADEA, Japanese Government, and any other institutions recommended by UNDP country office. It is expected that UNDP will facilitate the contact with representatives of the institutions.

1. Health activities were not mentioned in the 2015-2021 CPD, and this has been criticized during the office evaluation. [↑](#footnote-ref-1)
2. https://www.undp.org/publications/beyond-recovery-towards-2030 [↑](#footnote-ref-2)
3. Taken from « Guinea-Bissau Health Sector Diagnostic, World Bank, *November 2016”* [↑](#footnote-ref-3)
4. World Bank, ibid. [↑](#footnote-ref-4)
5. World Bank, ibid. [↑](#footnote-ref-5)
6. See for instance « Telecentre Evaluation, A Global Perspective », IDRC, 1999 [↑](#footnote-ref-6)
7. Programme Intégré de Santé Maternelle et infantile [↑](#footnote-ref-7)
8. Social protection activities to be implemented by the health and social protection cluster have been intentionally limited to health-related social protection ones. Income generation, jobs creations, vocational training, and other types of social protection initiatives are not mentioned. [↑](#footnote-ref-8)
9. El salvador’s FOSALUD could be used as an example : <http://www.fosalud.gob.sv/fondo-solidario-para-la-salud-fosalud/>. See also Philippines example : https://asia.nikkei.com/Economy/Duterte-looks-to-fund-universal-health-care-with-tobacco-tax [↑](#footnote-ref-9)
10. https://fr.wikipedia.org/wiki/C%27est\_la\_vie\_!\_(s%C3%A9rie)#D%C3%A9veloppement [↑](#footnote-ref-10)
11. 1 EUR = 1.21 USD [↑](#footnote-ref-11)
12. The Global Fund allocation for 2024-2025 has not been taken into consideration (but the 2021 budget of the current allocation has) [↑](#footnote-ref-12)
13. Budgetary data are not available for full scale Solar 4 Health and drones projects. [↑](#footnote-ref-13)