



CALL FOR PROPOSALS

Re-advertisement

AERC COLLABORATIVE RESEARCH PROJECT

“ADDRESSING HEALTH FINANCING VULNERABILITIES IN AFRICA DUE TO THE COVID-19 PANDEMIC PROJECT- COUNTRY CASE STUDIES”

A. Introduction

Established in 1988, **African Economic Research Consortium (AERC)** has grown to be a premier capacity building institution for the advancement of research and graduate training to inform economic policies in Africa. The Consortium’s mandate and strategic mission is built on the basis that sustained development in Sub-Saharan Africa requires well trained, locally based professional economists. A highly integrated knowledge organization spanning research, training, and policy outreach, AERC is now a vast network of universities, policy makers, researchers, educators, and international resource persons.

The AERC collaborative research program addresses contemporary policy issues and brings together seasoned researchers from both Africa and elsewhere to generate policy-oriented research for sub-Saharan Africa. Collaboration enables researchers to tackle complex issues with a bearing on economic policy making in Africa that otherwise could not be adequately addressed by one or a few researchers and leverages the diverse skills of the various researchers in the project to deliver high quality research outputs.

B. The Project and Its Context

Sub-Saharan Africa, perhaps to a greater extent than any other region in the world, still faces a grim scenario with respect to the health of its people. While the continent has seen improvements in health outcomes, including child mortality, the quality of life in Africa remains low, as evidenced by high morbidity rates; and many countries missed on the Millennium Development Goals targets in this area. Poor population health status is mirrored by crises in health financing and human resources for health. Most of the notable successes in the health area have been made possible in large part through development support. This suggests that reductions in development aid in general, and the health-related aid in particular, could potentially jeopardise the gains made thus far

It is well known that Africa’s health care system is one of the weakest in the world, leading to poor health statistics. Life expectancy, as well as mortality rates are the lowest and have improved very slowly overtime despite progress in key macroeconomic indicators, such as growth in per capita GDP. One of the factors explaining poor health status is the structure and policies of health care financing in most African countries which has the following common features. First, the share of public resources devoted to health care are relatively low in comparison to the disease burden in many African countries.

Second, the distributions of health care facilities are spatially unequal in most cases leaving the majority without access to basic health care services, particularly those who live in remote areas. Third, private and public provisions of health care compete rather than complement each other denying hundreds of millions of Africans affordable and well-functioning health systems. Coupled with the limited health insurance schemes, out-of-pocket expenditure as a share of household resources is one of the highest in the world.

The COVID-19 pandemic found many health systems in Africa poorly prepared for the huge health care demand it generated. The COVID-19 pandemic sent the economies of many African countries reeling into recession. Several studies documented that apart from contractions in GDP per capita, the pandemic disrupted sources of livelihood for millions of Africans risking them to face malnutrition, hunger and other deprivations. Hence, gains made in reducing extreme poverty in Africa are in great danger of reversals due to the pandemic. It also exposed the vulnerabilities in the African healthcare system where most households would have to rely on out-of-pocket expenditure, sacrificing essentials such as food and schooling to meet urgent healthcare needs. It is not known how the prices of vital medical goods needed to prevent the spread of the virus increased since the onset of the pandemic, and how also it dissipated household scarce resources in the difficult choice between food availability and protection from the virus.

C. The Call for Country Case Study Proposals

AERC is inviting expression of interest from researchers to undertake in-depth country studies to inform policy makers and development practitioners on addressing health financing vulnerabilities in Africa due to the covid-19 pandemic from the viewpoint of individual countries.¹ Under this project, AERC will commission 10 country case studies. Country experiences will be compared in the context of private-public partnerships in health care provision and assess areas of health financing that need to be reformed to prepare the health sector for similar episodes in the future. The project will use country case studies to understand the underlying differences in care innovations across countries and to get insights into better management of the Covid-19 pandemic in light of country-specific health care infrastructure and health financing policies. It is hoped that the papers will result in contributions suitable for dissemination in a special issue in a journal and/or an edited volume. The country case studies will focus on, but are not limited to the following key research questions:

1. As infection rates rise, what is the preparedness of African health system to counter the health crisis that is unfolding? What is the degree of efficiency of public spending in the delivery of effective health services? Does private provision of health services complement strongly that of the public or compete with it? [there are good data sets that could be used to explore these issues]
2. Does the COVID-19 pandemic usher in an opportunity for reforming Africa's health care system? If so in what direction and what lessons to be learned from existing practices to manage epidemics. Particularly what are the potentials and challenge of introducing health insurance schemes for the majority?
3. What is the magnitude of covid-19 related health-expenditure shocks and the welfare loss associated with it? have they been catastrophic?
4. Has tax-relief and other subsidies to the healthcare system helped the poor proportionately? community participation in mutual support programs have been very significant in some

¹ Researchers are encouraged to review the framework papers emanating from this project as well as the papers from the collaborative research project on the theme: *Health care financing in sub-Saharan Africa*.

countries. What does that entail for mobilizing communities and integrating in the health care system to prevail over other epidemics and future pandemics?

5. What is the incidence of opportunistic health problems, such as malnutrition, hunger triggered by the COVID-19?
6. What are the effects of public measures implemented to contain the spread of COVID-19 on effectiveness of traditional mechanisms of health care financing, such as insurance, fee exemptions, performance based schemes, etc
7. What are the effects of these measures on national health systems?

D. Proposal Requirements:

Each proposal should not exceed 15 pages with 1.5 spacing. The proposal should include the following:

- a) **Introduction/Objective (s):** A well motivated introduction stating clearly the specific objectives of the study and country(ies) of focus. *We are interested in proposals with original and innovative ideas, including ones that can challenge the dominant global thinking and its relevance to contemporary African conditions, are of policy relevance (even if this involves quite radical shifts from the "business as usual" policies), and can add value to the existing global knowledge by bringing the depth and complexity of contextual knowledge of country conditions to bear.*
- b) **Methodology and Data:** In addition to the usual statement detailing how the research objectives are to be achieved, researchers intending to investigate specific issue(s) drawing on country data must demonstrate availability and access to the requisite data required for the study. *We are interested in applications proposing innovative use of quantitative, qualitative or mixed methods development if they can demonstrate practical potential to address programmatic and development needs.*
- c) **Expected Outputs:** A high quality, policy relevant and publishable research paper to be approved by independent peer reviewers. A policy brief of no more than 5 pages should also be produced.
- d) **Statement of Qualification and Current CV(s) for each author** (include in the CV: nationality, gender, and full contact details). *Women are particularly encouraged to apply.*
- e) **Work Programme and Timeline:** A brief description of the activities and timeline needed for each activity. Total duration of the study should not exceed 12 months
- f) **Budget:** Estimated expenditure by major line items, e.g., research assistance; travel; computer time; secretarial support; honorarium etc. Total budget should not exceed **US\$15,000**.

E. Submission Requirements and Key Dates:

The submission **must** consist of an Expression of Interest and **The researcher's most recent Curriculum Vitae (CV):** the CV should not be more than **5 pages** and should highlight education levels, research experience, publications, and other information **relevant** to this call. Additionally, the biographical section of the CV must include the researcher's nationality, gender, and full contact details. Where the proposed study will involve more than one researcher, the CVs of all researchers must be included as part of the submission.

The researcher or research teams should also demonstrate expertise on the country selected for the study, either through research/publications or team composition. All applicants are required to attach CVs in their submissions. Suitably qualified women are especially encouraged to apply.

The lead researcher is responsible for ensuring that a **complete application** is submitted to the AERC. Incomplete applications will not be accepted.

Project Timelines

This call for proposals is the first stage in the application process. Researchers who submit applications that meet the necessary criteria in this first stage will be invited to present their proposals in an inception workshop. Those that have potential will be granted up to **USD\$15,000**. The breakdown of the timeline is as follows:

1. **14 April 2022:** Close of submissions.
2. **6 May 2022:** Applicants will be informed of the outcome of their Expressions of Interest.

Complete proposals should be submitted to:

- AERC Director of Research at cresearch@aercafrica.org with a copy to cmutanu@aercafrica.org
- The subject of your email should read “AERC-Health Care Financing project-proposal submission”.