Transform Health
HEALTH FOR ALL IN THE DIGITAL AGE

Terms of Reference

County Assessment & Strategy Development

Political, Economic, Governance and Civic Space Assessment of the enabling environment for the equitable, inclusive, sustainable, and rights-based digital transformation of health to deliver Universal Health Coverage

Tanzania, Ghana and Colombia

1. Background and Rationale

1.1 Context

Transform Health is a global coalition of 200+ organizations driving the digital transformation of health to achieve universal health coverage. We tackle complex issues that no single organisation can resolve, leveraging the collective power of our coalition. Our focus is on strengthening the enabling environment – the laws, regulation, policies, coordination structures and resources – that ensure digital technology is adopted responsibly, equitably, and at scale.

Globally, an estimated 4.6 billion people still lack access to essential health services, 2.1 billion people experience financial hardship accessing health care, and 1.6 billion people are pushed deeper into poverty due to health expenses. Young people are particularly affected, facing persistent financial, geographic, and sociocultural barriers to accessing sexual and reproductive health services, mental health care, and services for non-communicable diseases. Africa is the most affected with many countries off-target to achieve UHC by 2030. According to the World Health Organization (WHO), Africa has a severe healthcare access gap compared to any other region globally with an estimated 615 million people making about 48% of the continent's population lacking access to essential health services.

Currently, Transform Health has active national coalitions in six countries including Kenya, Senegal, India, Indonesia, Ecuador and Mexico where we continue to drive policy advocacy for digital health transformation and strengthened health data governance. However, the Impact and Learning Committee (ILC) has approved the Secretariat's proposal to establish three new National Coalitions (NCs) in Tanzania, Ghana and Colombia by the end of 2026. The new NCs will expand Transform Health's capacity for national level impact, enable better learning as we develop or strengthen our networked policy and technical support work for sustainability of the NCs and broaden and deepen advocacy for strengthened digital health ecosystems across LMICs.

In view of the above, the Transform Health with the guidance of the Impact and Learning Committee is commissioning a comprehensive Country Assessment to among others, clearly understand the risk profiles of the three countries including the risk mitigation measures as we embark on the NC establishment process, the stakeholder landscape and the opportunities for engagement around the enabling environment for equitable, sustainable and inclusive digital transformation of health. This is important given that Tanzania and Colombia have each experienced recent, high-salience political developments (a contested October 2025 general election and associated unrest in Tanzania; a pre-election political environment ahead of Colombia's 2026 presidential vote), while Ghana is emerging from a sovereign debt restructuring process under an IMF-supported program. A structured country assessment across all three countries is needed to inform decision-making.

2. Purpose and Objectives

2.1 Overall Purpose

To produce a rigorous, current, and decision-useful risk analysis of the political, economic, governance, and civic space conditions in Tanzania, Ghana and Colombia, enabling the Transform Health to make informed decisions on exposure, key priorities for digital health transformation and health data governance, stakeholder engagement, and risk mitigation in each country. Independent consultants or consultancy firms with good understanding of the national contexts will be contracted to produce independent country reports and co-create a coalition country strategy and theory of change.

2.2 Scope of Work

Transform Health is seeking reputable individual consultants or a team/organisation of consultants to undertake the country assessment and lead co-creation of a national country strategy with the involvement of relevant stakeholders in Tanzania, Ghana and Colombia. We welcome Expressions of Interest (EOI) for single country or multi-country engagement.

2.3 Specific Objectives

- Assess each of the four risk dimensions (political, economic, governance, civic space) for each country using the standardized indicator framework in Section 4 and building on the country's initial landscape analysis, validate and update the relevant country landscape analysis.
- Produce a suggested governance approach for each country and dimension, with clarity on the risk and its relevance given the operations of the National Coalition.
- Recommend mitigation measures and risk monitoring framework based on the country and risk dimensions.
- Analyse and map stakeholders for each national coalition in Ghana, Tanzania and Colombia, including power/interest mapping and a proposed engagement strategy.
- Validate existing landscape analysis and finalise it into a comprehensive country report.
- Set up and organize a strategy co-creation workshop with stakeholders including priority government institutions and ministries to develop a coalition country strategy and theory of change.

3. Scope of the Study

- Geographic Scope. Tanzania, Ghana, and Colombia. No sub-national field research is mandated by default, though Section 3.4 identifies where sub-national nuance (e.g., Colombia's territorial governance gaps) is material enough to warrant explicit treatment even in a desk-based study.
- Thematic Scope. Four risk dimensions — political, economic, governance, and civic space — as defined in Section 4.
- Audience and Purpose. This study is scoped as a multi-purpose risk assessment suitable for internal decision-making across investment, partnership, and duty-of-care use cases, rather than a single-audience product (e.g., investment due diligence only).
- Reporting Structure (to be confirmed at inception). The study will produce a comprehensive country report that covers the specific objectives.
- Comprehensive stakeholder mapping including relevant government representatives and institutions from multiple sectors (private, public, academia, civil society, multilateral etc.).

4. Risk Assessment Analytical Framework

The study will assess each country against four interconnected risk dimensions, using the core questions and illustrative indicators below as the common analytical baseline. The consultant/study team may refine or add indicators where country context warrants, provided the core structure remains.

Dimension	Core Question	Illustrative Indicators
Political	How stable is the ruling government, and how predictable is the transfer/exercise of power? Is there stability (appointed Ministers and decision makers) in key Ministries e.g Ministry of Finance, Ministry of Health and ICT? Is the legislature and legislative processes making or amending laws effectively – consider laws developed/amended every	• Election integrity; incumbent tenure/succession; coup/unrest history; ruling-party dominance; opposition viability. • Length of time Ministers and decision-makers stay in their roles. • Number of laws enacted or amended in a year? • Number of opportunities for meaningful stakeholder consultation and engagement

	year in the last three years? Are there public and stakeholder consultation opportunities in the legislative and policy processes?	in policy and legislative processes.
Economic	How stable and predictable is the macroeconomic and business environment?	GDP growth trend; inflation; currency stability; debt sustainability (incl. sovereign debt/IMF programmes); Trends in annual national budget size and spend; multi and bilateral donor support.
Governance	How well do state institutions function, and how accountable are they? Are there key government departments or agencies mandated to coordinate and drive investment in digital health transformation? How are the public and other stakeholders engaged in the governance processes?	• Judicial independence; rule of law; corruption indices; bureaucratic capacity; decentralization; regulatory predictability; public financial management. • Existence of key institutions with clear mandates for digital health transformation • Legal safeguards for citizen participation in governance processes. • Citizen awareness and meaningful participation in governance opportunities.
Civic Space	How much room exists for civic actors to organize, speak, and assemble safely?	Press freedom; NGO registration/operating laws; protest policing; internet shutdowns; treatment of human rights defenders; freedom of association legislation

5. Methodology

The study follows a six-step methodology, sequenced to move from standardized baseline data through qualitative validation to a decision-ready risk matrix and monitoring plan.

Step	Description
1. Baseline data collection	Pull standardized indices for cross-country comparability: Political — EIU Democracy Index, Freedom House "Freedom in the World"; Economic — IMF Article IV consultations, World Bank country data, sovereign credit ratings (Moody's/S&P/Fitch); Governance — World Bank Worldwide Governance Indicators, Transparency International CPI, Mo Ibrahim Index of African Governance (Tanzania/Ghana), Global Digital Health Monitor to assess digital maturity; Civil Space — CIVICUS Monitor, Reporters Without Borders Press Freedom Index, Freedom on the Net.
2. Country-desk qualitative review	Validate Transform Health's country landscape analysis, update stakeholder mapping through Key Informant Interviews (KIIs), review recent news, election calendars, legislative changes (especially NGO/civil society law), security incidents, and elite/succession dynamics for each country.
3. Stakeholder mapping & consultation to validate landscape analysis and assess engagement levels	Local legal counsel, in-country partners, and human rights networks, to validate and contextualize desk findings. Scope and mode (remote/in-person).
5. Risk scoring and matrix	Rate each dimension per country (e.g., Low / Moderate / High / Severe) with a written rationale.
6. Mitigation and monitoring plan	Mitigation measures for the risk dimensions and Early-warning indicators to track on an ongoing basis.
7. Strategy & Theory of Change development	Once go ahead is received from the Impact & Learning Committee, based on above analysis, the consultant proceeds to facilitate co-creation of a national coalition strategy.

6. Work Plan and Timeline

The projected commencement date is 1 September 2026. It is expected that the first phase of the engagement will run for 4 weeks. This will culminate in a co-creation workshop in early October. The number of days is expected to be around 10 days per country.

The timeline below begins at the contract signature/inception date.

Phase	Duration	Output
Scoping & data pull	Week 1	Indicator baseline for the country; confirmed audience/purpose and reporting structure (Section 3.3–3.4)
Desk research & analysis	Weeks 1 & 2	Draft country risk narratives, current to the study's start date
Stakeholder interviews	Weeks 3	Qualitative validation notes
Draft report & review	Week 4	Full draft country report(s) circulated for comment
Finalize & monitoring plan	Week 4	Final deliverable of the country report(s) and monitoring indicators.
Country Strategy co-creation workshop	Week 5&6	Co-creation of country strategy for influencing digital transformation and health data governance with a clear Theory of Change. The strategy is to be informed by the country report and Roadmap to 2030.
Strategy & theory of change	Week 6	Final strategy and theory of change

7. Deliverables

D1 — Inception note (end of Week 1): confirms scope, audience/purpose, reporting structure, and data sources per Section 3.

D2 — Draft country report (end of Week 4): full narrative based on validated landscape analysis, stakeholder mapping and risk report for each country.

D3 — Final report(s) (end of Week 4): incorporating review comments, with an executive summary suitable for senior/board-level audiences.

D4 — Country strategy (end of Week 5/6 - tbd) for influencing digital transformation, AI and health data governance with a clear theory of change.

The D3 and D4 are to be professionally formatted and designed in line with Transform Health brand guidelines. An editable word version and PDF will be required.

8. Governance, Roles, and Responsibilities

8.1 Inception Meeting

Within the first week of engagement, Transform Health Secretariat will meet with the successful consultant to, among others, confirm: (a) the primary audience/purpose, (b) the reporting structure, (c) map the stakeholders for consultations or KIIs.

8.2 Roles

Role	Responsibilities
Transform Health	Confirms scope, audience, and reporting structure at inception; provides access to any internal briefings or contacts; reviews and comments on draft deliverables; approves final report.
Study Team / Consultant(s)	Executes the methodology; drafts and finalizes all deliverables; flags material data gaps or currency issues rather than presenting stale information as current.
In-country contacts / stakeholders (if engaged)	Provide qualitative validation and local context - participation is voluntary and subject to standard confidentiality/attribution agreements.

9. Required Expertise

The consultant or study team should collectively demonstrate:

- Political risk / country risk analysis experience, ideally with prior coverage in the countries (preferred) or regional working experience and familiarity of digital transformation of health in East or West Africa and/or Latin America
- Working familiarity with the named indices (EIU, Freedom House, World Bank WGI, Transparency International CPI, Mo Ibrahim Index, CIVICUS Monitor, RSF Press Freedom Index, Freedom on the Net) and how to interpret them responsibly.

- Macroeconomic/sovereign risk analysis capability, including familiarity with IMF programme design (relevant to Ghana) and commodity-exposed economies (relevant to all three countries)
- Understanding of civic space and human-rights-defender safety issues
- Strong written synthesis skills for a senior/non-specialist audience, and (if applicable) local-language source review capability. This is to be supported by samples of related previous work.
- At least graduate level education in a relevant field for instance, social sciences and a minimum of five years of experience in research for the lead consultant.

10. Budget and Resources

Transform Health estimates this engagement as a **twenty (20) days consultancy** over a **6 weeks** period at **USD 4500** for this work per country.

11. Submission details

Interested applicants should submit their Expressions of Interest by **19 August 2026 at 11:59PM** at hr@transformhealthcoalition.org. The submissions should be addressed to Transform Health with the subject line "RFP for County Assessment & Strategy Development in [Country]' (i.e. Tanzania, Colombia and Ghana)". The following documents should be attached to your submission:

- A cover letter.
- CV of the lead consultant and supporting team.
- A work plan/proposal (2-3 pages).
- If you are applying as a consultancy firm, a copy of your registration certificate.
- A sample of previous work related to this assignment.

Annex A: Risk Matrix Template

Rating scale: Low / Moderate / High / Severe, each with a one-to-two sentence rationale and an explicit confidence level (High / Medium / Low) reflecting data recency and quality. This template is to be populated by the study team as part of Deliverable D2/D3.

Country	Political	Economic	Governance	Civic Space
Tanzania	[Rate + rationale + confidence]	[Rate + rationale + confidence]	[Rate + rationale + confidence]	[Rate + rationale + confidence]
Ghana	[Rate + rationale + confidence]	[Rate + rationale + confidence]	[Rate + rationale + confidence]	[Rate + rationale + confidence]
Colombia	[Rate + rationale + confidence]	[Rate + rationale + confidence]	[Rate + rationale + confidence]	[Rate + rationale + confidence]

END