

TERMS OF REFERENCE FOR EXPERTS

Terms of reference for on-site activities and missions

Action code and partner country: SOCIEUX 2022-02 ZAMBIA

Action title: Operational review of the National Health Insurance Scheme in Zambia

Partner institution: National Health Insurance Management Authority (NHIMA)

Activity 2: Diagnostic of the National Health Insurance Scheme with a focus on the governance and institutional context

Date of implementation of activity:

27 June (on site mission 11-22 July) 5 August 2022

Expert positions and responsibilities (by activity):

Activity 1 : Expert 1 (principal) – health insurance, access to health, P&S steering and implementation, organisational structures, roles and arrangements

Activity 1 : Expert 2 – health policy, P&S steering and implementation, organisational structures, roles and arrangements

Workload:

Activity 1 - Expert 1 : 20 days

Activity 1 - Expert 2 : 18 days

Call for experts' reference: **22-02/ZMB/2**

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1 BACKGROUND INFORMATION

1.1 Country overview

Zambia is a large, landlocked country in the center of Southern Africa. It shares its border with Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe.

Zambia is one of the world's youngest countries by median age. Its very urban population is estimated at about 17.9 million, and growing rapidly. This demographic growth is expected to continue, and thus put pressure on demand for jobs, health care, and other social services.

The country made significant socio-economic progress in the last 15 years, and achieved the middle-income status in 2011. Nevertheless, this performance stalled in recent years due to falling copper prices and decline in agricultural output and hydro-electric power generation due to insufficient rains. Despite improvements in economic performance, poverty remains high, especially in urban areas.

Zambia's HDI value for 2019 is 0.584, which puts the country in the medium human development category, positioning at 146 out of 189 countries and territories¹.

COVID-19 pushed the Zambian economy into contraction by 1.7% in Q3 of 2020, as mining and services suffered from lower global demand and social distancing measures. A gradual recovery is expected with GDP growth projected at 2.8% average over 2021-23. Higher copper prices, the commissioning of a new hydropower station, and a return to normal rainfall patterns are expected to support growth in agriculture and electricity production, key contributors to Zambia's industry and service sectors.

Zambia is a stable country with successful democratic elections held every five years. The current president is Hakainde Hichilema of the United Party for National Development, who was elected in August 2021, after defeating then-incumbent President Edgar Lungu of the Patriotic Front. The next elections will be held on August 12, 2026.²

1.2 Sector situation

Zambia's health sector comprises public, private-for-profit, and private-not-for-profit providers. The public sector has a major role in providing health services in both rural and urban areas. The Ministry of Health of Zambia oversees the planning and funding allocation for the country's public healthcare sector. Until recently, medical care in Zambia was free or heavily subsidized. The National Health Insurance Scheme was created in 2018 by an Act of Parliament. It is a compulsory scheme aimed at providing sound financing of the national health system, and enhance universal access to quality insured healthcare services for all Zambians.

Health systems are classified into the following categories:

- Level one includes Health Posts, Rural Health Centers, and District Hospitals. This is where primary and preventative care is delivered;
- Level two includes Provincial and General Hospitals, which are responsible for curative care (internal medicine, paediatrics, obstetrics, gynaecology, and general surgery);
- Level three includes Central Hospital and the National University Teaching Hospital, providing specialized care.

The provision of health services in the public sector is organized around a referral system.

The supply of Human Resources for Health in Zambia has increased, although the expansion is not adequate to meet the country's needs. Many positions are not funded. Moreover, there are regional and geographical inequalities in the distribution of health workers, adding to this the poor retention of health workers particularly in remote, rural areas.

¹ Human Development Report 2020. The Next Frontier: Human Development and the Anthropocene. *Briefing note for countries on the 2020 Human Development Report. Zambia.* UNDP. <https://hdr.undp.org/sites/default/files/Country-Profiles/ZMB.pdf>

² (September 23, 2021). *The World Bank in Zambia. Overview.* <https://www.worldbank.org/en/country/zambia/overview#1>

The Health Financing Strategy (HFS) 2017-2027 provides a framework for improving and developing health financing in Zambia. The health financing sector has faced challenges which emerge both from external and internal factors. Increase in domestic and external debts limits the ability to increase government funding. High levels of informality (only 13% of the labour force is employed in the formal sector, 2017), unemployment, widespread poverty limit revenue generation through taxes and Social Health Insurance. Moreover, the country's attainment of the lower-middle-income country status will result in most donors reducing their support to the health sector and government as a whole.

The main financing sources are Ministry of Finance (MOH), Cooperating Partners (CPs), and households/employers. The MOH acts as fund holder for government-related funds while it receives grants and loans from CPs³.

1.3 Role of partner institution in the sector

The National Health Insurance Act No.2 of 2018 provided for the establishment of the NHIMA which will implement, operate, and manage the National Health Insurance Scheme.

The authority manages the National Health Insurance Fund into which eligible citizens, based on their ability to pay, contributes a monthly premium. The authority in turn, purchases on behalf of the Zambian people, a defined package of health services from accredited public and private healthcare providers. In December 2020, NHIMA grew membership to 750 000 members and had accredited 129 facilities across the country.

NHIMA also advises the Minister of Health on health insurance and health policy formulation, accredits healthcare providers, develops a comprehensive benefit package, monitors the provision of health services.

Operationally, NHIMA's health insurance scheme is implemented with the support of a third party administration company in order to enhance ICT capacity and implementation efficiency in the management of the scheme. This ICT system facilitates the monitoring and administering of the NHI system, carry out registration of beneficiaries, issuing smart cards, maintaining a record of all beneficiaries and contributors, collecting contributions, processing claims and paying from the NHI funds benefits as agreed between healthcare providers and the NHIMA, providing checks and balances.

2 ACTION DESCRIPTION

2.1 Overall objective

Institutional capacities of employment, labour and social protection institutions are strengthened and reinforced.

2.2 Specific objectives (purpose)

S.1: To optimise the management of the National Health Insurance Scheme

S.2: To strengthen the health financing system in aim of attaining Universal Health Coverage

2.3 Expected results

R.1: Potential bottlenecks or weaknesses in the implementation of the NHIS are identified

R.2: Applicable health financing options are identified through a showcase of good practices

2.4 Final deliverables

D.1: A diagnosis of the implementation of the NHIS with recommendations for optimisation

D.2: A diagnosis of the implementation of the NHIS with a focus on institutional arrangements

³ Republic of Zambia. Ministry of Health. Health Financing Strategy: 2017-2027. *Towards Universal Health Coverage for Zambia*. September 2017.

D.3: A report on best practices of health financing, with recommendations of cases that apply to the national context

3 METHODOLOGY

3.1 General methodology (of the action)

Selected experts will carry an on-site mission, in Zambia. The action is divided into three activities.

The initial activity shall help experts understand NHIMA's in-house operational capacity and performance in managing the Scheme. Mobilized experts will, ahead of their assigned activity, get substantial knowledge of the local context; review relevant policy and institutional framework documents (the National Health Strategic Plan, NHIMA Strategic Plan 2021-2025, The National Health Insurance Act No2 of 2018, The Zambia Health Care Financing Strategy, the 7th National Development Plan, and the NHIMA operational project updates from the Third-Party Systems administrator.

In preparation phase, experts will exchange emails and conduct preliminary interviews with the partner institution, then travel on-site where they will meet the partner institution and key stakeholders. Through face-to-face meetings experts will be able to visualize if NHIMA has been able to deliver its mandate effectively, identify what has been working and potential bottlenecks that could hinder effective rollout of the NHIS. Expert shall look into the institutional capacity: strategy of recruitment and retainment of quality staff, performance and evaluation monitoring of staff, if there are trainings offered to Board Members. Experts shall look into the benefit package, accreditation of facilities, registering of members.

The second activity will focus on an assessment of the governance and institutional context, while the third and last activity will be dedicated to the solvency, financial sustainability and showcase of adequate health financing mechanisms.

For all three activities, the partner institution will facilitate meetings with various NHIMA staff and board members, this will ensure transfer of skills and contextual and institutional knowledge which will be necessary for experts to deliver their diagnostic and final deliverables.

3.2 Planned activities (work plan of the action)

The following activities are currently planned for the action:

- Activity 1 – Diagnostic of the National Health Insurance Scheme with a focus on operational capacities
- Activity 2 – Diagnostic of the National Health Insurance Scheme with a focus on the governance and institutional context
- Activity 3 – Showcase of health care financing options with recommendations for the Zambian context

The present terms of reference cover the services expected for activities of the above work plan:

- **Activity 2**

3.3 Inclusion of cross-cutting issues

SOCIEUX+ recognises the importance to include cross-cutting issues in social protection, labour and employment policies and systems. The following cross-cutting issues are duly taken into account:

- Gender equality;
- Good governance;
- Human rights (including rights of children, people living with disabilities, vulnerable groups and minorities); and,
- Social and economic inclusion of vulnerable groups.

4 ACTIVITY DESCRIPTION

4.1 Tasks

The institutional arrangements and actors in the health care sector in Zambia are as follows: the government – responsible for overall health legislation including insurance, public scheme (NHIS), private scheme, providers – who verify membership, provide insured services, submit claims, insurers (NHIMA), employers and pensions managers – who collect premiums, administer payroll deductions and payment transfers, and last but not least members, who hold obligations and entitlements. Experts shall look into and provide an assessment of these institutional arrangements and stakeholder engagement, and how NHIMA interacts and is accountable to stakeholders, customers, providers.

The principal expert will lead the on-site mission. He/she will be responsible for the delivery of all deliverables of the activity (see below Section **iError! No se encuentra el origen de la referencia.**). He/she will be responsible for the preparation, coordination, implementation and reporting of the overall activity towards SOCIEUX+.

The working language will be English, and reporting and other deliverables must be delivered in the English language.

The main tasks of the mission team include:

- Ahead of the action to get substantial knowledge of the local context; review relevant policy and institutional framework documents (the National Health Strategic Plan, NHIMA Strategic Plan 2021-2025, The National Health Insurance Act No2 of 2018, The Zambia Health Care Financing Strategy);
- Preliminary contacts with the Partner in view of the preparation of the mission's methodology and agenda, to be transmitted ahead of the mission to the SOCIEUX+ team for approval;
- Experts will get familiar with the ILO PFM/SP programme, a complementary initiative, and take contact with the responsible person at ILO before, and during their mission in Lusaka;
- Taking part to the pre-mission briefing with SOCIEUX+ team (around 1 week before the start of the action);
- To make themselves available for a briefing meeting with the EU Delegation in Lusaka (SOCIEUX+ will introduce the experts to the focal point within the EU Delegation);
- During the mission, to conduct consultations with the Partner's key staff and Board members, and other stakeholders deemed necessary to meet for the purpose of this activity. The partner institution shall facilitate and arrange the meetings in Lusaka;
- To present the outcomes of the mission to the partner in order to discuss and take into account comments on the contents of the deliverables before their finalization;
- At the end of the mission, timely submission to SOCIEUX+ of the final deliverables (10 working days after the mission), and availability to go through an eventual round of comments and adjustments in interaction with SOCIEUX+ and the Partner;
- To channel to SOCIEUX+ Communication officer any material that can be useful to inform the public about the activity (pictures, interviews, brief notes or articles);
- To use the different templates and evaluation forms provided by the SOCIEUX+ team.

4.2 Deliverables

4.2.1 Pre-mission deliverables

- P1: A methodological note, detailing the working approach, tools and methods to employ, a risks analysis, etc. The Methodological Note shall not exceed 3 pages (excluding cover page and annexes).
- P2: A activity/mission agenda, detailing the meetings and working sessions to be held, persons to meet, etc. The Activity/mission Agenda shall not exceed 2 pages.

4.2.2 Final deliverables

- An individual Expert Mission Report (ExMR) in SOCIEUX+ format (template provided). This report is a confidential product intended solely for and use by SOCIEUX+. The expert team may also submit a single-joint ExMR report if they prefer to do so (see instructions on the template).
- An individual completed Expert Feedback Form (ExF) completed online (see instructions and link on the ExMR template).
- A collective Activity Report (AcR) in SOCIEUX+ format (template provided). This AcR is to be produced jointly by the mission team. It is intended for the Partner Institution, and will be shared, most probably, with key stakeholders of the action. The report will reflect the tasks conducted in during the activity. It shall provide a meaningful contribution towards the final deliverables of the action.
- **Technical deliverable (D2):** A diagnosis of the implementation of the NHIS with a focus on institutional arrangements.

5 REPORTING AND SUBMISSION OF DELIVERABLES

5.1 Formats

All deliverables and products of the activity (notes, reports, presentations, etc) shall comply with the formats and templates provided by the SOCIEUX+ Team.

All deliverables are to be submitted in electronic in electronic editable versions [Microsoft Word 97-2003 [doc], PowerPoint 97-2003 [ppt] and Excel 97-2003 [xls]; or in equivalent OpenDocument format). Non-editable electronic document such as in Portable Document Format (PDF) shall not be accepted.

Templates for electronic presentations during the activity/mission are provided by the SOCIEUX+ Team. These templates are in Microsoft PowerPoint format and comply with the SOCIEUX+ Corporate Image standards. These templates are to be used as a sole format by all members of the expert mission team. They are to be used for all presentations by the experts during and for the activity/mission. The use by the experts of their own, or their organisation(s), templates or formats are not allowed unless otherwise instructed in written [by email] to the experts by the SOCIEUX+ Team.

All versions of deliverables or other products used or produced during activity/mission by the experts shall include the following disclaimer:

"Disclaimer:

The responsibility of this publication sole lies with its authors. The European Union, the European Commission, the implementation partners of SOCIEUX+ and the SOCIEUX+ Staff are not responsible for any use that may be made of the information contained therein."

Please refer to the expert information package for further guidance on communication and templates.

All deliverables are to be provided in English.

5.2 Submission and approval

All deliverables versions (drafts, final or other) shall be submitted directly and only to SOCIEUX+ Team, unless otherwise instructed in written [by email] to the experts by the SOCIEUX+ Team.

5.2.1 Pre-mission deliverables

- Pre-mission deliverables shall be submitted no later than 5 working days before the start of activity or departure of the mission of the experts, whichever is the earliest.
- Pre-mission deliverables will be shared and reviewed by the SOCIEUX+ and the Partner Institution. Feedback on the deliverables should be provided to the Principal Expert at latest 2 days before the start of activity or departure of the mission of the experts, whichever is the earliest. Comments and recommendation of this feedback shall be taken into account for the implementation of the activity/mission by the experts. Only the mission agenda shall be resubmitted with revision if requested by the SOCIEUX+ Team.

5.2.2 Final deliverables

- The first draft versions of the final deliverables are to be submitted no later than 10 working days upon completion of the activity or return of the experts.
- Feedback to the first draft version of the report should be provided 10 working days after its submission.
- Inclusion of the feedback on drafts versions is expected 5 working days upon reception of the comments by the principal expert. (In general, no more than one round of feedback and revision is required, unless the quality of the deliverables is considered unsatisfactory by the SOCIEUX+ Team or/and the Partner Institution.)
- Final versions of the deliverables should be approved or rejected no later than 10 working days upon their submission to the SOCIEUX+ Team.
- Final payments and reimbursement of travel costs to experts can only be authorised upon approval of the final version of the deliverables by SOCIEUX+.

6 REQUIRED EXPERTISE

6.1 Expertise profile

NB: the principal expert selected for Activity 1 may continue to ensure his/her presence throughout the whole action, being part of the experts team for activities 2 and 3, too. This may help to supervise all phases of the technical assistance to ensure institutional knowledge, momentum and relationships from each phase are not lost. This will also ensure coherent and cohesive reports that adequately build on each stage of the mission.

Principal expert (Expert #1):

Area(s) of expertise: Health insurance, access to health

Specific skill(s) of expertise: P&S steering and implementation, Organ. structures, roles and arrangements

Requirements (essential/required):

- Education: university level (Masters or PhD relating to the subject are considered a plus)
- At least 10 years of professional experience within EU public administrations or, international organisations, academia, social partners, civil society organizations
- Specific knowledge of health systems' design, implementation, financing, challenges and reforms
- Expertise on the institutional strengthening of universal health coverage;
- Knowledge and/or research on the investments needed for the development of comprehensive social protection systems
- Fluent in English, written and oral;
- Acute sense of diplomacy and institutional relations

Expert #2

Area(s) of expertise: Health policy

Specific skill(s) of expertise: P&S steering and implementation, Organ. structures, roles and arrangements

Requirements (essential/required):

- Education: university level (Masters or PhD relating to the subject are considered a plus)
- At least 10 years of professional experience within EU public administrations or, international organisations, academia, social partners, civil society organizations
- Specific experience and skills in health insurance policies and strategies;
- Specific knowledge of health systems' design, implementation, financing, challenges and reforms
- Specific knowledge of health systems;
- Fluent in English, written and oral;

- Acute sense of diplomacy and institutional relations

6.2 Estimated workload

	Preparation	On-site work	Travel	Reporting & deliverables	Total Working days
Principal expert (#1)	4	10	2	4	20
Expert (#2)	3	10	2	3	18
Total	7	20	4	7	38

7 APPLICATIONS

7.1 Call for experts

All calls for experts for SOCIEUX+ activities are published online on the SOCIEUX+ website. Interested experts should submit their application on the SOCIEUX+ on-line expert database: <https://pmt.socieux.eu> (currently only available in English). The application process is:

1. If they have not already, experts create their SOCIEUX+ account by clicking on "Create an account" using an email address.
2. Login details for their account will be sent to experts by email, experts should create and submit their profile for review by⁴:
 - a. Providing contact details
 - b. Providing information on the competences, skills and working history of the expert. Experts are required to provide only limited information through fields marked with an asterisk. However, *experts are encouraged to complete in most detail de sections on skills and competences as the SOCIEUX+ Team also regularly reviews profiles in the roster to identify and contact potential experts for future missions.*
 - c. Uploading of a curriculum vitae, preferably in Europass format⁵.
3. Once their profile is approved by the SOCIEUX+ Team, they can apply to any available calls for experts accessible under the tab "Call for experts" and click on "Apply."

If more information is needed, please contact SOCIEUX+ by email at experts@socieux.eu with the reference number of the application.

Collaborative or interested institutions wishing to make expertise available for a specific call for application may directly contact the team of SOCIEUX+ at experts@socieux.eu.

7.2 Selection of experts

In principle, SOCIEUX+ mobilises experts from the public administrations and mandated bodies of EU member states, and practitioners working for social partners, including:

- Practitioners, civil servants and employees from publicly mandated bodies;
- Collaborators and employees of social partner institutions, such as trade unions and employer associations; and,

⁴ SOCIEUX+ expert database and other management tools comply with the General Data Protection Regulation (GDPR) -Regulation (EU) 2016/679.

⁵ Europass templates for CVs are available here: <http://europass.cedefop.europa.eu/en/documents/curriculum-vitae/templates-instructions>

- Academic and research institutions.

Active public experts from collaborative institutions are given priority in the selection. Private consultants may also apply. Their application will be considered in case an appropriate public expert cannot be identified.

Only short-listed applicants may be contacted. The selection process may include interviews by phone or other communication means.

Interested candidates may download the **Guide for Experts and Collaborative Institutions** with detailed information on contracting with SOCIEUX+ at www.socieux.eu

7.3 Contracting of public experts

Public experts can be in active duty or retired. Retired employees from international specialised agencies or cooperation agencies can also be mobilised, without regard to their former employer's collaborating with SOCIEUX+ on a specific action. Retired experts are considered as public experts for all purposes, benefits, and financial compensation provided by SOCIEUX+.

Short-listed candidates may be required to provide the contact of employer or proof of their ability to be directly contracted under their status as civil servant or public employee.

7.4 Financial compensations

Contract officials or active-duty or retired employees are entitled to standard fixed allowances of 350 euros per working day worked. The fees of private consultants are negotiated according to their number of years of relevant expertise and the standard scale of SOCIEUX+.

Retired experts are assimilated to public employees for all intents and purposes, benefits and financial compensation provided by SOCIEUX+.

National regulations on remuneration and compensation of public employees and civil servants applies, and may limit the payment of allowances by SOCIEUX+. The responsibility for compliance and verification lies with individual experts and their institutions of origin. The payment of income or other taxes is the sole responsibility of the mobilised experts and/or their organisations.

7.5 Travel costs

All travel expenses for the mobilised experts (public, private or international institutions) are covered by SOCIEUX in accordance with the **Guide for Experts and Collaborative institutions** with detailed information on contracting with SOCIEUX+ (version as on date of signature of the contract).

8 COMMUNICATION & VISIBILITY

SOCIEUX + can use its communication channels, such as the web, newsletter and other media, to share information about the implementation and results of the activities. For this, contributions of the experts mobilised are expected. The experts may be requested to provide such contributions in the field of communication as photographs, provide short texts, and interviews.

Short briefings, before and after the mission, with the Communication Officer of SOCIEUX+. This briefings will provide the opportunity to identify communication opportunities and strategies.

For specific activities, visibility products, such as brochures, USB sticks, notebooks and pens, can be made available to experts for on-site distribution.

9 CODE OF CONDUCT

The experts mobilised by SOCIEUX+ will provide technical assistance from the preparatory stages of each activity to the delivery of products. The SOCIEUX+ Team will assist experts to fulfil their assignments by supporting and advising on the preparation of background materials before meetings. The SOCIEUX+ team will collect feedback from partner institutions and relevant stakeholders to ensure that mission reports and recommendations are delivered to national authorities, the EU Delegations in the partner countries and EuropeAid.

The experts mobilised are not representing SOCIEUX+ or the EU. Technical opinions and recommendations expressed are their own. They shall not express negative opinions on the implementation of actions supported by SOCIEUX+ to third-parties. Nevertheless, they shall be aware of SOCIEUX+'s objectives and functioning, and promote its services at the best of their knowledge, whenever possible and feasible.

The experts shall perform their duties in the Partner Country in a way that is fully compliant with and respectful of the local institutions, policies and cultural behaviours. They shall particularly adopt a culturally-sensitive behaviour in their way to deal with the local counterparts.

10 OTHER CONSIDERATIONS

N/A

11 ANNEXES

TABLE OF CONTENTS

1	Background information	1
1.1	Country overview	1
1.2	Sector situation.....	1
1.3	Role of partner institution in the sector	2
2	Action description	2
2.1	Overall objective	2
2.2	Specific objective (s) (purpose).....	2
2.3	Expected results.....	2
2.4	Final deliverables.....	2
3	Methodology	3
3.1	General methodology (of the action).....	3
3.2	Planned activities (work plan of the action).....	3
3.3	Inclusion of cross-cutting issues.....	3
4	Activities description	4
4.1	Tasks.....	4
4.2	Deliverables.....	4
4.2.1	Pre-mission deliverables	4
4.2.2	Final deliverables	4
5	Reporting and submission of deliverables	5
5.1	Formats	5
5.2	Submission and approval.....	5
5.2.1	Pre-mission deliverables	5
5.2.2	Final deliverables	6
6	Required expertise.....	6
6.1	Expertise profile	6
6.2	Estimated workload	7
7	Applications	7
7.1	Call for experts	7
7.2	Selection of experts	7
7.3	Contracting of public experts	8
7.4	Financial compensations.....	8
7.5	Travel costs	8
8	Communication & Visibility	8
9	Code of conduct	8
10	Other considerations	9
11	Annexes	9
	About SOCIEUX+	1

ABOUT SOCIEUX+

The European Union (EU) promotes and maintains dialogue on social protection and inclusive employment policies with an increasing number of partner countries. This effort has been confirmed by the European Commission (EC) Communication COM (2016) 740 final - "Proposal for a new European Consensus on Development, entitled *Our world, our dignity, our future*. A significant number of cooperation initiatives in these fields are funded by geographic or thematic instruments of the EU in different countries. Those initiatives are highly structured and address the medium- to long-term needs of partner countries. However, short-term measures and peer-to-peer cooperation to promote the development of social protection systems are needed to complement the EU's cooperation with third countries. SOCIEUX+ - EU Expert Facility on Employment, Labour and Social Protection responds to this need.

The SOCIEUX+ facility was setup by the EU through co-funding from France, Spain and Belgium and the resources managed by the European Commission's Directorate for Development and Cooperation (EuropeAid). The facility is implemented by a partnership composed of development cooperation agencies from Member States: Expertise France (the partnership lead), Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas (FIIAPP) from Spain, Belgian International Cooperation on Social Protection (BELINCOSOC), and the Belgian Development Agency (Enabel).

The general objective of the Facility is to expand and improve access to better employment opportunities and inclusive social protection systems in partner countries. Its specific objective is to enhance the capacities of partner countries to better design, manage and monitor inclusive, effective, and sustainable employment strategies and social protection systems through short-term, peer-to-peer technical assistance and knowledge development.

SOCIEUX+ recognises the impact of social protection and employment in reducing poverty and vulnerability. It supports the efforts of partner governments in promoting inclusive and sustainable social protection and employment systems. SOCIEUX+ also complements the efforts made through other European Union initiatives.

The Facility is an expansion of SOCIEUX Social Protection EU Expertise in Development Cooperation, established in 2013.

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