

TERMS OF REFERENCES

Short-term expert mission / National Expert

Working Group Facilitator for the Medico-Economic, Financial and Tariff Analysis of the “N.D. Batpenov National Scientific Center of Traumatology and Orthopedics” Hospital Construction Project

Context and justification of the mission

As part of the FEXTE Kazakhstan project, Expertise France (EF) is supporting the Kazakh authorities, particularly TURAR Healthcare and the National Scientific Center for the Development of Healthcare named after Kairbekova (CNSDS), in strengthening the economic and financial sustainability framework for hospital investments, with the support of the French Development Agency (AFD). This collaboration aims to enhance the capacity of Kazakh health establishments, such as “N.D. Batpenov National Scientific Center of Traumatology and Orthopedics” Hospital (thereafter NSCTO N.D. Batpenov), to autonomously plan, finance, and manage major construction projects while ensuring alignment with national tariff and financing policies.

The work undertaken since 2024 has highlighted the need to develop a robust analytical framework for assessing the economic and financial viability of hospital investments. While progress has been made on architectural, regulatory, and medico-technical dimensions for projects like NSCTO N.D. Batpenov, critical gaps persist in the economic, tariff, and sustainability analyses. Specifically, there is a lack of:

- A consolidated activity projection for NSCTO N.D. Batpenov Hospital, accounting for future demand and capacity;
- A formalized medico-economic project that aligns the construction with operational and financial realities;
- A comprehensive economic model integrating CAPEX (investment costs) and OPEX (operational costs), as well as the hospital’s ability to service debt;
- An explicit sustainability analysis that evaluates NSCTO N.D. Batpenov Hospital’s capacity to generate sufficient revenue to cover construction costs, particularly in the context of self-financing a major international loan.
- insufficient financing by the Social Health Insurance Fund within the framework of the Guaranteed Volume of Free Medical Care (GVFMC) and the Mandatory Social Health Insurance (MSHI) system, resulting in underutilization of hospital bed capacity.

In addition, the construction of NSCTO N.D. Batpenov Hospital should be understood not only as an infrastructure project, but as a transformation project for a national specialized hospital. The analysis must therefore link the future building and investment plan with a five-year vision of clinical activity, surgical practices, ambulatory care, research and innovation activities, staffing requirements, revenue generation and debt servicing capacity of the MF of the RK.

Particular attention will be paid to the evolution of orthopedic and trauma care practices, the potential development of ambulatory and short-stay care, the role of NSCTO N.D. Batpenov as a national referral hospital, and the conditions under which scientific, education and innovation activities can be recognized and supported within the hospital’s economic model.

In Kazakhstan, the CNSDS (National Scientific Center for the Development of Healthcare named after Kairbekova) plays a central role in defining and implementing hospital tariff policies, which directly impact the financial sustainability of enterprise like NSCTO N.D. Batpenov Hospital.

Current tariff rules, such as the requirement for an overnight stay to trigger hospital billing, create barriers to adopting more efficient care models, such as ambulatory surgery or short-stay treatments. These constraints limit the hospital's ability to optimize revenue and reduce costs, thereby affecting its capacity to repay loans.

In this context, the NSCTO N.D. Batpenov Hospital construction project serves as a pilot case to develop and test a comprehensive medico-economic, financial and tariff analysis model that can be replicated for other national hospitals. The project requires:

- A diagnosis of NSCTO N.D. Batpenov Hospital's current activity profile, including inpatient care, outpatient care, surgical activity, ambulatory or short-stay practices where applicable, research and innovation activities, referral patterns, and operational constraints;
- A five-year prospective analysis of NSCTO N.D. Batpenov Hospital's activity, taking into account demographic and epidemiological trends, changes in clinical practices, expected demand, future capacity, and the hospital's national referral role;
- A diagnosis of NSCTO N.D. Batpenov Hospital's current economic and financial model, including activity volumes, revenue streams, cost structures, budgetary rules, and the impact of existing tariff mechanisms;
- A critical analysis of the national hospital tariff framework, led in collaboration with CNSDS, to identify misalignments between current tariffs and efficient care practices, including ambulatory surgery, short-stay care and innovation-related activities;
- The development of an EPRD-type prospective model adapted to the Kazakh context, linking activity hypotheses, tariff scenarios, operating costs, investment costs, cash-flow requirements and debt servicing capacity;
- The identification of institutional, tariff, organizational and managerial levers to enhance NSCTO N.D. Batpenov Hospital's financial autonomy and sustainability, with a focus on reforms that CNSDS can implement or influence and on the degrees of freedom required for national hospitals carrying international loans.

However, technical discussions with TURAR Healthcare, NSCTO N.D. Batpenov Hospital, and the CNSDS have revealed the need to strengthen local analytical capacity to:

- Translate economic and methodological requirements into actionable frameworks and tools that align with both international standards (e.g., EPRD modeling) and Kazakh regulations;
- Structure a coherent and adaptable economic model that accounts for the specificities of the Kazakh health system, including CNSDS tariff policies;
- Facilitate effective collaboration between NSCTO N.D. Batpenov Hospital, TURAR, and the CNSDS to validate hypotheses, gather data, and co-construct scenarios;
- Secure the validation and implementation of recommendations, ensuring they are technically robust, politically feasible, and operationally practical for all stakeholders.

In this context, the purpose of this consultancy is to engage:

- An international financial and economic expert to provide methodological leadership, validation of hypotheses, and alignment with international best practices;

- A national expert to lead the Working Group (WG), adapt tools to the local context, and ensure effective coordination with NSCTO N.D. Batpenov Hospital, TURAR, and the CNSDS.
- The National Expert will primarily act as the facilitator, coordinator and technical synthesizer of the Working Group. He/she will not substitute for NSCTO N.D. Batpenov Hospital, CNSDS or TURAR teams, but will organize their contributions, clarify data requirements, ensure that assumptions are documented and validated, prepare technical discussions, and consolidate the outputs of the Working Group.
- The International Expert will provide methodological guidance, quality assurance and international benchmarking, while the National Expert will ensure that the methodology is translated into operational tasks, locally feasible analyses and institutionally acceptable recommendations.

Mission objectives

The mission of the National Expert is to:

- Lead and facilitate the Working Group, ensuring effective coordination among NSCTO N.D. Batpenov Hospital, CNSDS, TURAR Healthcare, Expertise France and the International Expert;
- Organize the collection, verification and validation of activity, research, operational, financial, budgetary, tariff and regulatory data required for the analysis;
- Support the development of a five-year medico-economic activity projection for NSCTO N.D. Batpenov Hospital, covering care activity, surgical activity, outpatient and ambulatory care, research and innovation activities, and expected changes in practices and demand;
- Contribute to the analysis of NSCTO N.D. Batpenov Hospital's current budgetary framework, revenue sources, expenditure structure, tariff constraints and financial flexibility;
- Support the adaptation of international methodologies, including EPRD-type modeling, to the Kazakh context, taking into account CNSDS tariff policies, regulatory constraints and the specific situation of national hospitals;
- Facilitate the identification of tariff, institutional, organizational and managerial levers required to strengthen NSCTO N.D. Batpenov Hospital's financial autonomy and capacity to service an international construction loan;
- Consolidate the technical outputs of the Working Group in close collaboration with the International Expert, ensuring their local relevance, operational feasibility and ownership by Kazakh stakeholders.

The National Expert acts as the primary interface between local actors (CNSDS, NSCTO N.D. Batpenov Hospital, TURAR Healthcare) and international expert / EF, ensuring that analyses are operationally feasible and aligned with CNSDS tariff policies.

1. General Objective

To produce a robust economic and financial analysis enabling NSCTO N.D. Batpenov Hospital to:

- i. Diagnose its current economic model (activity volumes, revenue streams, costs, tariff constraints, insufficient financing by the Social Health Insurance Fund within the framework of the Guaranteed Volume of Free Medical Care (GVFMC) and the Mandatory Social Health Insurance (MSHI) system, resulting in underutilization of hospital bed capacity).
- ii. Model prospective scenarios (EPRD-type) to assess the financial sustainability of a self-financed international loan.

- iii. Identify levers (tariff, organizational, institutional) to improve the hospital's financial autonomy, prioritizing those under CNSDS jurisdiction (e.g., tariff reforms, ambulatory care recognition).
- iv. Propose actionable recommendations for NSCTO N.D. Batpenov Hospital, CNSDS, and TURAR, ensuring their political and operational feasibility.

To support the Working Group in producing an integrated medico-economic, financial and tariff analysis enabling Batpenov Hospital to assess the sustainability of its construction project, including the potential servicing of an international loan carried by the MF of the RK.

The analysis will link five-year activity projections, evolution of care practices, scientific-research, education and innovation activities, budgetary framework, revenue sources, tariff mechanisms, operating costs, investment requirements and debt servicing capacity of the MF of the RK. It will also identify the tariff, institutional, organizational and managerial conditions required to strengthen NSCTO N.D. Batpenov Hospital's financial autonomy while remaining aligned with national health policies and CNSDS responsibilities.

2. Specific objectives

a. Working Group (WG) Coordination

Coordinate local stakeholders:

- Organize and facilitate WG meetings (bi-weekly) and technical workshops with NSCTO N.D. Batpenov Hospital, CNSDS, and TURAR.
- Structure the work of the WG around two complementary analytical streams:
 - Stream A: activity, care model, scientific-research, education and innovation and five-year prospective analysis;
 - Stream B: budgetary framework, revenue sources, tariff mechanisms, financial flexibility and debt servicing capacity of the MF of the RK.
- Ensure that both streams are regularly discussed with NSCTO N.D. Batpenov Hospital and CNSDS and progressively consolidated into a single medico-economic and financial analysis.
- Ensure active participation of CNSDS in analyzing tariff constraints and validating hypotheses.

Facilitate collaboration:

- Act as a translator between the international expert's methodological needs and local realities (e.g., explaining CNSDS tariff rules to EF experts).
- Resolve operational bottlenecks (e.g., data access, scenario validation by CNSDS).

b. Data Collection and Analysis

Activity and financial data:

- Collect historical data (3–5 years) on activity, revenue, and costs from NSCTO N.D. Batpenov Hospital in collaboration with the hospital's finance department.
- Identify gaps between current practices and CNSDS standards (e.g., under-valued procedures, billing constraints, tariff constraints, insufficient financing by the Social Health Insurance Fund within the framework of the Guaranteed Volume of Free Medical Care (GVFMC) and the Mandatory Social Health Insurance (MSHI) system, resulting in underutilization of hospital bed capacity).

Activity and Medico-Scientific Projection

- Support NSCTO N.D. Batpenov Hospital and CNSDS in developing a five-year prospective analysis of the hospital's activity and positioning, including: expected evolution of care demand in orthopedic and trauma care,
- implications of new technologies, innovation and specialized procedures, role of research, teaching and national referral functions, consequences for capacity planning, staffing, operating costs, tariff revenues and investment sustainability.

Tariff framework:

- Document CNSDS tariff rules and reimbursement mechanisms applicable to NSCTO N.D. Batpenov Hospital (e.g., overnight stay requirement for hospital billing).
- Analyze the impact of these rules on financial sustainability and propose realistic adjustments (in coordination with CNSDS).
- In coordination with working group members, identify technically realistic tariff adjustments or transitional mechanisms that could support new practices, improve revenue predictability and contribute to the hospital's capacity to service an international construction loan.

c. Methodology Adaptation

EPRD Modeling:

- Adapt the EPRD model (provided by the international expert) to the Kazakh context, integrating:
 - CNSDS tariff data.
 - Local constraints (e.g., limits on revenue diversification).
- Test scenarios aligned with CNSDS policies (e.g., ambulatory care recognition, short-stay tariff adjustments).

Pedagogical tools:

- Simplify models and deliverables to ensure they are understandable and usable by CNSDS and NSCTO N.D. Batpenov Hospital.
- Train local teams (CNSDS, TURAR) on tool usage (e.g., EPRD modeling workshops).

Deliverables expected

The National Expert will contribute to the five main deliverables, in collaboration with the international expert and WG:

Deliverable	Details	Deadline
Framing Note and data matrix	Validated mandate, data requirements list (with focus on CNSDS data), detailed timeline	June/July 2026
Reference Diagnostic	Baseline of NSCTO N.D. Batpenov Hospital's economic model, including the impact of CNSDS tariff rules.	July 2026
Activity and Medico-Scientific Projection Note	Analysis of current and historical activity; inpatient, outpatient, surgical, ambulatory and short-stay activity; research, teaching and	August–September 2026

	innovation activities; five-year prospective scenarios; implications for capacity, staffing, revenues and costs.	
Budgetary, Revenue and Tariff Diagnostic	Strengths/weaknesses of the current tariff framework (CNSDS) + realistic adjustment proposals aligned with national policies	September 2026
EPRD Model + Methodological Guide	Excel-based tool adapted to the Kazakh context, with CNSDS-validated tariff scenarios.	October 2026
Strategic Scenarios and Recommendations	3 scenarios (prudent, intermediate, ambitious) prioritizing levers actionable by CNSDS (e.g., tariff reforms, management autonomy)	October – November 2026

Detailed Activities by phase

Phase	National Expert Activities	Key Stakeholders	Associated Deliverable
Phase 1: Framing (June 2026)	Validate mandate with EF/CNSDS/TURAR; structure the WG around the two analytical streams, define data needs; assign responsibilities; prepare data matrix and validation process	CNSDS, NSCTO N.D. Batpenov Hospital, TURAR, EF	Framing Note + Data Requirements List
Phase 2: Activity and medico-scientific diagnostic (July-August 2026)	Collect and analyze historical care, surgical, outpatient, ambulatory, research and innovation data; identify trends, bottlenecks and data gaps; support five-year activity scenarios..	NSCTO N.D. Batpenov Hospital, CNSDS	Reference Diagnostic
Phase 3: Budgetary, revenue and tariff diagnostic — August–September 2026	Analyze revenue sources, expenditure structure, budgetary rules, cost drivers, tariff rules and billing constraints; document impact on current and future practices.	CNSDS, TURAR	Tariff Analysis Note
Phase 4: Modeling Tariff and autonomy options (October 2026)	Adapt EPRD model to CNSDS data; test scenarios with WG. Led discussion on tariff adjustments; identify options for ambulatory care, short-stay care, innovation and financial flexibility; assess feasibility.	CNSDS, NSCTO N.D. Batpenov Hospital, EF	EPRD Model + Methodological Guide
Phase 5: Scenarios (October - November 2026)	Draft scenarios; facilitate validation by CNSDS and NSCTO N.D. Batpenov Hospital	CNSDS, NSCTO N.D. Batpenov Hospital, TURAR, EF	Strategic Scenarios
Final recommendations and validation — November–December 2026	Consolidate findings; facilitate validation workshops; prepare final scenarios and recommendations; support transfer of tools and methods to local stakeholders.	CNSDS, NSCTO N.D. Batpenov Hospital, TURAR, EF, International Expert	Final Recommendations

Terms and conditions of implementation

- Approximate duration: 6 months
- Estimated volume: 50 working days over six months, indicatively distributed as follows:
 - Framing, WG structuring and data matrix: 5 days;
 - WG facilitation, coordination and stakeholder follow-up: 10 days;
 - Data collection, cleaning and validation: 10 days;
 - Activity and medico-scientific projection: 7 days;
 - Budgetary, revenue and tariff analysis: 8 days;
 - Support to EPRD-type modeling and scenario testing: 5 days;
 - Final synthesis, validation workshops and reporting: 5 days.
- The final allocation may be adjusted depending on data availability, the level of support provided by NSCTO N.D. Batpenov Hospital and CNSDS, and the division of tasks with the International Expert.
- Terms and conditions: based in Astana
- Supervision: Expertise France – Local Coordinator & Health Senior Advisor HQ
- The National Expert will provide:
 - short weekly progress updates to EF (and the International Expert, highlighting progress, data gaps, risks and decisions required);
 - bi-weekly Working Group meeting notes, including agreed assumptions, pending issues and responsibilities;
 - monthly synthesis notes for working group members and EF, consolidating progress on the two analytical streams;
 - draft and final versions of each deliverable for review and validation by the Working Group.
- Reporting:
 - Weekly reports to the international expert and EF.
 - Monthly check-ins with the WG, CNSDS, and TURAR.
- Language:
 - Deliverables: Written in English (Russian/Kazakh summaries for working group members).
 - Meetings: Primarily in Russian/Kazakh (English translation if needed).

Profile requirements

Education:

- Master's degree in health economics, public health, health policy, hospital management, biomedical sciences, biotechnology, clinical research, data science applied to health, public finance or another relevant field.
- Additional training or demonstrated experience in health systems, hospital performance, health data analysis, project management, clinical research, or medico-economic analysis will be considered an asset.
- At least 5 years of professional experience in the health sector in Kazakhstan, including experience in one or more of the following areas: hospital or healthcare project coordination, clinical or operational data analysis, health research project management, institutional reporting, health system reform support, hospital performance analysis, financing or tariff-related work.

- Previous experience in coordinating multidisciplinary teams, interacting with national institutions, preparing technical reports, or supporting evidence-based recommendations for public authorities will be considered highly relevant.

Technical Skills:

- Strong capacity to collect, structure, verify and analyze health-related data, including clinical, activity, operational, research and financial data;
- Ability to support the development of five-year activity and medico-economic projections for a hospital or healthcare institution;
- Good understanding of the Kazakh health system and capacity to rapidly document hospital financing, tariff and reimbursement mechanisms in coordination with CNSDS and NSCTO N.D. Batpenov Hospital;
- Ability to work with quantitative data and analytical tools, including Excel or equivalent tools; experience with financial modeling, EPRD-type tools, hospital costing or tariff analysis would be an asset;
- Understanding of clinical research, innovation, evidence generation and care pathway transformation, particularly where these dimensions may affect hospital activity and financing;
- Strong skills in project coordination, technical reporting, synthesis and preparation of structured deliverables;
- Ability to translate complex technical, clinical, financial or methodological concepts into clear operational language for hospital managers, CNSDS experts, TURAR and international partners.

Language Skills:

- Russian/Kazakh (native or fluent) mandatory.
- Professional English (for collaboration with EF and the international expert).
- French (an asset).

Specific Experience:

- The candidate should demonstrate experience in at least several of the following areas:
 - coordination of healthcare, hospital, research or health system projects involving several institutions or professional groups;
 - collection, verification and analysis of health, clinical, operational or financial data;
 - preparation of technical reports, analytical notes, recommendations, grant applications or institutional deliverables for public authorities, hospitals, research institutions or funding bodies;
 - contribution to nationally funded health, clinical research, hospital performance or health system projects in Kazakhstan;
 - interaction with national health institutions, regulatory bodies, hospital management teams, clinical departments or research governance structures;
 - facilitation of multidisciplinary working groups, technical meetings, interviews or validation workshops;
 - experience with hospital financing, tariff systems, cost analysis, health economics or health system reform, which would be considered a strong asset;
 - experience with CNSDS or tariff-related work, which would be considered a major asset but not an exclusive requirement.

Given the nature of the assignment, the selection will value candidates combining strong coordination capacity, analytical rigor, health data experience, understanding of the Kazakh health sector, and ability to work with both national institutions and international experts. Direct experience in hospital financing, tariff analysis or CNSDS-related work will be considered a strong advantage, but candidates with robust health project coordination, clinical research, data analysis or institutional reporting experience may also be considered, provided they demonstrate the capacity to rapidly engage with the tariff and financial dimensions of the assignment.