REQUEST FOR BIDS

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Request for Proposal: Global mapping of institutions and networks engaged in strengthening capacity for Health Policy and Systems Research (HPSR) in low and middle income countries (LMICs)

1. Background

The Alliance for Health Policy and Systems Research, thereafter called the Alliance, is an international collaboration, based in WHO Geneva, that aims to promote the generation and use of HPSR as a means to improve health systems in LMICs. For more information please visit: http://www.who.int/alliance-hpsr/en/.

One of the main objectives through which the Alliance aims to achieve this goal is to facilitate the strengthening of the capacity of researchers and decision-makers to generate, disseminate and use of HPSR knowledge. The Alliance’s commitment to this area of work is emphasized by dedicating its 2007 Flagship Report “Sound Choices: Enhancing Capacity for Evidence-Informed Health Policy” http://www.who.int/alliance-hpsr/resources/flagshipreports/en/index1.html to this topic, as well as its various strategies and programmes of work as illustrated in its most recent Annual Report of 2013: http://www.who.int/alliance-hpsr/alliancehpsr_annualreport2013.pdf?ua=1. These include: a) enhancing policy-maker capacity to demand and utilize research evidence, b) developing researcher capacity in the area of systems thinking, c) the development of tools such as the Methodological Reader on HPSR (http://www.who.int/alliance-hpsr/resources/reader/en/) and the Implementation Research Guide (http://www.who.int/alliance-hpsr/resources/implementationresearchguide/en/), and d) the establishment of nodal institutes to strengthen HPSR capacity in different regions of the world.

However, with various different activities and initiatives being undertaken by the Alliance and others, capacity strengthening efforts seem scattered and uncoordinated with no big picture or long term vision on what should and could be achieved and how.

To inform its future work in this area, the Alliance decided to take a step back and support work to assess what is currently being done, who is doing what and what the gaps are. This information will be used to inform a consultation with key actors and experts in this area with the objective of determining the role that the Alliance should play in this area in the next few years.
2. Objectives of the work

The Alliance invites proposals for the development of global mapping exercises of the scope, objectives and capacity strengthening strategies used by: a) institutions engaged in strengthening capacity for Health Policy and Systems Research (HPSR) and its related disciplines including Implementation Research (IR), Health Services Research (HSR) and Operations Research (OR) in low and middle income countries (LMICs) and, b) existing networks with similar objectives.

Examples of capacity strengthening institutions include entities such as the International Development Research Centre (IDRC) Canada (http://www.idrc.ca/EN/Pages/default.aspx), the Special Programme for Research and Training in Tropical Diseases (TDR) http://www.who.int/tdr/en/, and the Department for Research Cooperation with the Swedish International Development Agency, (SIDA) (http://www.sida.se/english/). Examples of capacity strengthening networks include those such as INDEPTH (http://www.indepth-network.org/), CHEPSAA (http://www.hpsa-africa.org/) and ARCADE (http://www.arcade-project.org/).

For the purpose of this work, capacity is understood broadly to include efforts to strengthen capacity of both researchers and policymakers. Capacity is also envisaged at different levels. At the level of the individual, capacity includes the skills and knowledge possessed by individuals enabling them to carry out a set of functions. Organizational capacity refers to the institutional frameworks or arrangements that enable individuals to make full use of their individual level capacity and achieve their goals. Finally, systemic capacity or what has been termed as the ‘enabling environment’ refers to factors such as rules, norms and policies that constrain or enable institutions. For example, provision of support for graduate and post-graduate training, training workshops for researchers or policymakers, organizing academic conferences enabling researchers to exchange ideas, and mentoring programs placing junior researchers under the guidance of established faculty at major universities are examples of efforts to strengthen individual level capacity for research. Capacity strengthening at the institutional level includes measures such as the provision of untied funds to enable creative, long term research and ensuring researcher access to computers, journals and other electronic databases that are essential to carry out high quality research. Efforts to strengthen capacity at the systemic level have traditionally been more limited but include measures such as encouraging autonomy for research institutions to enable them to attract the best talent.

The deliverables produced as a result of this work will constitute the main background documents to inform a consultation of experts in the field of capacity strengthening for health policy and systems research in LMICs to be held during the last quarter of 2014. The specific objectives of the consultation are to: identify 1) new programmes of work that the Alliance may support in this area, considering the outcomes of the mapping in terms of who is doing what, 2) gaps and innovations that may merit further exploration, and 3) areas that fit into the Alliance mandate and comparative advantage to support work in this area.

3. Deliverables

Technical reports (minimum) and peer reviewed publication (desirable)

Bidders may propose to present the two components of this work (i.e., mapping of a) institutions and b) networks) in one report, or as two separate reports. A mixed methods approach including literature reviews, web searches, surveys and in-depth interviews with key stakeholders is expected to conduct this work.
In conducting the work, bidders should keep in mind the following:

1. The report should be no longer than 50 pages; if both components are presented in one report it should be no longer than 80 pages. The length of annexes is flexible.
2. The work should take into account, and build on, existing relevant mapping work, e.g., by CHEPSSA on needs assessment for capacity strengthening in LMICs\(^1\), which collectively should be used to inform the framework for defining capacity strengthening strategies and the scope of the work.
3. The framework for defining the range of capacity strengthening strategies eligible for inclusion should be well defined and as comprehensive as possible to fulfil the overall purpose of this work.
4. The methodology driving the range and identification of institutions or networks, data collection and the analysis strategy should be well laid-out and robust.
5. Parameters for mapping institutions working in this area should include, though not be limited to, information on:
   - Institutional objectives in this area
   - Scope of capacity strengthening activities (geographical scope, population covered, technical focus)
   - Description of approaches for capacity strengthening in sufficient detail to understand what they entail in terms of the strategies and processes used
   - Lessons learnt and description of the possible impact of the strategies used, which we expect may come mostly from interviews. This is important to understand how the various organizations are perceiving, or have documented/demonstrated, the usefulness and merit of the strategies they have used.
   - Description of the outcomes or deliverables of the supported work or strategies
6. Parameters for mapping networks in this area should include, though not be limited to, information on:
   - Network objectives
   - Membership
   - How long the network has been in existence, its sustainability or expected duration of operation
   - Source of Funding
   - Scope of work (as defined above)
   - Capacity strengthening strategies used by the network, if any, and lessons learnt from these, see description above
   - Description of the outcomes or deliverables of the supported work or strategies
7. In synthesizing the findings, the following point should to the extent possible be considered, among other points emerging from the research:
   - The extent to which current capacity strengthening efforts extend beyond the ‘well known’ LMIC institutions
   - How sustainable are the current initiatives? And the nature of capacity strengthening strategies that are most prevalent (e.g., institutional versus individual)
   - What are the major sources of funding in the area? Is in-country support supplementing externally funded initiatives?
   - Where long term capacity strengthening partnerships exist, what has been found to make these work and what are the challenges?

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\(^1\) Tolib Mirzoev, Gillian Lê, Andrew Green, Marsha Orgill, Adalgot Komba, Reuben K. Esena, Linet Nyapada, Benjamin Uzochukwu, Woldekidan K. Amde, Nonhlanhla Nxumalo and Lucy Gilson. Assessment of capacity for Health Policy and Systems Research and Analysis in seven African universities: results from the CHEPSAA project, Health Policy and Planning 2013;1–11
Applicants will be expected to work with the responsible staff of the Alliance at various stages of developing this work. This includes agreement on the methodological approach, the range of institutions and networks that will be examined, the full list of parameters that will be studied, the type of questions that will be addressed in the analysis, as well as in developing the deliverables. The Alliance may also help identifying networks and organizations, or contacts for these, but it is expected that the work will be initiated and conducted by the bidder.

Bidders should be aware that all materials produced as a result of this work will become the property of WHO and will be made freely available and disseminated through the Alliance website and other channels. Peer-reviewed publication of this work will be highly encouraged.

4. Requirements/Competencies

Bidders for this contract should demonstrate the following:

- Relevant work related to capacity strengthening for health research, or health policy and systems research (desirable) in LMICs.
- Experience in designing, administering and analysing surveys, including qualitative components such as interviews with key stakeholders.
- Publication record relevant to this work, either in style or topic, that can be readily accessible or attached. Peer-reviewed publications will be considered an asset.

Desirable:

- Working knowledge of institutions or networks that will be included in this survey or conducting previous work that is closely relevant to this task.

5. Activity timeline and Budget

An annotated outline of the report, detailing methods and approaches etc, is due by end of August 2014 with a complete draft due by mid-October 2014. Alliance Staff will periodically review progress on the drafts and provide feedback to the bidder. The maximum allowable budget for this work is USD 30,000; however, the final budget will be contingent on the scope of the proposed work. The payments will be linked to satisfactory completion of the deliverables.

6. Instructions to Bidders

6.1 Format and content of the bid

Bids should be not more than 5 pages and should include the following:

a) Motivation for applying: how this work fits with the bidder’s academic background or interests.

b) Relevant Background: Brief description of relevant experience in capacity strengthening for health research in LMICs, as explained in section 4, above.

c) Proposed methodological approach to carry out the work

d) Short institutional profile/s and profiles of anticipated team members, including the main bidder, this should include information on collaborators, if any

e) Itemized budget

f) Contact details of the bidder including email and telephone number.
6.2 Joint Proposal

Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. Such a proposal must be submitted in the name of one member of the consortium - hereinafter the “project leader”. The lead organization will be responsible for undertaking all negotiations and discussions with, and will be the main point of contact for, WHO. The lead organization and each member of the consortium will be jointly and severally responsible for the proper performance of the contract.

6.3 Communications during the Call Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 3 working days prior to the closing date for the submission of offers.

Email for submissions of all queries: alliancepsr@who.int
(use subject: WHO Bid Ref. Mapping HPSR capacity strengthening institutions and networks)

The Alliance team at WHO will respond in writing (via email only) to any request for clarification of the call that it receives by the deadline indicated above. Questions are to be submitted by e-mail to the above address.

A consolidated document of the WHO’s response to all questions (including an explanation of the query but without identifying the source of enquiry) will be posted on the internet site where the bid itself is posted.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this call to the final selection, contact with WHO officials concerning the call process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this call.

6.4 Period of Validity of Proposals

The offer outlined in the proposal must be valid for a minimum period of 120 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

6.5 Closing Date for Submission of Proposals

Proposals must be received at WHO at the e-mail address alliancepsr@who.int (use subject: WHO Bid Ref. Mapping HPSR capacity strengthening institutions and networks) no later than the 25th of May 2014, (23:59 GMT).

WHO may, at its own discretion, extend this closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.
6.6 Amendment of the Call

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the call by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have submitted a proposal with regard to the call will be notified in writing of all amendments to the call and will, where applicable, be invited to amend their proposal accordingly.

6.7 Clarification of Proposals

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

7. Award of Contracts

7.1 Award Criteria

Contracts shall be awarded based on a combination of criteria including the bidder’s motivation statement, exposure to or experience of, working in the area of capacity strengthening, the content of the proposal in terms of innovativeness and comprehensiveness, and value for money.

However, WHO reserves the right to:

a) Award the contract to a bidder of its choice, even if its bid is not the lowest;

b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;

c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO’s action;

d) Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the Organization’s needs and the activity concerned;

e) Not award any contract at all

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obligated to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this call. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.
7.2 WHO’s Right to enter into Negotiations

WHO reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this call.

7.3 Signing of the Contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

Please apply by email only to alliancehpsr@who.int (use subject: WHO Bid Ref. Mapping HPSR capacity strengthening institutions and networks)

Closing date 25th of May, 2014 (23:59 GMT)

Only the successful bidder(s) will be contacted