REQUEST FOR PROPOSAL

Contract type: Technical Service Agreement (TSA)
Issue Date: Friday 13 May 2016
Closing Date/Time: Friday 27 May 2016 23:59 GMT

Request for proposal:

1. Background

Health policy- and decision-makers, as well as other stakeholders involved in health systems worldwide, routinely face difficult decisions around improving health care and promoting equity. Health policy and systems research (HPSR) synthesis supports decision-makers by providing state-of-the-art knowledge and actionable evidence at every step in the decision-making process [1, 2]. Although there is growing recognition of the importance of HPSR synthesis to both inform policy decisions and produce guidance for health systems, capacities of individuals, teams, organisations and knowledge systems remain limited in resource-strained settings [3]. Furthermore, a number of important methodological and evidence uptake challenges remain, and more efforts are needed to advance the field of health policy and systems research synthesis [4].

Recognising the importance of engaging with a wide range of policy- and decision-makers, the Alliance for Health Policy and Systems Research supports review centres in low- and middle-income countries (LMICs), with a strong focus on engagement of policy-makers in demanding and using review findings. To ensure timeliness, responsiveness and relevance of reviews supported under this scheme, the Alliance centres are developing a service of rapid synthesis stemming from requests by policy-makers.

There is a growing interest in rapid syntheses as a means to provide actionable and locally-relevant knowledge synthesis to support the development and implementation of health policies [5-7]. Experience to date has also taught us that decision-makers often pose questions already addressed by existing HPSR reviews, yet they have difficulties identifying, accessing and appraising the relevant syntheses. The rapid response service developed by the Alliance Review Centres will contribute to address this gap, by responding in a timely fashion to policy-makers’ demands for existing reviews, in addition to assessing the scientific quality and confidence/certainty to place in the evidence. To support rapid synthesis services, the Alliance will also build the capacity of LMIC institutions to produce rapid syntheses in response to the needs of policy- and decision-makers.

Furthermore, important challenges remain in the conduct and use of rapid reviews, including but not limited to varying timeframes to complete rapid reviews and heterogeneity between rapid review methods used [8]. There is a need for greater methodological transparency in rapid reviews, as well as guidance on reporting and assessing rapid review findings. The Alliance thus aims at developing
guidance material, serving as a public good in support of robust and hands-on syntheses informing the improvement of health policy and systems.

The Alliance HPSR invites proposals to support its programme of work on health policy and systems research evidence synthesis, following the specific objectives stated below.

2. Objectives

1. Provide technical and scientific assistance to the Alliance Review Centers in LMICs

Conducting rapid syntheses poses specific challenges pertaining to robustness and transparency of review methods [8]. The Alliance recognizes the need to support capacity development in conducting HPSR synthesis – specifically in relation to rapid syntheses - and therefore will organise technical support to the review centres. Technical assistance will be provided to the centers by rapid review experts, in order to support the development of the rapid response services. The support will be provided via ongoing interactions by email and/or telephone, as well as in the form of training sessions (webinars, workshops) and meetings (virtual or in-person). Technical assistance would include for instance a webinar on “good practices in conducting rapid reviews pertaining to health systems”.

As such, the Alliance wants to commission a Technical Assistance Center specialised in methods to conduct and report rapid syntheses to support health policies and systems.

2. Develop a Guide to Rapid Reviews for Health Policy & Systems

There is now ongoing work to take stock of methods and approaches to conduct and report rapid reviews for evidence-informed decision-making in health policy and practice [9], and important lessons can also be learnt in this regard from the SURE project. Yet, as the field is quite new, there is a dearth of guidance products outlining good practices in conducting, reporting and assessing the quality of rapid reviews. The Alliance will thus develop a Guide to Rapid Reviews for Health Policy & Systems. This guidance material will be drafted as a useful and practical tool, similar to the format of the publication Implementation Research in Health: A Practical Guide (http://who.int/alliance-hpsr/alliancehpsr_irpguide.pdf)

3. Scoping review on the engagement of policy-makers in rapid reviews/evidence syntheses in health

Over the past years, the Alliance portfolio on HPSR synthesis has evolved from commissioning systematic reviews of health systems evidence, to strengthening the capacities of individual reviewers to develop good syntheses, as well as building institutional capacities to conduct HPSR reviews in LMICs. More recently, the Alliance has developed a strong focus on the use of HPSR synthesis and the engagement of policy- and decision-makers in priority setting and uptake of review findings. There is a need to document and better understand processes to enhance the transparent use of review findings in complex health systems decisions, including rapid reviews and rapid

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1 Supporting the Use of Research Evidence (SURE) project, i.e. SURE Guides for Preparing and Using Evidence-Based Policy Briefs. (http://www.who.int/evidence/sure/guides/en/)
evidence syntheses. As such, the Alliance will support a scoping review on the engagement of policy- and decision-makers in conducting and fostering the use of rapid reviews/evidence syntheses in the health sector.

3. Methods

We understand a scoping review as an iterative process whereby existing literature is identified, examined and conceptually mapped, and knowledge gaps are identified. For the purpose of this work, a scoping review involves the synthesis and analysis of a broad range of research and non-research material to provide greater conceptual clarity about a specific topic or field of evidence [10].

The scoping review should follow the methodology put forth by Arksey and O’Malley (2005) namely the framework for conducting a scoping review including the following key phases:

1) Identifying the research question
2) Identifying relevant documents
3) Study selection
4) Charting the data
5) Collating, summarizing and reporting the results

For the scoping review, literature can be sourced through a variety of approaches including the screening of bibliographic databases, scanning the websites of institutions active in the field, contacting experts, and hand-searching retrieved documentation. Bidders may propose complementary surveys and in-depth interviews with key informants in the field. Evidence retrieved should be narratively assessed, and due consideration should be provided to demands for evidence syntheses stemming from policy-makers.

For further details, please consult:

4. Funding

For this phase, the maximum amount of funding available from the Alliance will be USD 150,000. No further funding will be provided by the Alliance within and beyond the project period.

5. Deliverables

5.1 Technical and scientific assistance to the Alliance Review Centres in LMICs
- Workplan for teaching and training activities for 2016-2017;
- Report on capacity strengthening activities including but not limited to webinars, online training, one-on-one technical/scientific support;
- Background material and outputs of the training activities.

5.2 Guide to Rapid Reviews for Health Policy & Systems
i) Establishment of a steering committee to provide guidance on the development of the publication;
ii) Annotated outline of the publication;
iii) Draft chapters;
iv) Final peer-reviewed chapters ready for publication.
5.3 Scoping review on the engagement of policy-makers in rapid reviews/evidence syntheses in health
- Protocol for the scoping review;
- Draft manuscript submitted to an international journal.

6. Requirements/Competencies

Bidders for this contract should demonstrate the following:
• Relevant experience related to evidence synthesis for health research with a strong emphasis on rapid review methodology;
• Strong expertise in conducting and supporting rapid evidence assessments and scoping reviews pertaining to health policy and systems issues;
• Experience in building capacities and providing technical/scientific assistance in the field of rapid reviews and mixed methods syntheses;
• Extended publication record pertaining to rapid reviews and health research evidence syntheses.

7. Timeline and Budget

The work-plan for teaching and training activities to support Alliance Review Centers in LMICs is due by 15 July 2016 and quarterly technical/scientific assistance should be planned for 2016 and 2017.

The draft scoping review should be completed by 15 December 2016.

The final peer-reviewed chapters for the Guide to Rapid Reviews should be finalised no later than 31 May 2017.

Alliance staff will periodically review progress on the drafts and provide feedback to the bidder. The final budget will be contingent on the scope of the proposed work. The payments will be linked to satisfactory completion of the deliverables.

8. Instructions to Bidders

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/professional background or interests;

b) Relevant background: Brief description of relevant experience in evidence synthesis for health research including rapid reviews, as explained in section 5, above;

c) Methodology: 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 (full CVs can be annexed to the 5-page proposal);

e) Itemized budget and timeline (Gantt chart);

f) Contact details of the bidder (“project leader”) including email and telephone number.

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.

**Contact and email for submissions of all queries:**
Dr. Etienne V. Langlois
langloise@who.int
*(use subject: WHO Bid Ref. Health policy and Systems Research Synthesis)*

The Alliance HPSR team at WHO will respond via email to any request for clarification of the call that it receives by the deadline indicated above.

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, unless a presentation or meeting is initiated by WHO, in accordance with the terms of this call.

**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.

**Closing Date for Submission of Proposals**

Proposals must be received at WHO at the e-mail address: langloise@who.int
*(use subject: WHO Bid Ref. Health policy and Systems Research Synthesis)*
no later than **Friday 27 May 2016 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.

**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.

**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.
9. Award of Contracts

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 evidence synthesis, the content of the proposal in terms of 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.

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.

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 langloise@who.int
(use subject: WHO Bid Ref. Health policy and Systems Research Synthesis)
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Only the successful bidder(s) will be contacted

For more information on the Alliance HPSR, please visit:

10. References