1. BACKGROUND

In 1998, the WHO called upon a panel of experts to define essential public health functions (EPHF) for districts. In 1999, PAHO countries and several areas in Asia carried out assessments of national and local district public health performance and inspired many other countries to follow the suit. Since 2011, a small group of countries in Africa has also refurbished the EPHF assessment approach. Major changes include a focus on the district level instead of national and the use of the tool not as an “inspection event,” but as practice improvement exercises. EPHF improvement programs for districts have emerged in Angola, Botswana, Mozambique, China, Indonesia, and India in the last 5 years. These nascent EPHF strengthening programs should not be confused with abundant efforts to help districts improve the care of the sick. A variety of vertical programs have undertaken efforts to help districts do a better job on single diseases (e.g. polio, HIV, etc.). Other programs help districts become better stewards of clinical infrastructure. These projects are needed, but they do not address widespread vulnerability because the basics of public health are still badly neglected by districts and national health authorities. There is need and opportunity to stress once again the role of EPHF in more horizontal, health systems strengthening programmes.

Moreover, two of the essential public health functions are to link people to health services and to ensure that health services are of high quality. Private drug retail venues could offer a platform to improve public health by a) Improving the range of commodities; b) Subsidizing prices of selected high impact commodities; c) Improving their quality of the health advice, inventory, and counseling; and d) Increasing effective coverage for services of high value to population health and well-being. Despite the recognized role that these individuals play, there have been limited studies to understand the potential impact and system requirements of engaging with drug/pharmacy shop workers in public health functions particularly for family planning and other reproductive health services.
2. **OBJECTIVES**

The overall goal of this study/project is to develop a conceptual model on the connection between EPHF and health systems strengthening as well as a simulation model to estimate the impact of engaging drug/pharmacy shop workers in essential public health functions.

The questions to be addressed in this study are as follows:

- What is the potential impact and costs of engaging drug/pharmacy shop workers in essential public health functions?
- Which essential public health functions underlie the success of which health system outputs?
- What are the processes by which public health practice improvement improve a health system?
- How can public health be integrated within a climate focussed on selective interventions?

It is anticipated that a variety of methods will be used to answer the above questions including but not limited to a review of the literature, in-depth interviews, as well as expert consultations.

3. **FUNDING**

For this work, the maximum amount of funding available from the Alliance will be USD 185,000. No further funding will be provided by the Alliance within and beyond the project period.

4. **DELIVERABLES**

The following deliverables are expected from this work:

- Literature review on definitions of EPHF and links to health system outputs in accordance with a conceptual model.
- Report on consultations with key informant interviews on the role of core public health practice in health systems performance.
- A presentation at a Bellagio meeting on essential public health functions in November 2016 exploring best practices in public health practice strengthening and also a report on Bellagio conference proceedings.
- Synthesis of findings from literature review, interviews, and conference outcomes.
• Peer-reviewed publications.

• Slideshares and audio-visual presentations.

• A model to simulate the impact and costs (based on parameters that can be set by the user) of engaging with drug/pharmacy shop workers in essential public health functions related to family planning.

5. REQUIREMENTS/COMPETENCIES

Bidders for the contract should demonstrate the following:

• Experience and skilled in the development of simulation models

• Expertise in economic analysis (cost-effectiveness/benefit), costing, and impact modelling

• Experience in study and designing essential public health functions, especially in low- and middle-income countries

• Expertise in health systems research

• Experience in conducting and analyzing key informant interviews

• Knowledge of and access to a network of actors in both core public health and health policy and systems research

6. ACTIVITY TIMELINE AND BUDGET

The work is expected to take place between September 2016 and October 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.

7. INSTRUCTIONS to BIDDERS

Format and Content of the Bid

Bids should be not more than 10 pages and should include the following:

• Motivation for applying: how this work fits with the bidder’s academic/professional background or interests
• Relevant background: Brief description of relevant experience in evidence synthesis for health research, as explained in section 5, above

• Methodology: Proposed methodological approach to carry out the work

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

• Itemized budget

• Contact details of the bidder including email and telephone number.

Budget

The proposed budget should be based on the expected time, and resources necessary to carry out this scoping review. It should also be commensurate with the level of experience of the individual(s) who are carrying out this work and consistent with the costs of doing similar work in the country or region where the applicant(s) is based.

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 responsible for the proper performance of the contract.

Communication during the period of the call

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: alliancehpsr@who.int
(use subject: WHO Bid Ref. Scoping review on the ethical review of health policy and systems research)

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. 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, 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 Proposal Submission

Proposals must be received at WHO at the e-mail address: alliancehpsr@who.int (use subject: WHO Bid Ref. Scoping review on the ethical review of health policy and systems research) no later than 31 August 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 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.
Award of Contracts

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:

• Award the contract to a bidder of its choice, even if its bid is not the lowest.
• 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.
• 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.
• 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.
• Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/sele

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.