CALL FOR EXPRESSION OF INTEREST

Multi-Country Analysis of Primary Health Care Systems in Low- and Middle-Income Countries

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1. Background

Health systems around the globe still fall short of providing accessible, good quality, comprehensive and integrated care. Realizing the 2030 Agenda for Sustainable Development requires integrated action on system-wide challenges, including primary health care (PHC) systems in low- and middle-income countries (LMICs). As the global health community is pushing for ambitious reforms towards universal health coverage and health equity in the Sustainable Development Goals (SDGS) era, there is increasing interest in frontline healthcare delivery systems worldwide.

A wide array of stakeholders including development agencies, global health funders, as well as policy planners and health systems decision-makers, need a better understanding of primary health care schemes, in order to plan and support complex health systems interventions. The knowledge gap concerns strategic information on PHC systems at national and subnational levels in LMICs, providing insights on the entry points into healthcare systems in order to improve implementation, effectiveness and efficiency of health programmes.

To address these challenges, the Alliance for Health Policy and Systems Research (HPSR), in collaboration with the Bill & Melinda Gates Foundation, is leading a new portfolio of work entitled Primary Care Systems Profiles & Performance (PRIMASYS).

2. Objectives

PRIMASYS supports the development of twenty (20) case studies of primary health care systems in selected LMICs to bridge the knowledge gap on frontline healthcare delivery systems. In addition, the Alliance aims at producing a multi-country analysis of primary health care systems of the 20 PRIMASYS case studies, to understand the systems-level determinants of primary health care performance, and to draw cross-cutting lessons learnt in the implementation of PHC policies and PHC systems reforms and interventions.

The main target audience of the cross-country analysis represents stakeholders interested in strengthening primary health care systems in LMICs. As such, the cross-country lessons aim at providing insights to enhance PHC policies and programmes, and systems-level interventions to strengthen PHC systems in LMICs. The analysis will help move forward the science of primary health
care, as well as reflect on the generalizable lessons to inform larger policy debates about the role, performance and responsiveness of PHC to improve population health.

3. Methods

The bidder will devise a strategy, in collaboration with the Alliance for Health Policy and Systems Research, and develop a protocol for the cross-country analysis, which should follow a semi-grounded approach inspired by the methodology used by Gopinathan et al. (2014):

1) **Thematic analysis:** identify in the PRIMASYS case studies the emerging themes addressing the organization, implementation and performance of PHC systems and policies.

2) **Categorise the findings using the SURE (Supporting the Use of Research Evidence) framework**, which provides a comprehensive list of possible factors that may influence the implementation of health systems interventions.

3) **Develop a summary of qualitative findings** addressing the factors affecting the implementation of PHC policies and programmes and PHC systems strengthening interventions.

4) **Identify key priorities for strengthening and transforming PHC systems.**

4. Funding

For this phase, the maximum amount of funding available from the Alliance will be USD 20,000. No further funding will be provided by the Alliance within and beyond the project period.

5. Requirements/Competencies

Bidders for this contract should demonstrate the following:

- Relevant experience related to health policy and systems research with a strong emphasis on primary health care;
- Strong expertise in conducting qualitative analysis in the field of health policy and systems research;
- Extended publication record pertaining to primary health care and health policy and systems research

6. Timeline and Budget

The protocol for the multi-country analysis is due by **15th July 2017**

The draft multi-country analysis report should be completed by **29th September 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 EOI

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

a) Methodology: Proposed methodological approach to carry out the work;

b) 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 proposal);

c) Budget and timeline;

d) 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. Multi-country Analysis of Primary Health Care Systems in Low- and Middle-Income Countries)

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. Multi-country Analysis of Primary Health Care Systems in Low- and Middle-Income Countries)
no later than Friday 23rd June 2017 23:59 GMT

WHO may, at its own discretion, extend this closing date for the submission of proposals. 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.

8. Award of Contracts

Award Criteria

Contracts shall be awarded based on a combination of criteria including the bidder’s exposure to or experience of, working in the areas of health policy and systems research and primary health care, 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. Multi-country Analysis of Primary Health Care Systems in Low- and Middle-Income Countries)

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Only the successful bidder(s) will be contacted

For more information on the Alliance HPSR, please visit: http://www.who.int/alliance-hpsr/en/.

9. References


Paina L & Peters D (2011) Understanding pathways for scaling up health services through the lens of complex adaptive systems. Health Policy Plan

