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 Mozambique, Botswana, Angola, 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 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.

2. **OBJECTIVES**

The overall goal of this study/project is to trace the connection between efforts to improve public health practice and goals of health systems strengthening.

A conceptual model on the connection between EPHF and health systems strengthening indicates that EPHF precede health system outputs which then bring about health system outcomes. The questions to be addressed in this study are as follows:

1. Which essential public health functions underlie the success of which health system outputs?
2. What are the processes by which public health practice improvement improve a health system?
3. How can public health be integrated within a climate focussed on selective interventions?

3. **Potential Methods**

This study is a desk study, supported by key informant interviews.

*Literature Review:*

The peer reviewed and grey literature should be explored for the links between EPHF and health system outputs as well as the definitions of EPHF.
Consultations:
Key informant interviews should be conducted to describe the following themes: 1) cases where public health practice underlay health system performance for good and for bad; 2) Mechanisms connecting public health practice to health system performance; and 3) Blueprints to support core public health in an environment dominated by siloed interventions.

Synthesis:
A synthesis and cross tabulation of linkages between EPHF and health systems outputs should be presented. Dissemination should occur through a white paper, a peer-reviewed journal manuscript, and online dissemination through slideshare and YouTube audio-visual presentations. Data should be presented and discussed at a gathering of practitioners and academics partially sponsored by Rockefeller at Bellagio conference center on November 22-26, 2016. The goal of this conference will be to consolidate best practices in local district public health practice strengthening.

4. Funding
For this work, the maximum amount of funding available from the Alliance will be USD 90,000. No further funding will be provided by the Alliance within and beyond the project period

5. Deliverables
This work should adopt a combination of desk study, key informant interviews and synthesis of information, leading to the following deliverables:

- 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 the Bellagio 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

REQUIREMENTS/COMPETENCIES

Bidders for the contract should demonstrate the following:
- Experience in study and designing essential public health functions, especially in LMICs
- 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

ACTIVITY TIMELINE AND BUDGET

The work is expected to take place between June 2016 and July 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.
INSTRUCTIONS TO BIDDERS

Format and content of the bid

Bids should be no more than 5 pages in length and include the following:

a) Motivation for applying: how this work fits within the bidder’s background and strengths;
b) Relevant background: brief description of relevant experience and expertise
c) Proposed outline and process for linkages between EPHF and health systems strengthening
d) Short profile of anticipated institutions and team members: including the main bidder(s) as well as any collaborators;
e) Itemized budget for the work;
f) Contact details of the main bidder serving as the point of contact: including email and telephone number.

Communication 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 submission of bids

Email for submission of all queries: alliancehpsr@who.it
(use subject: WHO Bid Ref: EPHF in HSS)

The Alliance team at WHO will respond in writing 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 specified above or through a possible presentation or meeting called for by WHO in accordance with the terms of this call.

Period of validity

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 by the WHO at the email address alliancehpsr@who.int (use subject: WHO Bid Ref: EPHF in HSS) no later than the 20 June 2016 at 23:59 GMT.
WHO may, at its own discretion, extend the 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.
Amendments to 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 proposals accordingly.

Clarification of proposals

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

AWARD OF CONTRACTS

Award criteria

Contracts shall be awarded based on a combination of criteria including the bidder’s motivation statement, experience in HPSR priority setting, the content of the proposal in terms of quality and comprehensiveness, and value for money.

However, WHO reserves the right to:

a) Award the contract to a bidder of its choice, even if the 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 the 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 the award of contract without thereby incurring any liability to the affected bidder(s) and without any obligation to inform the affected bidder(s) of the grounds for the WHO’s action;
d) Award the contract on the basis of the WHO’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 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 the time of receipt. 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: EPHF in HSS).

Closing date: 20 June 2016 at 23.59 GMT

Only successful bidder(s) will be contacted.