1. BACKGROUND

In September 2015 countries across the world adopted a new set of seventeen development goals, known as the Sustainable Development Goals (SDGs), to replace the Millennium Development Goals (MDGs). The SDGs were developed through a participatory process, and have a very different character to the MDGs. While there were only 8 MDGs (of which three explicitly focused on health) there are 17 SDGs and 169 targets within these. Inspired in part by pressing environmental challenges, the SDGs also reflect the global community’s increased understanding of the interconnectedness of social, environmental and biological systems, as well as the increasingly globalized nature of our world. While the MDGs applied only to developing countries, the SDGs are intended to be universally applicable. While there have been forceful criticisms of the SDGs, suggesting that they are too diffuse and insufficiently focused to support effective action, they do have the advantage of building on a broad global consensus and reflecting a more systems-oriented understanding of the world.

Since 2007 the Alliance for Health Policy and Systems Research (the Alliance) has supported a series of studies that have sought to identify research priorities in different parts of the health policy and systems research (HPSR) field (Bigdeli et al 2013, Ranson and Bennett 2009). This series has multiple objectives, aiming in part to catalyze greater and more targeted investment in HPSR by research funders, including the Alliance’s own investments. But the series has also sought to steer the work of health systems researchers, facilitate dialogue between policy-makers and researchers about research priorities, as well as develop innovative and appropriate processes to support the identification of health policy and systems research priorities.

2. OBJECTIVES

With the adoption of the SDGs, the Alliance is seeking to commission further work in this area that will identify health policy and systems research priorities linked to the SDGs. From a relatively rapid review, there appears to have been very little work to-date that considers the implications of SDGs for research generally, let alone for HPSR.

The audience of this work includes:

- Health policy and systems researchers who wish to understand where there are gaps in research and how to approach them
- Policy actors who are working towards the SDGs
- Funders looking to invest in HPSR priorities
1. Review literature on SDGs

The selected team will review additional literature about the SDGs, refine the proposed topical areas within the SDGs through consultations, make a preliminary assessment of the existing research evidence base in each of the proposed topical areas, develop interview guides for the consultative meetings (see below) and partners to help facilitate the consultative meetings, and seek ethics review.

2. Consultation with policy- and decision-makers

Consultations should be carried out with policy- and decision-makers on likely health policy and system challenges to achieving the SDGs. The conversation should be framed in terms of problems and challenges, rather than research priorities.

3. Scoping Reviews

Scoping reviews will be conducted to reflect existing literature on the thematic areas identified through the initial literature review and consultations. Short reports are required for each scoping review.

4. Identification and ranking of research priorities, production of final reports

Based on the priorities identified through consultations, research questions will be developed. These will be ranked by experts in terms of quality, relevance, feasibility and added value to the field. A face-to-face workshop may be held for the ranking of research questions.

3. Potential Methods

Consultations:
Consultations should be conducted in the style of focus groups with policy- and decision-makers with a facilitator introducing the topic and asking for reflections on health policy and systems challenges in the SDGs.

Scoping Review:
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.

Ranking:
A consultative, iterative process will be used to develop research questions and Delphi methods may be employed to rank questions.

4. Funding

For this work, the maximum amount of funding available from the Alliance will be US$ 150,000. No further funding will be provided by the Alliance within and beyond the project period.
5. Deliverables

This work should adopt an interpretive approach, rooted in (i) consultations with policy-makers (ii) reviews of the existing literature and (iii) ranking processes or workshops. Therefore, the deliverables include:

- Consultation with policy actors
- Scoping reviews
- Identification and ranking of research priorities
- Three short reports for each of the focal areas with research questions
- Final Report
- Academic papers

REQUIREMENTS/COMPETENCIES

Bidders for the contract should demonstrate the following:
- Experience in priority-setting exercises in the field of health policy and systems research
- Expertise in policy analysis
- Relevant work in HPSR
- Knowledge of HPSR and existing literature
- Experience in participatory or consultative processes
- Knowledge of and access to a network of actors in HPSR both in the policy and research spheres

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 in HPSR and consultations and knowledge of existing literature on the topic;
c) Proposed outline and process for priority setting;
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.int
(use subject: WHO Bid Ref: Priority setting in HPSR)

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: Priority setting in HPSR) 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 proposal 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: HPSR Priority Setting).

Closing date: 20 June 2016 at 23.59 GMT

Only successful bidder(s) will be contacted.