

Rapid review of service delivery models for older people at the end-of-life that maximize quality of life

Request for Proposals (RFP)

Bid Reference

EOLC/07/2017

WHO Centre for Health Development



The World Health Organization (WHO) is seeking proposals for a rapid scoping review focused on service delivery models for older people to maximize quality of life at the end-of-life. It is anticipated that the review will include documentation and evaluation of service delivery models for quality of life and costs, and an analysis of the research gaps with important public policy implications.

Institutions with expertise in rapid reviews, systematics reviews, health systems, quality of life, health economics, end-of-life care, integrated care, long-term care, palliative care or ageing are invited to submit a proposal for the project “**Rapid review of service delivery models for older people at the end-of-life that maximize quality of life**” in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

WHO requires the successful bidder, the provider, to carry out a rapid scoping review and produce a draft concept note that identifies research gaps and priorities, with identification of experts who would be relevant to this area of work (for a planned consultation workshop in 2018).

The provider shall be a not for profit institution operating in the field of health economics, integrated care, end-of-life care, long-term care, palliative care or ageing, with proven expertise in rapid reviews, systematic reviews, health expenditure analyses and empirical research into integrated care, end-of-life, palliative or long-term care, and quality-of-life research.

This project to define research gaps and to draft a concept note for this area of work will occur **from 15 September to 10 December 2017**.

Under this call, one proposal will be selected and funded to a value of on or around **US\$ 40 000**.

Background and Rationale

The Member States of the World Health Organization have committed to achieving Universal Health Coverage (UHC) by 2030, as part of the United Nations Sustainable Development Goals (SDGs). The commitments under the SDGs offer an opportunity for countries to plan ahead for change and adaptation in light of major economic, demographic and epidemiologic challenges underway. Such challenges include population ageing. By 2050, 2.1 billion people will be older (60 years of age or more), representing 22% of the world's population. Older people already outnumber children five years and younger; by 2030, they will exceed the number of children under the age of 10. And unlike just a few decades ago, it is not uncommon for people to live actively into their 80s and beyond. Achieving UHC requires a shift from focusing on disease-specific programs, towards investing in the foundations for a health system that can be resilient in responding to dynamic health needs. In recognition that the population of the future will be older, the implications for access, equity and financial protection for older people, and their quality of life, needs to be explicitly identified in each step of the process. The health system thus must shift from preventing disease and mortality to improving the quality of life, which incorporates mental health, social inclusion, and overall well-being.

There are important implications of ageing populations on health systems. The **first set** of issues includes those related to changes required for all health systems to manage chronic diseases, but is particularly important for ageing populations.



Health systems around the world are still largely designed around disease-driven, episodic care using a biomedical approach that emphasizes finding a medical problem and fixing it. Greater numbers of older persons will increase their demand for health services, particularly for the continuous management of non-communicable diseases. Older adults are also likely to have one or more chronic health conditions and may also experience frailty that require the expertise of different health care providers and access to allied health professionals such as physiotherapists, dietitians, and mental health professionals. Evidence from high income countries such as Australia, Canada, Netherland, South Korea, UK and the USA provide a strong rationale for believing that responding to these increased needs requires more than simply increasing the capacity of the existing health systems, but needs a fundamental shift towards primary level care. Many countries are moving towards coordinated service delivery networks, to ensure good patient management at primary, hospital and community health services. For older populations, key components of the health system network include access to palliative care, long-term care facilities, nursing homes and rehabilitation, as well as social, welfare and community services, including transportation.

The second set of issues focus on effectively responding to the needs for end-of-life care and ensuring quality of life. Health systems aim towards reducing mortality and prolonging life, which is not necessarily an appropriate metric for end-of-life care. For example, cancer sufferers may now endure long and debilitating treatment, sometimes repeatedly. While they indeed continue to survive, their quality of life may suffer. Frequent hospital visits for health care is not only costly but delivers poor quality of life for older persons, and creates unnecessary burdens for both health systems and families. During the last years of life, health needs are often interlinked with social needs. The goal becomes one of enabling people to maintain functional ability (usually in the face of ever decreasing functioning) and improved quality of life rather than cure.

By 2030, in a rapidly ageing country such as the UK, people over 65 are projected to count for 86 per cent of deaths with those over 85 accounting for 44 per cent of the total. Additionally, many of these deaths in old age are likely to require support over many months, because older people are often frail with multiple chronic illnesses. The advent of dementia as a global concern brings with it many care and living challenges. The trajectory from disease (and older age) to death is therefore, more complex and uncertain than before, thereby creating difficulties over when and whether to start long-term, palliative care or other kinds of treatment.

Universal health coverage commits countries to ensure the right to health care (and relief of suffering) for all – regardless of age. This implies that we need better understanding of what makes up meaningful quality of life for older people at the end-of-life. In this way, declining treatment or making the choice for palliative care, for example, instead of pursuing a cure, becomes clearly understood as quality of life decisions made by informed older people, and not as form of rationing. A key issue here is that where life-saving and aggressive treatment is seldom declined by the young (and ethically it is rarely proposed or contemplated), it is nonetheless a core question in the management of older people's health.

Call objective, expected outputs and outcomes

The World Health Organization seeks a service provider to carry out a rapid scoping review of service delivery models that aim to optimize quality of life for older persons and minimises unnecessary suffering (physical and otherwise) at the end-of-life. *Within this conceptualization of end-of-life, WHO encompasses the last years of life right onto death.*



The review should document the components of the models, implementation requirements, and impact on quality of life and cost. The application in low-, middle-, and high-income countries is of greatest interest as well as the implications for implementation of models used in high-income countries across these other settings.

It is anticipated that the results of the work will inform an expert consultation and future research.

The review needs meet the following targets:

- 1) Document service delivery models, components, and population coverage of relevant health, social and welfare services.
- 2) Identify evaluation of impact on quality of life and cost for older populations.
- 3) Describe implementation requirements, including human resources, and financing requirements.
- 4) Identify critical knowledge gaps to guide policy.

Bidders should follow the instructions set forth below in the submission of their proposal to WHO.

The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal should be concisely presented and structured to include the following information:

- Introduction with rationale for proposed approach.
- Approach/methodology:
 - The description of the review methodology should include a search strategy for existing scientific evidence (published and unpublished), an assessment of what is found for quality and relevance, a synthesis of the evidence and expenditure data under review and a research gap analysis for discussion. Please provide the search terms that you may use to conduct a rapid scoping review, in the proposal. Some example terms could include: “last years of life”, “integrated care”, “economics”, “cost-effectiveness”, “quality of life”, “good death”, “financing”, “optimizing”, “older people” etc.
- Proposed time line (The contract period will be from 15 September – 10 December 2017).
- Financial proposal.

Proposals should be a maximum of 6 pages (excluding the financial proposal) with font size no smaller than 10 points.

CVs of the Principal Investigator and partners should be supplied alongside listings of relevant publications

Evaluation Criteria

A two-stage procedure will be utilized in evaluating the proposals, with technical evaluation of the proposal being completed prior to any focus on or comparison of price.

Technical evaluation

An external ad hoc review group appointed by the Director of WKC will review the eligible proposals based on criteria such as scientific merit, relevance and feasibility. Proposals will be reviewed and evaluated by the ad hoc committee according to the following criteria:



Evaluation criterion	Range of possible points	Weight applied to the points
Extent to which WHO's requirements and expectations have been satisfactorily addressed	0-5	2
Quality of the overall proposal	0-5	2
Technical merit of the proposed approach and methodology	0-5	2
Capacity of the base institution	0-5	2
Relevant qualifications and experience of the project personnel	0-5	2
Feasibility of the proposed timeframe for the project	0-5	1
Quality of correspondence with WKC (clarity, timeliness)	0-5	1

The maximum possible value for the total Technical Score is **60**.

Financial evaluation

Financial evaluation will be conducted by WHO staff only. The financial evaluation will be based on the following scoring system:

Evaluation criterion	Assigned points
Financial Proposal is reasonable and sufficiently justified.	Yes = 10; No = 0
Proposed budget amount is acceptable to WKC.	Yes = 15; No = 0

The maximum possible value for the total Financial Score is **25**.

The proposals will be evaluated based on the sum of the Technical and Financial scores. Selection between proposals with tied scores shall be resolved based on further qualitative evaluations of the technical and financial aspects of the proposals by WHO staff.

Selection process

Only one proposal will be selected up to a maximum total funding of on or around US\$ 40 000. The proposal will be selected by the external ad hoc review group in collaboration with WHO staff, following an open competitive call for applications.

Information which the bidder considers confidential, if any, should be clearly marked as such. The bidder shall submit the complete proposal to WHO in writing no later than **Thursday, 31 August 2017 at 23:00 hours Japan time**, by email at the following address:

Address to: garconl@who.int
Mr Loic Garcon, Technical Officer
World Health Organization Centre for Health Development

With a copy to: watanabem@who.int
Ms Makiko Watanabe, Secretary
World Health Organization Centre for Health Development

Each proposal shall be marked Ref: **EOLC/07/2017** and be signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.



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.

The offer outlined in the proposal must be valid for a minimum period of 90 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.

The bidder may withdraw its proposal any time after the proposal's submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO via email as provided above, before the closing date.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

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 RFP 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 received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

Before conducting the technical and financial evaluation of the proposals it has received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO's general principles, including economy and efficiency, WHO does not bind itself in any way to select the bidder offering the lowest price.

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.

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 needs of the Organization 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 obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating 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 RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also 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 RFP.

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract provided to it by WHO, 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.

All bidders must adhere to the UN Supplier Code of Conduct, which is available at the following link: https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/2014/February/%202014/conduct_english.pdf

WHO reserves the right to publish (e.g. on the procurement page of its internet site) or otherwise make public the contractor's name and address, information regarding the contract, including a description of the goods or services provided under the contract and the contract value.

Any and all of the contractor's (general and/or special) conditions of contract are hereby explicitly excluded from the contract, i.e., regardless of whether such conditions are included in the contractor's offer, or printed or referred to on the contractor's letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
Paul Ong, Technical Officer