Invitation to tender

for the development of a

“Cost-effectiveness study on community health workers”

Terms of reference

Background
The World Health Report 2006 (1) highlighted a global health worker shortfall of over 4.2 million. Community health workers (CHWs) can play an important part in finding solutions to this problem as they are selected from the communities that they serve, often in remote regions, to improve the equitable access to the national health system. The Kampala Declaration and Agenda for Global Action (2) was based upon the acknowledgment of the critical shortage of human resources for health (HRH), and recognised that CHWs can represent a key element in formulating a strategy to address this challenge.

Within that context, the Global Health Workforce Alliance (GHWA) Secretariat has noted that cost-effectiveness information on CHW programmes is often requested by member states and other organizations, in the pursuit of providing evidence to inform key decision makers that have the ability to mobilize and strengthen Human Resources for Health (HRH). It has been recognised that there is currently a significant knowledge gap in peer reviewed and grey literature concerning the cost effectiveness of CHW programmes. A review by Lehmann and Sanders entitled “Community health workers: What we know about them” (3) commented on the limited studies concerning cost effectiveness of CHW programmes. Similarly, a systematic review commissioned by GHWA on the global experience of community health workers for MDG progress (4) concluded that: “further systematic reviews are required on factors affecting the sustainability of CHW interventions when scaled up; the effectiveness of different approaches to ensure program sustainability; and the cost-effectiveness of CHW interventions for different health issues.”

To address this gap, this research will examine the cost-effectiveness of CHWs, based on the experiences of countries which have implemented CHW programmes at scale, from different global geographic regions and from diverse socio-economic environments. This new research will be a significant step in addressing the knowledge gap and providing invaluable information to policy makers concerning the cost effectiveness of CHW programmes.

Objective and research questions
The overall purpose of the research study is to build on the available evidence of CHW costs and effectiveness to determine the relative cost-effectiveness of alternative CHW programmes, and the most efficient, feasible and sustainable models of CHW practices as part of national health strategies.

The analysis is expected to answer the following specific research questions:
1. What is the evidence on cost-effectiveness of various models and paradigms of CHWs in various countries around the globe which CHW programmes have been implemented at scale?

2. What is the relative cost-effectiveness of different models of service provision (CHWs compared to other cadres of health workers, or combination of cadres involving also CHWs vs. no CHWs) in delivering similar essential health services in different settings?

3. Considering the evidence base for different packages of care that can be delivered at the community level and information on cost and effectiveness of CHWs, what are the options for maximizing delivery of effective health care at the community level? In particular, is it possible to identify key elements of CHW training and support programmes which contribute to or are pre-condition for their cost-effectiveness (for example, on-going supervision or minimum entry qualifications, etc)? Is it possible to document and quantify impact of these factors on cost-effectiveness?

4. From the cost effectiveness analysis, what key messages can be derived for policymakers and partners to inform decision-making on investment and scaling up CHW programmes in order to ensure maximum impact when effectively integrating and embedding CHWs within health systems?

**Scope of work and approach**

The GHWA Secretariat will identify, through a competitive tendering process, a suitable institution for the delivery of this task. The GHWA Secretariat has also convened a research committee to advise on the institution selection process, and to review the drafts of the report and cost-effectiveness model produced by the institution. The institution contracted will report directly to the GHWA Secretariat.

The following approach will be adopted in the delivery of this task:

1) **A review of the literature** on the costs, effectiveness and cost-effectiveness of CHW programmes, by type of provider rendering health services.

2) **Collection of required secondary data** from identified countries that is not available online.

3) **Development of a model to estimate the incremental cost-effectiveness of different models of CHW-based care** for different packages of interventions compared with models of care rendered by other providers (doctors, nurses), including sensitivity analysis to test the different scenarios and assumptions. This approach may need to consider both the CEA for the same types of services by different cadres (CHWs vs. other cadres), and for different service modalities that produce comparable outcomes, e.g. number of patients treated or cured.
1) **A review of the literature on the cost and effectiveness of CHW**

A literature search will be conducted in order to identify relevant literature on CHW costs, effectiveness and cost-effectiveness. The literature review will also help to identify key data elements required (e.g. separate cost and effectiveness data) to build the CE model. This will include the identification from the literature of key elements of CHW training and support programmes which contribute to or are pre-condition for their cost-effectiveness. It is envisaged that effectiveness data will be available in the literature, but costing data might have to be obtained.

2) **Collection of secondary data from identified countries that is not available online.**

Secondary data on cost and complementary data on effectiveness and design/structure of CHW programmes, as well as other cadres for comparison, will be collected from the selected countries (it is envisaged that at least 3 country-specific data gathering processes will have to be undertaken, reflecting different socio-economic contexts). The collection of data will be through interaction with the Ministries of Health and/or academic institutions in the selected countries. Contact persons will be identified by the selected institution within the countries. In collaboration with the contact persons, a questionnaire may be developed to collect the secondary data on the evidence gap in these countries.

Collection of evidence and data through the literature and from country informants will enable to determine:

- CHW effectiveness:
- CHW programme cost data, including an assessment of the costs involved in the country establishing and sustaining its CHW programme.
- Outcomes:
  - Comparisons between CHW programme costs and added value/effectiveness compared to other cadres.
  - Identification of the most cost effective CHW programmes and approaches.

3) **Development of an economic model**

An economic model will be developed based on the data gathered through the literature review and the country questionnaires, through economic modeling techniques, creating different scenarios and conducting sensitivity testing on cost-effectiveness under alternative scenarios of cost and effectiveness, packages of care, personnel cadre and supportive interventions. Country data will have to be from at least 3 different countries, representing different realities in terms of their socio-economic situation, burden of disease, severity of HRH challenges. The scenario and sensitivity analysis will assess under what circumstances CHWs represent the most cost-effective option.

The detailed research methodology will have to be presented as part of the tender submitted by the bidders, and may be further defined in consultation with the project committee. The draft research findings, results and recommendations will be presented at the 3rd Global Forum on Human Resources for Health, planned in November 2013 in Brazil, for validation and discussion, and will be presented in the subsequent months to
the partners and countries to inform policy decisions and strategic investment concerning CHWs programmes and CHW components of national health and HRH strategies.

**Expected timeframe (2013)**

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Key: x = one week; xx = two weeks; xxx = three weeks; xxxx = four weeks.
Deliverables

1. Detailed methodology finalized in consultation with research committee (by 30 April 2013)
2. 1st draft of the report, inclusive of CE model, (by August 31st 2013)
3. 2nd draft of the report (by 31st October 2013)
4. Final version of the report (by 30th November 2013)
5. Article based on findings of report submitted to a peer-reviewed journal (by 31st December 2013).

References

Instructions to bidders

Introduction
This invitation to tender is open to qualified bidders from anywhere in the world. The selection of a contractor will take place through a competitive bidding process in accordance with the WHO applicable rules and procedures. The Alliance Secretariat reserves the right to request any additional information that can help clarify aspects not satisfactorily explained in the submission. Upon selection for award to a qualified bidder and successful negotiations in accordance with the applicable WHO rules, an institution or a consortium may be contracted through one or more Agreement of Performance of Work (APW). All the general WHO rules and conditions of APWs will apply.

Format
Tenderers should present their submissions in English in electronic form (word documents, font Arial, size 11, line spacing of 1.5).

Proposals will be due by April 7th 2013, 11 pm CET. The proposals should have 2 main components, submitted as separate documents:

2) The general tender.

3) A detailed budget.

The general tender will not exceed 25 pages in length, and be divided in the following sections:

1. Cover page with contact information
2. Relevant comments and observations, if any, on the terms of reference
3. Evidence of institutional capacity of the applicant institution, as reflected in past achievements and publication track record, to carry out similar tasks
4. Details of the proposed methodology to develop the report (including proposed sources of and approach to data collection, proposed approach to develop the economic model)
5. Names and abridged CVs of principal investigator, and of all the technical personnel that will be involved in the delivery of the task, highlighting expertise and relevant publication record in conducting related work
6. Personnel inputs (number of person-days for each of the technical personnel involved)
7. Other relevant documents, such as disclosure of conflicts of interest, consortium structures (in case of consortium submissions etc.)

The budget should be submitted as a separate document (word or excel) and provide a detailed breakdown of costs and overall amount requested.
Personnel
Written consent should be sought from nominated personnel prior to inclusion in the general tender document. The Alliance Secretariat reserves the right to request evidence of such agreements.

Letter accompanying the EOI and tender
The tender should be accompanied by a letter on headed paper showing the full registered and trading name(s), trading and registered office address of the Tenderer. It should be signed by a person of suitable authority to commit the Tenderer to a binding contract.

The letter should quote the title of this invitation to tender, and include the following declarations:

1) We have examined the information provided in your Invitation to Tender (ITT) and offer to undertake the work described in accordance with requirements as set out. This tender is valid for acceptance for 3 months from the date of receipt by the GHWA Secretariat and we confirm that this tender will remain binding upon us and may be accepted by you at any time before this expiry date.

2) The Tender has been developed independently and without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any other supplier invited to tender for this contract.

3) We confirm that the enclosed electronic versions of the tender documents are true and complete copies of these documents.

4) I confirm that I have the authority of [name of organisation] to submit tenders and to clarify any details on its behalf.

Conflicts of interest
Tenderers must disclose in their submission any circumstances, including personal, financial and business activities that will, or might, give rise to a real or perceived conflict of interest; this includes any sub-contractor or associate partner, in the case of consortium submissions. The Alliance reserves the right to reject any Tender which, in the Alliance’s opinion, gives rise, or could potentially give rise to, a conflict of interest.

Selection process and criteria.
The GHWA Secretariat will evaluate the submissions and award the contract to the most competitive one, in accordance with the WHO Financial Rules and applicable procurement procedures.

Applicant institutions and the personnel proposed should have a credible track record, as demonstrated by publication of similar analyses in the peer reviewed literature. The methodology proposed should conform to best practices in conducting cost-effectiveness analyses.

The methodology should be compatible with delivery of the product in a timeframe compatible with the requirements outlined in the terms of reference.

Proposals will be expected to meet minimum requirements across different criteria, including:
• Addressing the deliverables of the TOR;
• Quality of methods;
• Adequate personnel inputs and project management plan;
• Evidence of institutional and individual capacity and track record in performing similar tasks;
• Alignment with availability of financial resources.

In case no submission meets minimum quality and cost-effectiveness criteria, the Alliance Secretariat reserves the right not to award the contract. The selection and award of a contract to the successful bidder and its timeframe of issuance are subject to successful finalization of project funding to the GHWA Secretariat. The GHWA Secretariat reserves the right to make necessary adjustments, as required, and retains the right to abort the final selection to award the contract, should the anticipated project funding not materialize, or arising due to any other unforeseen circumstance.

Submission
Tenders must be submitted in electronic form to the following e-mail addresses: comettog@who.int; raufr@who.int
The deadline for receipts of submissions of the proposals is April 7th, 2013, 11 pm CET. Any clarifications related to the required tender documents and the submission process may be sought from Dr Giorgio Cometto, Adviser to Executive Director, Global Health Workforce Alliance  comettog@who.int