

## TERMS OF REFERENCE

### Consultancy to Support a Unitaid Benchmarking Exercise (Community and Civil Society Engagement)

#### PURPOSE OF THESE TERMS OF REFERENCE

The objective of this Request for Proposals (RFP) is to choose a qualified management consulting firm to carry out a benchmarking analysis (referred to as the “Benchmarking”) for the Unitaid Secretariat. The details of this analysis are outlined below.

#### DESIRED TIMEFRAME

Anticipated Start date: 03 February 2025

Final Completion date: 14 May 2025

#### BACKGROUND AND CONTEXT

Unitaid saves lives by making new health products available and affordable for people in low- and middle-income countries. It identifies innovative treatments, tests, and tools, helps tackle the market barriers that are holding them back, and gets them to the people who need them most – fast.

In June 2022, Unitaid launched an ambitious new Strategy (for the 2023-2027 strategic period).<sup>1</sup> Strategic Objective 3 is to “Foster inclusive and demand-driven partnerships for innovation” and recognises that diversity, equity, and inclusion are central to Unitaid’s mission and that integrating those values in every intervention will always yield better outcomes. The Strategy outlines that the starting point for every innovation will be seeking out under-represented voices and working with all stakeholders to shift decision-making towards the people and places facing the greatest health inequities. It also commits to seeking the input and participation of communities to ground investments in people’s needs and that communities will be integral to the design and implementation of Unitaid programmes, recognising that community-led approaches are central to ensuring that Unitaid’s work reaches all who can benefit, especially at-risk and marginalised people. The Strategy also commits to working with local partners to generate demand, foster grassroots advocacy and secure political and financial support for Unitaid’s projects. Unitaid’s Community and Civil Society Engagement (CCSE) work<sup>2</sup> has historically been primarily implemented through project activities in service of project goals and objectives.

In May 2023 Unitaid introduced a Community Engagement Framework<sup>3</sup> to support community-led approaches for equitable access. The Community Engagement Framework aims to:

- ✓ Improve approaches within grants for product introduction and scale-up.
- ✓ Improve relationships of trust and visibility with key partners.
- ✓ Create a common understanding of the importance of working and engaging with communities.

<sup>1</sup> [Unitaid Strategy 2023-2027.pdf](#)

<sup>2</sup> <https://unitaid.org/engaging-communities-and-civil-society/>

<sup>3</sup> [Unitaid-Community-engagement-framework.pdf](#)

- ✓ Increase visibility and recognition of Unitaaid's added value.
- ✓ Improve early adoption and demand creation.
- ✓ Create potential for an expanded call applicant and grantee base and increased opportunities for stakeholder engagement.

## WORK TO BE PERFORMED

Through this RFP, Unitaaid is seeking management consultant support to benchmark the approaches taken, including but not limited to any formalized mechanisms, by comparable global public health organizations to develop and sustain community networks/platforms in countries/regions to facilitate community engagement, demand creation and advocacy. The benchmark should include experiences implementing the mechanisms (successes and challenges). The report from this work should highlight best practices from these approaches, as well as their limitations, lessons learned, funding options, resourcing requirements/levels of effort to support, and accountability and oversight mechanisms. Please include details when applicable e.g. specific objectives for Community Engagement, activities, KPIs, etc.

To facilitate development of the response to this RFP, two illustrative examples of possible areas of work by comparator organizations to be benchmarked are 1) approaches to *developing* community networks/platforms and 2) approaches to *sustaining* such networks/platforms.

### Example 1. Community Network/Platform Development

- **Approaches:** What models, structures (frameworks), approaches and platforms have been used? (e.g., digital platforms, physical networks, community hubs). Please indicate the size and level of ambition of the various networks including the motivations behind the establishment of such networks and indicate if they served as an effective accountability mechanism (holding governments and global health multilaterals accountable for fulfilling commitments).
- **Inclusivity:** How inclusive are the networks in terms of marginalized groups, such as women, youth, or ethnic minorities?
- **Collaborations:** Extent of collaboration with local organizations, governments, and international bodies.
- **Lessons learnt:** What was learned by the organization through the planning, implementation and sustainment of the approaches? What challenges were faced, what opportunities were discovered, and how were those overcome or capitalized on? If there were approaches that worked especially well, what factors contributed to that success? Importantly, if an organization ultimately decided against establishing such networks/platform, or decided to switch approaches, what was the rationale behind the decision?

### Example 2. Mechanisms for Sustainability

- **Funding Models:** What financial models are partners using to sustain community networks/platforms? (e.g., donor funding, community ownership, income-generating activities).
- **Governance Structures:** How are these networks governed? Is there local ownership, transparency, and accountability?

- **Capacity Building:** Are there continuous capacity-building efforts for community leaders and members?
- **Lessons learnt**

It is expected that the successful proponent for this work will consider these and other examples in their proposed approach.

Conducting interviews and questionnaires will play a crucial role in gathering essential information for the benchmarking. Additionally, conducting desk research and analysing publicly available information will complement these activities, aiding in the gathering of secondary information. Together, these activities are expected to provide a comprehensive approach to collecting the necessary data for the benchmarking analysis. The bidder is kindly requested to provide a clear explanation of the intended benchmarking methodology that will be employed to fulfil this assignment.

## DELIVERABLES

The supplier is expected to begin work in early February 2025 and complete its work by mid May 2025.

Key deliverables	Tentative due date
1. Program management plan/benchmarking methodology/benchmarking tools, including selection of organizations for benchmarking and areas of work for benchmarking	14 February 2025 (2 weeks)
2. Data collection (e.g., desk reviews, interviews)	14 March 2025 (4 weeks)
3. Initial results of benchmarking findings (draft report & slide deck)	1 April 2025
4. Final report and slide deck from benchmarking exercise	14 May 2025

Note that the above deliverables and timelines are tentative and subject to validation and adjustment throughout the course of contract.

## RESOURCES REQUIRED AND QUALIFICATIONS

The supplier is expected to assemble a small team that can support the work described above, with sufficient project management oversight and seniority. The proposed team shall have expertise in the following:

- Demonstrated experience and understanding of the international public health architecture in which Unitaaid operates, e.g., with WHO and other UN organizations; large international grant-making organizations, such as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria; relevant international public health partnerships, such as the Roll Back Malaria Partnership and Stop TB Partnership; bilateral donors; academic/research institutions; relevant non-profit and for-profit enterprises; and non-governmental organizations.
- Strong knowledge of the role of communities and civil society in advancing health development and reaching health-related SDGs.
- Extensive demonstrated experience in strategic, operational, and resource analyses in general, and

specifically in conducting benchmarking analyses.

- A strong understanding of Global Health, in the areas of HIV, tuberculosis, malaria and women's and children's health.
- Excellent organizational skills and project management experience. Demonstrated excellence in internal communications, change communication, and a track record of managing collaborations and driving results in the context of complex partnerships.
- Excellent oral and written communication skills in English are required, with the ability to distil complex technical subjects in clear and accessible messages.
- Familiarity with Unitaid's strategy and business model would be an added advantage.

## **ADDITIONAL INFORMATION**

### **PLACE OF WORK**

Work will be performed remotely through video calls and phone calls. Bidders shall submit the fee proposal which includes separate costs for two (2) trips to Geneva. The selected Contractor is expected to be available for meetings during normal business hours in the Geneva time zone.

### **TIME COMMITMENT**

The supplier is expected to provide continuous support from dedicated consultants and project managers/principals, with the same team for the full duration of the contract.

### **CONFIDENTIALITY**

The supplier shall treat all data and information to which it may gain access for or in the course of the services as confidential and proprietary to Unitaid.

### **METHOD AND FREQUENCY OF INTERACTION REQUIRED BETWEEN UNITAID AND THE PROVIDER**

- Video conference as/whenever needed
- Weekly touchpoint calls on progress of work and for future work planning

### **FINANCIAL COMPENSATION AND PAYMENT SCHEDULE**

Remuneration shall be made upon submission of satisfactory deliverables as above. For professional fees, payment will be made following satisfactory completion of the TOR and of corresponding detailed invoices, along with a Financial Statement (using the template to be provided by Unitaid) detailing the actual level of effort incurred and breakdown of travel expenses, if any. For travel costs (subject to travel restriction and to be agreed with Unitaid), payment will be made in accordance with WHO rates and upon submission of invoices indicating actual travel costs with proof of payment. The consultants are responsible to organize all logistics of travel, including hotel booking and local transportation. All travels must be arranged in the most economical way, in line with Unitaid's effort in reducing carbon footprints related to the procurement activities.