

Request for Proposals: Assessing GHWA's Legacy

Bid Reference 2015/HIS/HWA/0003

The World Health Organization (WHO) is seeking offers for assessing the results and legacy of the Global Health Workforce Alliance, a partnership hosted by WHO since May 2006 and whose mandate will be completed in May 2016.

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 an assessment of the results, value added and legacy of one of its hosted partnerships, the Global Health Workforce Alliance. The work will be delivered according to the terms of reference below.

Terms of reference

Background

The Global Health Workforce Alliance (GHWA) is a partnership dedicated to identifying and implementing solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations. GHWA is hosted and administered by the World Health Organization (WHO), under the terms of a 10-year Memorandum of Understanding agreed in May 2006.

In the context of the complex and unfinished HRH agenda, an uncertain global development scenario, a crowded health landscape and stagnating resources for health, GHWA recognized the need to concentrate its efforts on the priority health workforce actions where it had a comparative advantage.

Recognizing that countries are the primary drivers of HRH action, and that member organizations of GHWA were better placed to support them in improving availability, accessibility, acceptability, quality and performance of the health workforce through their technical and financial support, the role of the GHWA Secretariat, under the oversight of the Board, was identified as enabling and facilitating processes and inputs to global and country actions. Examples of GHWA Secretariat functions include:

- developing and conveying joint messaging and positions on HRH, by convening consultation processes, high-level policy dialogue and forums that broker consensus on priority HRH topics;
- collating and sharing strategic information to enable members and partners to adopt them in policy and programmatic interventions;

- providing catalytic support and facilitation to strengthen the HRH coordination, planning and policy management environment, and leveraging the technical and financial contributions of partners and members;
- documenting, disseminating and celebrating best practices and examples of success, fostering accountability;
- providing catalytic support on priority actions undertaken by networks and platforms driven by members and partners; and
- maximizing synergy to avoid duplications.

Objective

As GHWA approaches the completion of its 10-year mandate in May 2016, its governing Board has mandated the development of an analysis reflecting on the results, challenges, achievements and legacy of the partnership. The objective of conducting an analysis of the achievements and legacy of GHWA is to draw lessons from the experience of this partnership in order to:

- Have a retrospective evaluation of its operations;
- Identify key issues that emerged from the experience of GHWA that should influence future decisions concerning mechanisms of global governance for human resources for health (HRH); and
- Inform WHO and other key stakeholders on future activities in human resources for health .

Approach

Best practice models on the assessment of global health initiatives entail three core elements:¹

1. A plausible theory of change must ground complex evaluations;
2. Using multiple analytical methods is required to address complexity;
3. Triangulation of different evidence sources validates information and builds confidence in evaluation findings.

GHWA adopted in its operations an implicit conceptual model for policy change in HRH development. Traditional models for policy development - built around the logical sequence of assessment, planning, execution and evaluation, followed in turn by further assessment and so on – are simplistic, and bear little resemblance to real-life policy making. This is particularly true in the HRH field, an area in which many constituencies and different sectors (health, education, finance, labour, local government) are engaged and have a stake. HRH policy, planning and management typically proceed by iterative loops, whose increasing difficulty and complexity are conditioned by feasibility and risk considerations, and negotiated with interested parties, whose interests must be explicitly taken into account. Opportunities for change stem from iterative interactions between the analysis of problems, the identification of solutions and the pursuit of policy consensus around the latter; actual change occurs when these three processes converge.²

¹ Mookherji and Meck. How Can We Better Evaluate Complex Global Health Initiatives? Reflections From the January 2014 Institute of Medicine Workshop. Global Health: Science and Practice 2015 | Volume 3 | Number 2

² Kingdon JW. 1984. *Agendas, Alternatives, and Public Policies*. Boston, MA: Little, Brown & Co 1984

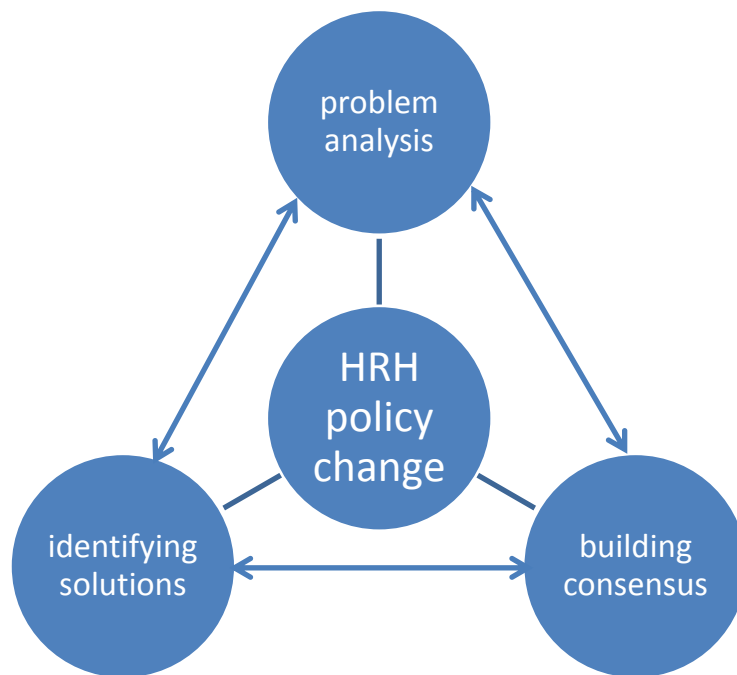


Figure 1: iterative interactions for HRH policy change.

Accordingly, the operations of GHWA aimed at creating the platforms, fora and collaborative mechanisms to enable this iterative policy dialogue among its actors and constituencies, so as to contribute to building consensus by decision-makers around the required HRH policy changes and investment decisions.

For instance, attendance by decision-makers, planners, practitioners and other HRH stakeholders of events was regarded as a way to provide them with an opportunity to learn about best practices, innovative models, success stories that they might wish to adopt and replicate in their own context. By giving national and global stakeholders an opportunity to speak at events, for instance by presenting their country's or their institution's experience, opportunities were created for them to initiate a process of reflection, which may lead to explore in greater depth certain specific challenges they face, questioning whether the solutions being implemented or planned are effective.

Related to that, influencing the contents of political documents (such as UNGA or WHA resolutions, G8 or AU documents, etc) through the inclusion of specific references to HRH can provide for policy makers a global or regional reference framework. If this has the endorsement and backing of political leaders, it can serve as a precious ally in catalyzing actions and mobilizing consensus and commitment among other national stakeholders.

Similarly, regular (i.e. two-yearly) reviews and updates on the HRH situation globally and in certain specific countries can provide evidence of progress, or lack thereof, which can serve as an input to decision-makers to 1) reinforce the momentum behind successful policy processes and reforms, 2) provide a stimulus to imitate and adapt successful models, or 3) take corrective and remedial action when required. These positive effects are expected to take place through peer review and peer pressure, and by creating an incentive for decision-makers and planners to demonstrate better results and success in subsequent monitoring and reporting rounds.

The analysis should adopt this or a similar/ related theory of change as guiding framework; it should assess the extent to which GHWA met these expectations, including an analysis of enablers for success and reasons for shortcomings; draw conclusions on the achievements, value added and legacy of the partnerships; and provide relevant recommendations for future global governance for HRH, and similar arrangements for WHO-hosted partnerships.

While the identification of a methodology of work forms part of the response to this RFP, and its finalization will take place as part of the inception phase (see tentative timeframe bellows), it is envisaged that this will include at a minimum:

- Review of literature, documents, and publications on relevant health workforce topics;
- Analysis of relevant internal documents of GHWA, such as strategic documents, internal and external evaluations, workplans, general and project-specific reports, publications, meeting reports etc;
- Key informant interviews with selected HRH experts at global, regional and country level, current and former Alliance Board members, Alliance Secretariat staff.

Travel to countries or the organization of face-to-face interviews or group workshops is not required. The inclusion of such activities in the bid is not encouraged in order to maintain the financial asks of potential bidders compatible with the envisaged available resource envelope.

Deliverable

The main deliverable expected from the provider is a concise report (excluding tables, figures, annexes and appendices), written in the form of an academic publication (e.g. for publication in WHO's HRH Observer series). The report will provide a documented analysis of the results, achievements and legacy of the Global Health Workforce Alliance. An indicative structure for the report is as follows: :

- Introduction/ background (500 words);
- Methods, including theory of change (500 words);
- Results: the extent to which GHWA has met the expectations articulated through its successive strategic documents (2000 words);
- Discussion: achievements, shortcomings, interpretation (1000 words)
- Conclusions: the legacy of GHWA (1000 words)

Timeframe

Activity	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 15
RFP published, bids received							
Contractor selected, contract awarded							
Methodology finalized							
Evidence retrieval, key informant interviews							
Submission first draft of report							
Feed-back on 1 st draft of report							
Submission of 2 nd (final) draft of report							

The provider shall be a qualified not-for-profit or for-profit institution from anywhere in the world. The provider shall be an institution operating in the field of international development, research or academia, with proven expertise in health systems and policy analysis.

A successful track record with WHO, other international organizations, global health initiatives and/or major institutions in the field of health systems and policy analysis is required.

Proven experience in publishing high-level policy reports and research articles in the global health field is required; specific experience in human resources for health will be considered of added value.

Experience in conducting complex evaluations assessing global health initiatives will be considered an area of strength.

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 (not exceed the length of 3,000 words, excluding the annexed information relating to the relevant related experiences of the organization, the annexed abridged CVs of key personnel, and other relevant annexes, such as consortium structures, disclosure of conflicts of interest, etc), and will be structured to include the following information:

- Comments or qualifications to the terms of reference
- Proposed solution. This section will provide an overview of the comprehensive approach to address the terms of reference, including the theory of change that will be applied to guide the analysis.
- Approach/Methodology. This section will provide more detailed information on the proposed approach to conducting the analysis.
- Proposed time line. This section will be presented as a detailed chronogram of key activities (the use of Gantt charts is encouraged).
- Key personnel involved. This section will provide names and abridged CVs of principal investigator, and of all the technical personnel that will be involved, highlighting expertise and relevant publication record in conducting related work
- Financial proposal. This section will provide a detailed breakdown of costs and overall amount requested. The personnel inputs will be quantified specifying the number of person-days for each of the technical personnel involved and corresponding fee rates.

In the assessment of bids, the selection panel will review quality and cost as per the following criteria:

- Capacity and track record of institution (20%);
- Experience of proposed personnel (30%);
- Proposed approach (30%);
- Financial competitiveness (20%).

The winning bidder will have to be deemed to be at least satisfactory across all 4 criteria above (i.e. a bid would be disqualified from further consideration if it were deemed to be strong or very strong on three criteria, but fail to meet minimum requirements on the fourth).

Any 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 2 August 2015 **23.00 hours Geneva time** ("the closing date"), by email at the following addresses: comettog@who.int ; cc: ongaroc@who.int; ghwa@who.int

The correspondence shall be addressed to
Dr Giorgio Cometto
Technical Officer
Global Health Workforce Alliance - World Health Organization
Avenue Appia 20, CH-1211 Geneva 27
comettog@who.int
Tel. +41 22 791 2795

Each proposal shall be marked Ref: **2015/HIS/HWA/0003** 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 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 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.

In the selection, award of an agreement and implementation of this initiative – including performance monitoring - all the general WHO rules and conditions of Agreements of Performance of Work (APWs) will apply.

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.

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.