

Request for Proposal (RFP) for landscape analysis on mental health science, policy and practice in twenty-two countries

1. Introduction and context

Wellcome is a politically and financially independent charitable foundation. We improve health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships. In 2020, Wellcome announced our new 30-year strategy to tackle three global health challenges: mental health, infectious disease and the impact of climate change on health. For mental health, the vision is a world where no one is held back by mental health problems. To advance this vision Wellcome is seeking to create a step change in early intervention in anxiety, depression, and psychosis

Fondation Botnar champions the potential of AI and digital technology to improve the wellbeing of young people in growing cities around the world. By supporting research, investing in innovative projects, and bringing together key voices, Fondation Botnar is working to build a world where every young person can thrive. Fondation Botnar engages in promoting Mental Health of Young People as it is a neglected but essential component of their wellbeing.

Mental health problems are holding people back in all parts of the world, with these conditions set to become the largest burden of disease by 2030. To address this challenge, we need to speed up research to understand mental health better, as well as develop prevention and treatment approaches that are more effective and personalised.

Recognising that mental health and mental health problems can be very contextual, Wellcome and Fondation Botnar are partnering on an RFP seeking to deliver a landscape analysis on mental health in 22 countries, covering Australia, Canada, China, Colombia, Ecuador, Egypt, Germany, Ghana, India, Indonesia, Israel, Japan, Kenya, Morocco, Romania, Senegal, South Africa, Switzerland, Tanzania, Vietnam, US and UK.

Broadly, the landscape analysis for each country should cover:

- the key social, political, economic, environmental and cultural context relevant to mental health science, policy and practice within that country;
- the mental health policies, services, research and initiatives that have been implemented;
- how mental health science is supported;
- what role those with lived experience¹ of mental health problems play in decision-making.

This analysis will help us to understand the status of mental health science, policy and practice around the world, which both Wellcome and Fondation Botnar will use to shape our respective strategies. We hope this work will also highlight who the key actors, institutions, and

¹ The term “lived experience” or “living experience” refers to, for example, people who have experienced mental health challenges, survivors, service users, including people without a clinical or medical diagnosis. It is a type of unique, person-centred knowledge. <https://wellcome.org/news/lets-talk-about-lived-experiences-mental-health-challenges>

organisations are and inform how partners might strategically and sensitively engage with stakeholders in these countries.

Initially, the primary audience for this analysis will be those supporting the strategic approach to mental health at Wellcome and Fondation Botnar but, recognising that this information will be an important and useful resource for others working in this area, we will also make it publicly available.

2. Aim, objectives and key questions for the landscape analysis

The aim of the landscape analysis is to enable Wellcome and Fondation Botnar to develop a better understanding of mental health science, policy and practice in twenty-one countries and to use this information for strategy development and implementation.

The analysis should primarily focus on anxiety, depression and psychosis² to align with partners' strategic interests. However, recognising that mental health problems can be defined and categorised in different ways in different countries, it might be necessary to look at wider conditions to answer some of the research questions below fully. For example, if mental health burden data includes those affected by addiction and/or neurological conditions this data should be represented in the analysis.

As well as considering the specified research questions as applies to whole populations of nominated countries, we are also especially interested in the application of these questions as pertains to young people and issues affecting young people. In line with the 2016 Lancet Commission on Adolescents Health and Wellbeing, we define young people as between the ages of 10 and 24. Where there is specific data related to young people this should be highlighted.

The research questions that Wellcome and Fondation Botnar would like the Supplier to investigate in each country are included below. These questions represent the areas we are most interested in, but we understand there will be limitations to the extent that it is possible to answer all questions for all countries. Where it is not possible to address a question, we expect the supplier to demonstrate this and, where possible, suggest an alternative.

2.1. Social and cultural context

- Key country information: Population overview and projected growth (including both age groups and ethnic groups as proportion of population), economic overview (including key factors impacting mental health such as level of unemployment), and languages spoken. Specific focus should be taken on the position of and issues relevant to young people.
- What country-specific evidence is there for /prevalence of mental health conditions within specific countries and how accurate is this thought to be? What conditions are

² Where possible we suggest definitions are aligned with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the International Classification of Diseases and Related Health Problems (ICD-10).

included? Is anything missing in comparison to other countries? Is data on burden/prevalence of mental health conditions disaggregated by characteristics such as: gender, age, disability, ethnicity, class etc.

- What are the dominant attitudes towards mental health as an issue and people with mental health conditions? Are these attitudes shaped by a particular influence? Do they represent a few (for example a specific group of people) or the majority?
- What discourses surround those living with mental health conditions? E.g., lived experience, and stigma.

2.2. Politics and policy

- How far has mental health been noted as a priority to the national government? What is the financial commitment?
- What are the existing policies, schemes, frameworks and agendas related to mental health, particularly youth mental health? How have these changed over the last 10 years? How has mental health science or research featured in these?
- Within the political discourse, have any country- specific drivers/risk-factors for mental health problems been identified and how have they been evidenced?
- What is the nature of the policy-making process in relation to mental health? Is mental health ever considered/incorporated into policies and decisions not directly related to health, and if so, for which sectors? What does the healthcare system look like and how is mental health incorporated? Are mental health-related services and products integrated into broader national UHC and health financing policies and strategies? Do mental health conditions form part of health professional training curricula?
- What international political processes or networks does the government or other national stakeholders proactively contribute to, e.g. G20, regional bodies, etc? Is there evidence that this contribution has influenced mental health priorities and actions at different levels, e.g. at the global level, within the G20, etc?
- Is there evidence that the international community has influenced national actors, policies and/or services e.g. UN agencies, global professional networks?

2.3. Action and advocacy

- Who are the key actors and stakeholders involved in developing mental health policy and implementing services? This could include government (at different levels), health and social service providers, civil society (including organisations of people with lived experience or representing families of people with lived experience), researchers/scientists, philanthropy, practitioners and the private sector (including the pharmaceutical industry). Specific focus should be given to those actors and stakeholders most relevant to young people, such as education and other social service establishments.
- How do key actors (private sector, civil society organisations, lived experience advocates and others) use their influence to bring about change on mental health? What are they calling for and how influential have they been? Particularly, what are young people and/or groups representing young people calling for?
- Are there networks forming around mental health advocacy? If so, who is involved and how do they function?

2.4. Lived Experience³

- Who are the main local, national and international organisations, partnerships or networks that work with or are led by people with lived experience on the issue of mental health? What are their interests, core activities, and the scale of their operations? Specific focus should be taken on groups led by or championing perspectives of young people.
- What are the existing interventions, campaigns, initiatives, networks, programs and projects that involve people with lived experience of mental health issues? Particularly, how are they involved in decisions on their own care and how care services are set up more generally?

2.5. Mental Health Science and Research

- How does mental health science fit within the broader research ecosystem⁴ and how well developed/supported is this ecosystem?
- What does the mental health research agenda, ecosystem and infrastructure look like? Who are the leading experts and opinion leaders, institutions and/or publications that produce and disseminate research?
- What is considered to fit within the remit of mental health science and what are the dominant theoretical schools/approaches? How much cross-sector mental health research is taking place?
- How are people with lived experiences and/or young people involved in the mental health research ecosystem? How are they involved in leading and shaping the mental health research agenda? How well developed is this and how well supported and resourced is this? What dominant attitudes are there towards involvement?
- How is mental health research funded – by government or by other sources? What is the total spent on mental health⁵? What is this as proportion of total health research and overall research spend? What is this as proportion of total spend on mental health? What is this funding typically focused on (e.g. certain conditions, certain age groups, etc.), and how does this align with the greatest burden of mental health conditions in the country?
- What is the place of research within the country's mental health landscape? How is research used? How does research influence policy and practice?

2.6. Data

- What are the existing policies, schemes, frameworks and agendas related to mental health data governance at the national and sub-national levels? Are there changes on the horizon?

³ People with lived experience can include individuals suffering from a mental health condition or families/carers of people with mental health conditions.

⁴ The research ecosystem refers to the researchers and the outputs they produce, research managers and the institutions they work for, funders and governments who support research, policymakers who use the research to drive change to achieve better health, engagement and communication specialists who share and discuss the findings with the public, private sector and global pharmaceutical companies who develop innovative products and employ researchers. <https://wellcome.org/what-we-do/our-work/research-ecosystems-africa-and-asia>

⁵ Consider aligning to the methodology for the UK Mental Health Funding Landscape Analysis 2008 – 2013 to address this question. <https://amrcopenresearch.org/documents/1-5>

- Who are the biggest managers/owners of mental health data?
- What large longitudinal datasets (over 10,000 people) exist or are planned (WITH FUNDING) to launch in the next 3 years, which include data on those aged 10-30 collected where data are collected at least annually for at least 5 years with at least 3 waves of data collected already.
- Who can access mental health data and how is it used?

3. Scope of Requirements

3.1 Project methodology

A detailed methodology for the work is open for suppliers to propose. We expect the design and implementation of this study to take into consideration restrictions and limitations posed by COVID-19 now and until project completion.

We anticipate that the research methodology may include the following:

- Focus on secondary data collection, presenting this data objectively and with limited additional analysis based on opinion from the supplier.
- Desk review of key local, national and international organisations and initiatives, projects, programs etc. using their websites, reports and other resources.
- Stakeholder analysis using appropriate mapping methods.

3.2 Geographic coverage

The landscape analysis should address the specified research questions for 22 countries, covering Australia, Canada, China, Colombia, Ecuador, Egypt, Germany, Ghana, India, Indonesia, Israel, Japan, Kenya, Morocco, Romania, Senegal, South Africa, Switzerland, Tanzania, Vietnam, US and UK. It should be noted that the list of focus countries have been chosen as countries of particular interest to Wellcome and Fondation Botnar that also provide a good spread of geographic diversity. This does not imply that these countries will be the exclusive focus of Wellcome's or Fondation Botnar's work in the future.

3.3 Other requirements

We also expect the supplier's team to be diverse in membership, inclusive in practice and have experience of working across a range of global settings, with or alongside minoritized communities. We anticipate it could be an asset if the supplier has in-country partners for the target countries, so please identify these where relevant in the proposal.

3.4 Health and Safety

It is critical that the health and wellbeing of both the researchers and participants is maintained, especially in the context of the ongoing COVID-19 pandemic. The tendering company must adhere to COVID-19 guidelines of both WHO and the country where the research takes place.

4. Deliverables

We expect the following deliverables in accordance with the following timetable as a minimum. We are open to discuss the format of the deliverables and welcome alternative ways to present the analysis within your proposal.

Deliverable	Deadline
1-page update report identifying progress and outlining challenges and concerns	Monthly
Draft structure of final reports agreed in advance of writing	To be agreed with supplier
<p>A written landscape analysis report for each country of 15-20 pages (including references) detailing the findings in accordance with the key questions above. Each report should:</p> <ul style="list-style-type: none"> • Start with a data led executive summary of 1-2 pages, covering key statistics that can be compared across countries. • Be eye-catching and include graphics/diagrams to complement the text. • Be produced in English and, where this is not English, the primary language of the relevant country as well as in English. • Be written for an interested but non-technical audience. • Be written in a way that is sensitive of differing capacity and capabilities in different countries. • Be as comparable as possible across countries but recognising where differences in data format and availability means this is not possible. <p>Reports will be made available on partners websites and disseminated through various channels to maximise reach and influence. This may include to relevant governments.</p>	To be agreed with supplier
<p>A stakeholder map for each country, highlighting the key actors, institutions, and organisations involved in mental health policy and practice, and the linkages between these stakeholders.</p> <p>The stakeholder map should be structured in a way that it allows for easy comparison across countries.</p>	To be agreed with supplier
<p>A short synthesis report that explores key trends across countries and the efficacy of the research questions.</p> <p>This should explore relevant similarities and differences observed in key data points between countries, both in terms of the mental health landscape and the availability of data. It should also include recommendations of which questions should be included/excluded in any future mapping work and why.</p>	To be agreed with supplier
Presentation to partners of the landscape analysis findings	To be agreed with supplier

5. RFP Timeline

#	Activity	Responsibility	Date
1	RFP issued to Suppliers	Wellcome/Fondation Botnar	03/05/2022
2	Deadline for Supplier to notify as to whether or not they wish to submit a proposal (Expression of Interest)	Supplier	10/05/2022
3	Deadline for submission of questions on the RFP to Wellcome contact (Supplier Q&A)	Supplier	13/05/2022
4	Return of answers to Supplier Q&A to Suppliers	WT	20/05/2022
5	Deadline for submission of RFP Response (RFP Proposal)	Supplier	03/06/2022
6	RFP Evaluation Period	Wellcome/Fondation Botnar	06/06/2022 – 10/06/2022
7	Shortlisted suppliers informed of interviews	Wellcome/Fondation Botnar	10/06/2022
8	Interviews with shortlisted Suppliers	Wellcome/Fondation Botnar & shortlisted Suppliers	15/06/2022 – 17/06/2022
9	Notification of Contract Award	Wellcome	20/06/2022
10	Contract Negotiation	Wellcome & Supplier	20/06/2022 – 01/07/2022
11	Contract Start Date	Wellcome & Supplier	04/07/2022

6. Response Format

The following headers support the RFP timetable by providing further detail of the key steps.

6.1 Expression of Interest

Suppliers are asked to submit a short expression of interest by e-mail to the RFP contact (see section 19) in accordance with the RFP timetable. This should include a few lines confirming your intent to apply and the key organisation(s) or individual(s) involved in the bid.

We recognise one organisation or individual may not feel equally able to deliver all strands of this analysis and we are therefore happy to accept expressions of interest from a group of partner organisations or individuals. We ask that one of these organisations or individuals is

be identified as the lead contact in the expression of interest. In a successful multi-partner bid the lead organisation/individual will be contracted and must be prepared to sub-contract partner organisations/individuals.

6.2 Supplier Q&A

Prior to the submission of your RFP response, Suppliers are provided the opportunity to submit any questions they have about the exercise. All questions are to be submitted to the RFP contact (see section 19) by e-mail in accordance with the RFP timetable.

6.3 RFP Proposal

Suppliers are required to submit proposals which respond to the following sections:

1. Description of your understanding of the project's purpose.
2. Explanation of how your research and output design will meet the aims and objectives of this study and the characteristics set out in the deliverables section.
3. Detailed methodology for undertaking the study.
4. Description of anticipated risks and challenges and ways to mitigate them and quality assurance for your work.
5. Details of staff allocated to the project, together with experience of the contractor and staff members in carrying out similar projects and expertise in the thematic area of this study. The project manager/lead contact should be identified.
6. A description of the team's experience of working on global issues and across a range of global settings. Please list any relevant in-country partners for the target countries.
7. A detailed budget including all costs, expenses and VAT, specifying all day rates of individuals involved, the allocation of days between members of the team, and the cost of particular activities.
8. A timeline for the work, including key milestones and deliverables against each of these.
9. Examples of similar types of work. These could be sent as a separate document/appendix to the proposal.

A proposal for undertaking the work should be **no more than 10 pages**. Submitting a proposal more than 10 pages will automatically result in the rejection of the proposal.

6.4 Budget

Any costs related to conducting the analysis should be included and clearly specified within the budget. If possible, we'd be grateful if budget could also be broken down by country profile, indicating if some profiles are expected to take more capacity and budget than others.

The budget should also cover all costs associated with quality assurance, proof-reading, translation and design of the final outputs. An appropriate allowance for expenses and management time should be included. In presenting your budget, please indicate how you address UK VAT requirements, especially if your organisation is outside the UK.

The costs calculations should also include any local taxes that you may not be able to reclaim from the tax authorities in your host country.

Costs will be scored during the tender process on whether they are realistic and appropriate relative to the proposed methodology. Seemingly costly aspects to your proposal will need to be explained.

The evaluation of price will be carried out on the Schedule of charges you provide in response to Table A.

Table A - Schedule of Charges

Please show in your proposal submission, the number of staff and the amount of time that will be scheduled to work on the contract with the daily charging rate.

Please complete the table below providing a detailed breakdown of costs against each description. Suppliers may extend the tables to detail additional elements/costs if required.

If VAT is chargeable on the services to be provided, this should be taken into account in the overall cost of this contract so please make sure to include that clearly in the budget.

Suppliers shall complete the schedule below, estimating the number of days, travel and subsistence costs associated with their proposal submission.

TABLE A: (firm and fixed costs)

Cost	Post 1 cost per day (No of days) e.g. Project Manager/ Director @ £2	Post 2 cost per day (No of days) e.g. Senior Consultant/ manager/ researcher @£1.5	Post 3 cost per day (No of days) Junior Consultant /equivalent e.g. £1	Total days	Total fees
Inception meeting to agree plans and finalise requirements	Example 0.5	1	1.5	3	£4
[Add as necessary]					
[Add as necessary]					

Cost Type	Value (£)
Sub - Total	
VAT	
Total*	

6.5 Information Governance

Suppliers are asked to complete the Third Party Security Risk Assessment (TPSRA2) assessment which can be found [here](#) before the RFP submission deadline for Wellcome to assess how you handle data.

6.6 Contract Feedback

Suppliers should also provide specific feedback to the contractual agreement which will be used should their proposal be successful. Contract feedback is to be incorporated into your proposal as an annex and in the following format:

Clause #	Issue	Proposed Solution/Comment

- Suppliers submitting proposals as a registered company should review this Terms and Conditions [document](#).
- Individuals submitting proposals as a sole trader (not registered) should review this contract [document](#).
- Individuals submitting proposals through their own personal services company should highlight this to the RFP contact (see section 19) immediately.

7. Proposal scoring

The evaluation criteria give an overall sense of how we'll prioritise different parts of your tender response.

Your proposal will be scored out of 100% and it will be assessed against the following criteria:

Quality criteria & questions
1. To what extent does the RFP response demonstrate a clear understanding of the aim, objectives and research questions, and the mental health ecosystem?
2. To what extent is the proposed methodology robust and appropriate to fulfil the research aim, answer the research questions and provide appropriate deliverables?
3. To what extent does the RFP response demonstrate the supplier has expertise in mental health?
4. To what extent does the RFP response demonstrate experience relevant to conducting a landscape review, considering capability in analytical research and effectively presenting data?
5. To what extent does the RFP response demonstrate relevant experience of the project team in working across a range of global settings, with or alongside minoritized communities?
6. To what extent does the tender response demonstrate a clear and realistic project plan, to successfully deliver the work to the budget and timetable required and a well-structured, inclusive in membership team with clear roles and responsibilities?

8. About the partners

8.1 About Wellcome

Wellcome supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, global heating and infectious diseases. Find out more about Wellcome and our work at: [wellcome.org](https://www.wellcome.org).

8.2 About Fondation Botnar

Fondation Botnar is a Swiss philanthropic foundation working to improve the health and wellbeing of young people living in cities around the world. Advocating for the inclusion of youth voices and the equitable use of AI and digital technology, the foundation invests in and supports innovative programs and research and brings together actors from across sectors to create dialogue and partnerships. Find out more about Fondation Botnar and our work at: [fondationbotnar.org](https://www.fondationbotnar.org)

9. Safeguarding

Being aware of issues related to safeguarding is fundamental to delivering our mission at Wellcome. Suppliers are expected to consider the safeguarding risks if they're interacting with young people or vulnerable adults in this project.

10. Non-Disclosure and Confidentiality

Prospective Suppliers should be aware that inappropriate publicity could have a serious effect upon Wellcome's business. The information contained within this document or subsequently made available to prospective Suppliers is deemed confidential and must not be disclosed without the prior written consent of Wellcome unless required by law.

11. Prospective Suppliers Personnel - IR35 and Off Payroll Working Rules

Before the RFP response deadline, Prospective Suppliers must make the RFP Contact aware if they are intending to submit a proposal where the services will be provided by any individuals who are engaged by the Prospective Supplier via an intermediary i.e.

- Where the Prospective Supplier is an individual contracting through their own personal services company; or
- The Prospective Supplier is providing individuals engaged through intermediaries, for the purposes of the IR35 off-payroll working rules.

12. Independent Proposal

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the purpose of restricting competition, as to any matter relating to such prices, with any other potential Supplier or with any competitor.

13. Funding

For the avoidance of doubt, the output of this RFP exercise will be funded as a **Contract** and not as a Grant.

14. Costs Incurred by Prospective Suppliers

It should be noted that this document relates to a Request for Proposal only and not a firm commitment from Wellcome to enter into a contractual agreement. In addition, Wellcome will not be held responsible for any costs associated with the production of a response to this Request for Proposal.

15. Sustainability

Wellcome is committed to procuring sustainable, ethical and responsibly sourced materials, goods and services. This means Wellcome seeks to purchase goods and services that minimise negative and enhance positive impacts on the environment and society locally, regionally and globally. To ensure Wellcome's business is conducted ethically and sustainably, we expect our Suppliers, and their supply chains, to adhere to these principles in a responsible manner.

16. Disability Confident

The Wellcome Trust is proud to be a Disability Confident Employer (DC Level 2) and we encourage all our partners and suppliers to do the same. More information about this can be found on the government website Disability Confident employer scheme and guidance - GOV.UK (www.gov.uk). Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.

17. Accessibility

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic health condition, we can offer adjustments to the response format e.g. submitting your response in an alternate format. For support during the RFP exercise, contact the RFP Contact.

If, within the proposed outputs of this RFP exercise, specific adjustments are required by you or your team which incur additional cost then outline them clearly within your commercial response. Wellcome is committed to evaluating all proposals fairly and will ensure any proposed adjustment costs sit outside the commercial evaluation.

18. Diversity & Inclusion

Embracing [diversity and inclusion](#) is fundamental to delivering our mission to improve health, and we are committed to cultivating a fair and healthy environment for the people who work here and those we work with. As we learn more about barriers that disadvantage certain groups from progressing in our workplace, we will remove them.

Wellcome takes diversity and inclusion seriously, and we want to partner with Suppliers who share our commitment. We may ask you questions related to D&I as part of our RFP processes.

19. RFP Contact Details

The single point of contact within this RFP exercise for all communications is as indicated below:

Name: Sian Williams
Role: Senior Policy Adviser, Wellcome Trust
Email: s.williams@wellcome.org