



Request for Proposal (RFP) for Understanding potential for 'Centres for Exchange' to support Wellcome's strategy

1. Summary

Wellcome Trust has launched an ambitious new strategy which directs our work at the most urgent health challenges facing everyone: mental health, infectious disease and the effects of climate change on health. Through its work, Wellcome aims to enable the broadest possible range of people to contribute to, and benefit from, science's potential to change the world. Thus, alongside our investments in science, we support engagement with the public across the research lifecycle, to get the best out of science for society.

This RFP is issued by the Public Engagement (PE) team. Our work in PE is directed towards those facing the most disproportionate effects of health challenges globally. We achieve our aims by seeking trusted relationships with affected communities and amplifying people's voices, actions and perspectives to enable collective change.

We want to support effective and meaningful routes for communities to participate in the research in ways that can both support local needs and the health challenge ambitions that underpin Wellcome's work. We know that this mutual benefit requires an investment in relationships between research, community, civil society and other partners, as well as a consideration of appropriate and sustainable infrastructure and environments for participatory engagement.

Through this piece of work we are interested to understand how we build mutuality and capability in the relationship between research and communities, to understand what opportunity exists within the middle ground of 'top down' research efforts and 'bottom up' participatory engagement. We are interested to explore what reciprocal relationships look like, how benefits of new knowledge can be shared and what and who is required for communities to participate as experts alongside researchers. We would also like to understand the potential role for Wellcome in supporting and/or resourcing this infrastructure and enabling environment, which for now we are calling 'Centres for Exchange' (working title).

Through this work we would like to explore existing models of practice, and test options for Wellcome to play a role in supporting locally designed and driven Centres for Exchange in a small number of geographies of high strategic importance to the health challenges Wellcome has prioritised. The successful supplier will work with us to develop options, test models and provide a route to explore these (overall architecture, proposed partners, budget, phasing) in 1-3 places.



The supplier of this RFP is expected to have deep knowledge of and presence in the contexts for this work (sub-Saharan Africa, South Asia, East Asia, Latin America and the Pacific), an understanding of the global health landscape as well as an understanding of participatory engagement.

Objectives of this work

The impact model we have drafted for this work sets out the following ambitions:

That through long-term relationship building, and an understanding of appropriate partnerships and power structures, we might contribute to an infrastructure and enabling environment for communities to play a meaningful, inclusive and reciprocal role in the research ecosystem within key geographies. In turn this will deliver mutual benefit and new knowledge both to communities and to research.

Through this piece of work, we expect that:

- We can present a vision for the way in which Wellcome's health challenge ambitions can be effectively complemented by the long-term participation of communities in key geographies (sub-Saharan Africa, South Asia, East Asia, Latin America and the Pacific).
- We understand how we best devolve resource to local partners to build this infrastructure and are clear about Wellcome's enabling role in this complex landscape.
- We have a clear sense of pathways to build sustainable and reciprocal benefit, with guidance created with researchers and community partners about mutuality in health research.
- We are able to imagine how, over the long term, these relationships in place can develop with the right assets and infrastructure and influence others, including other funders, to invest in supporting this approach.
- We can identify next steps for Wellcome in pursuing the concept of 'Centres for Exchange' (or however the concept evolves).



2. RFP Specification

This section sets out the specification of deliverables for this RFP exercise. The suppliers should use this section to fully understand Wellcome's requirements and to inform their response.

Scope of Requirements

To enrich Wellcome's understanding and ability to support an infrastructure for effective participation with health research in key places, the supplier is required to:

- 1. Understand and model the landscape and existing models of place-based engagement with research and innovation, especially in geographies of focus**
Employ a combination of research and design methods to understand existing mechanisms in creating effective, reciprocal and sustained relationships between communities and research/knowledge, as well as some of the drivers of bottom-up innovation and participation. This will draw on the separate '[Priority Partnerships and Context Mapping](#)' study with additional analysis of existing models of collective knowledge and innovation and their impact around the world. We would expect this landscaping to consider at least 20-25 models of practice - within health research but also more broadly across research, innovation and civil society - especially focussed upon experience in priority geographies in sub-Saharan Africa, South Asia, East Asia, Latin America and the Pacific. This might include bottom-up case studies where citizens have led efforts to connect with knowledge and endeavour, and top-down models and centres with participatory engagement at their core. We expect this work to be agile in nature, to involve several phases of research followed by discussion and testing insights and findings with the PE project team and steering group to allow us to learn and explore appropriate routes together.
- 2. Develop initial conceptual models for participatory engagement in place, test and iterate these**
Conduct consultations and co-creative workshops with researchers, other experts (e.g. communities, civil society, policy) as appropriate to feed into the scoping exercise and respond to initial models, understand strengths and weaknesses, gaps and challenges. Building directly upon our draft definition of participation in this work as detailed below and assessing the viability of this definition and approach. This phase will need to consider cultural context (e.g. history and culture of citizen led, bottom up initiatives, or to what extent research influences policy in different geographies), power and priorities around health research, as well as issues of inclusion and sustainable engagement.

We expect this aspect of the project to draw from a separate piece of work on Priority Partnerships and Context Mapping* that is currently underway in Public Engagement to inform our partnership building and contextual understanding. We are keen to understand the options for a common model that could work across



geographies, but also models that differ to suit contexts. We would be keen to explore the potential consequences (including unintended/negative) of efforts by Wellcome, as a UK based funder, to support participatory infrastructure in place. We expect this phase to be iterative in its approach, allowing for divergent voices and experiences to feed into the thinking, before narrowing down focus on viable concepts. These might be new or could build/evolve from models that already exist. As a note we are not tied to Centres for Exchange being physical places – or even focused upon one geography – rather are interested to understand what models can provide focus for reciprocal and participatory exchange.

3. Explore a series of developed options with Wellcome colleagues and local partners and propose options and recommendations

Potential concepts will need to be tested against latest thinking and priorities with Wellcome strategy and we would expect this phase to include consultations and engagement with stakeholders across our Research Programmes and PE teams alongside key local stakeholders. This will enable us to shape final recommendations for next steps and scope, including what it will take to position and resource this effectively.

We may want to develop concepts and partnerships further into a proof of concept stage. We would expect suppliers to collaborate with us to develop the criteria and purpose for any additional investment to prove and learn about concepts, as well as to identify a range of opportunities for onward investment.

4. Deliver a final architecture for the concept

We would expect to see detailed principles and architecture for the Centres of Exchange (or however the concept evolves) which we can use as a business case for Wellcome decision making and investment. This will include an outline for an overall structure, proposed partners, budget, phasing and details of the role/s we expect different organisations/actors to play. It is important to note that Wellcome's long term role in supporting this infrastructure is expected to be enabling not directing: we expect to commit to resource and using other assets to enable this though would ultimately devolve the final design and decision making to relevant local partners.

* We expect these two pieces of work to complement one another and at times for teams to convene together.



How we consider participation in research

We consider the active, reciprocal participation of the public to be critical for the success of this work. The term 'participation' is now widely used within science and research, though is interpreted in different ways and often without a clear view on its value to research nor clear principles for how it is approached. The extent and forms of participation in research can range from shallow level involvement (e.g. sharing research findings) to more active engagement such as informal input, through to co-partnering on research programmes.

We support a value-driven approach to participation, giving priority to participants' voices and inputs and where researchers acknowledge and reflect on values guiding the research process.

Through Wellcome's strategy process we have also identified key modes for community participation to strengthen the work:

- To create better contextual understanding to help decision-making around research priorities
- To help generate solutions and guide design of interventions/products of research/policies to ensure they are usable and benefit communities
- To improve knowledge and data by drawing on people's needs and expertise and including community-led data
- To amplify the voice of public and communities most affected to key decision-makers
- To support multiple routes to change in the world through science.

We would be interested to understand how other sectors and actors interpret participation and the value it brings to strategic outcomes.

Methods

The supplier is expected to use a combination of consultative, ethnographic, design and desk research methodologies to understand the landscape and develop options and designs. This may include but should not be limited to:

1. Work with the PE team to shortlist countries** and identify key stakeholders and advisors for the study. This will include locations where Wellcome has significant assets and track record of working and also in places where there has been limited or no work. Special care needs to be given to not overburden Wellcome's existing assets and partners in these locations.
2. Work with the PE team to develop the concept - including how we describe and build expertise around this work. 'Centres for Exchange' remains a working title at present and we are open to developing alternatives based on the direction of the project.



We would also hope to work together with the supplier to consider ways in which we best bring in a range of external expertise to shape this concept through its different phases.

3. Consultations with key Wellcome staff to understand in more detail the value-add to the strategy of effective and sustainable models for participatory engagement with the research and to identify challenges.
4. Analysis and synthesis of at least 20-25 relevant best practices and innovation in development of infrastructure and enabling environments for community participation with research, including an understanding and evidence of the mutual value within these models. We expect that this would require a combination of desk research as well as consultations with individuals and organisations involved in some of these models.
5. Interviews with existing Wellcome's international partners and grantees, such as the Asia Africa Programmes (AAPs) PE leads, to understand current mechanisms for participatory engagement with research, contextual factors and their impact, as well as what we can learn about how we conceive of and frame these.
6. Consultations and co-creative workshops with key research/health system/civil society partners and communities in key geographies to learn from practice and ideate co-creatively.
7. Develop a set of options as proof-of-concepts to test out and iterate the options in the selected geographies and with PE and research programme teams at Wellcome.

**Suggested list of countries to be covered in this work are as follows: Kenya, Indonesia, Brazil, India, Bangladesh and South Africa. It will be essential for suppliers to have local capacity, networks and/or infrastructure in these countries to carry out the study.

Deliverables

1. A comprehensive analysis of participatory infrastructure and effective models of participatory engagement between research/innovation and community from around the world.
2. Concept briefs which highlight the opportunity spaces for participatory engagement within Wellcome's health ambitions for mutual benefit, which act as the briefs for further development of the idea.
3. A suite of developed options which propose different routes for creating infrastructure for participation in research, drawn from the co-creative consultation and analysis of this piece of work and from existing best practice. Captured as a



route to inform Wellcome's investment and role in supporting this infrastructure but also for us to influence research systems more widely, e.g. through partnerships, conferences, blogs.

4. A final (and budgeted) architecture and key design principles for Wellcome's role in enabling the 'Centres for Exchange' and step-by-step guidance on designing and phasing this, as well as key measures to assess impact and risk.

The Public Engagement team expects to work closely with the supplier across the programme of work, and we have allocated time for the team to join workshops and as relevant country visits at key milestones and decision points through the process.

We do not want your proposal to be limited in scope and ambition and therefore we have not provided a budget for this RFP. We expect the suppliers to be competitive in their costing for this RFP

RFP Background

Our work in Public Engagement at Wellcome is directed towards those facing disproportionate effects of health challenges globally. We achieve our aims by creating trusted relationships with affected communities and amplifying people's voices, actions and perspectives to enable collective change.

To promote participation in Wellcome's work, the PE team:

- provides advice on the integration of most affected communities and 'connectors' (trusted channels and actors) at different points of the health research cycle.
- develops and supports programmes of engagement and participation through partnership working and funding models.
- draws upon and strengthens an underpinning infrastructure to support learning and influence in PE. This includes our Africa Asia Programmes (AAPs), MESH - Community Engagement Network and strategic delivery partners.

As detailed in the [Realist Review of the Evidence Base of Community Engagement with Research](#) we know that authentic and effective knowledge generation with communities requires an investment in building relationships within places and trusted, reciprocal links to communities and local partners.



This piece of work seeks to address this need directly. The Centres for Exchange concept addresses:

- An inefficient model of working in communities where each new research project makes fresh asks of a population and researchers are seen to come and go without any commitment to the community within which the research is focussed. This can lead to misunderstandings, loss of time and trust as well as issues such as clinical trial fatigue. We also miss an opportunity for connections and lessons across engagement associated with grants we invest in within specific geographies.
- Community engagement approaches with research often do not take into account the time it takes to build a shared understanding, nor attention to the ongoing needs and interests of participants and opportunity for sharing the benefits from research. Consequently the results/connections from collaboration are at best time limited, at worst extractive.
- The bounded nature of engagement with research at key moments, rather than considering opportunities and benefits from public input across the continuum of research, e.g. considering how knowledge can be made communal and offer shared benefits, for communities to play a role in co-design and co-dissemination of research.
- Separate attention paid to the policy and community audience where we know much is to be gained in creating change at a local/regional level by building bridges between research, community and policy.
- An unequal power dynamic between science and community, which can lead to ethical issues regarding who gets to participate as well as motivations for participation in research.

We are very aware in embarking upon this scoping work that this is a challenging environment to create change within and that previous and current practice does not always incentivise this approach to relational and equitable participatory engagement.



3. RFP Timetable

#	Activity	Responsibility	Date
1	RFP issue to Suppliers	WT	28 October 2022
2	Submission of expression of interest to RFP and supplier Q&A to Wellcome contact	Supplier	11 November 2022
3	Return of Supplier Q&A to Suppliers	WT	18 November 2022
4	Submission of RFP Response	Supplier	9 December 2022
5	RFP Evaluation Period	WT	W/C 12 December (Monday) to 6 January (Friday)
6	Supplier Presentations	Supplier	12 (Thursday) to 13 (Friday) January 2023
7	Notification of Contract Award	WT	W/C 16 th January 2023
8	Contract Negotiation	WT & Supplier	Late January 2023
9	Contract Start Date	WT & Supplier	February 2023
10	Contract completion date	WT & Supplier	September 2023



4. Response format

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

Expression of Interest

Suppliers are asked to submit a short expression of interest by e-mail to the Wellcome Contact in accordance with the RFP timetable.

The EOI should include:

- the legal name of the supplier (company or individual(s))
- company number
- company address
- preferred currency for payment
- a statement of intention to submit a full proposal
- a list of any questions the supplier has about the procurement exercise and project (see Supplier Q&A).

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 Wellcome contact by e-mail as per the RFP timetable.

RFP Proposal

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

RFP Questions

This section requests responses from suppliers' specific questions in relation to this RFP exercise.

#	Question	Max
1	Outline your approach for delivering the activities and objectives of this RFP. Please include: <ul style="list-style-type: none">• Methods that will be used for landscape mapping and research• Type of frameworks and tools you will able to be develop.• Stages and timeframes in which you propose to meet the requirements.	1500
2	Provide a cost proposal excluding VAT, which details and justifies the proposed costs to meet our requirements.	250



3	Outline your stages and timeframes in which you propose to meet the requirements.	200
3	Highlight to us any risks you foresee with meeting Wellcome's requirements and describe your approach to risk management.	250
4	Please provide 2-3 examples of previous work where you have successfully completed a similar project.	250
5	Please consider Wellcome's Diversity and Inclusion principles (Section 15) and Anti-racism principles , and outline how this is reflected in your proposal.	500
6	Please outline the knowledge and experience of the team members who will be conducting the work, including their knowledge and experience of contexts and settings in sub-Saharan Africa, South Asia, East Asia, Latin America and the Pacific.	100 per team member

Proposals will be assessed against the following criteria:

Methodology 30%	<p><i>Coverage:</i> How well are the desired focus areas (as outlined in the specification) covered in the proposed methodology?</p> <p><i>Quality:</i> Is the proposed delivery plan appropriate and achievable?</p> <p><i>Utility:</i> Will the proposed methodology deliver the desired, credible, and useful results?</p>
Experience 25%	<p><i>Skills and experience:</i> Does the supplier have the relevant skills, experience and contextual understanding to deliver this work?</p>
Delivery and outputs 30%	<p><i>Communication:</i> Is there a good plan for communicating with the Wellcome team?</p> <p><i>Delivery plan:</i> Is the proposed delivery plan appropriate and achievable?</p> <p><i>Feasibility:</i> How feasible is the delivery plan? Are there significant risks associated with the proposed timelines, and how well are they mitigated?</p>
Budget 15%	<p><i>Value for Money:</i> Is the proposed work within budget and good value for money?</p>



Contract Feedback

This section allows suppliers to 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 Wellcome's Terms and Conditions [document](#).

Individuals submitting proposals as a sole trader (not registered) should review this [document](#).

Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 7 below).

Wellcome Data Protection Compliance

Under [GDPR/Data Protection law](#), Wellcome must keep a record of all personal information it is processing (i.e., collecting, using, and sharing). This record will be made available to the Information Commissioner's Office upon request.

This is Wellcome's record of data processing activities which meets GDPR article 30 requirements.

Suppliers are asked to complete the [TPSRA2](#) assessment before the RFP submission deadline for Wellcome to assess how you handle data.

Supplier presentations

Following a submission of the proposal successful proposals will invited to a virtual meeting which will last 45 minutes in total and will be a presentation followed by questions and answers session.

3. 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, climate and infectious diseases. Find out more about Wellcome and our work at: wellcome.org.

4. 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.

5. Prospective suppliers personnel - IR35 and Off Payroll Working Rules

Before the RFP response deadline, prospective suppliers must make the Wellcome 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.

6. 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.

7. Funding

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

8. 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.

9. 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.



10. 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 \(www.gov.uk\)](https://www.gov.uk/guidance/disability-confident-employer-scheme). 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.

11. 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 Wellcome 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.

12. 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.

13. Wellcome Contact Details

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

Name: Duncan Collins Adams
Role: Public Participation Manager
Email: D.CollinsAdams@wellcome.org