Request for Proposal (RFP) for
Research on the Future of Global Health Initiatives

1. Background & Objectives

1.1 Overview

Over the last two decades, Global Health Initiatives (GHIs) have contributed to enormous progress in protecting lives and improving the health of people globally, including significant progress against individual diseases like polio, malaria and HIV/AIDS, improving mother and child survival, and increasing coverage of specific interventions like vaccines. However, the organic evolution of the GHI landscape has created gaps and inefficiencies at the system level, and as the epidemiological, financial, and political landscape across the world evolves and brings new challenges, there is growing recognition of the need for greater overarching coordination and alignment across GHIs. There are also increasing calls for the reorientation of GHIs to reflect a more balanced approach to priority setting that will better align investments behind country-led trajectories towards universal health coverage (UHC).

The Future of Global Health Initiatives (FGHI) process convenes a diverse group of stakeholders from across low-, middle- and high- income country governments, global and regional health organisations, research institutions and civil society, to review the roles and responsibilities of GHIs and catalyse collective action. Recognising the mandates with which these organisations were originally established, the process brings partners together to reflect on if and how GHI arrangements could now evolve to most efficiently, effectively and equitably contribute to global health progress over a 15-20 year time horizon – including potentially revisiting those mandates for the future.

The FGHI process will be underpinned by a robust, action- and policy-orientated process of research and learning that identifies the opportunities for – and pathways towards – better alignment of the Global Health Initiative landscape behind the Agenda 2030 goals. By drawing on learning from previous reform efforts, building understanding of current challenges, and identifying specific recommendations, this research will feed into a wider process of political dialogue and negotiation, ensuring the FGHI process has the greatest chance of success.

1.2 Overarching aims of research

2. To articulate a clear vision of what the GHI ecosystem should seek to achieve over the next 15-20 years to most effectively, efficiently and equitably strengthen health system capacities and deliver health impacts, based on an understanding of their comparative advantage.
3. To analyse the extent to which GHIs' current mandates and ways of working will need to evolve to enable them to effectively, efficiently and equitably deliver this vision, and the contextual factors that would support or hinder such a shift.
4. To make recommendations on the changes needed to achieve this vision of success, and how and when they can be delivered.

1.3 Overview of deliverables

Phase 1 – Produce recommendations for a 'vison of success' for GHIs that outlines their role and comparative advantage over a 15-20 year time horizon. Including a short, concise summary of consultation findings.
Phase 2 – Produce a clearly written, high-quality, engaging and action-orientated report. This should include a series of tangible and actionable recommendations on the changes needed to deliver the vision set out in Phase 1. It should also include a comprehensive summary of supporting analysis and findings from both phases.

A detailed breakdown of objectives and outputs can be found in section 2.2

2. Research Specification

2.1 Framing and scope

The FGHI process uses 'GHI' to refer to organisations with multi-stakeholder boards and replenishment models, whose governance is distinct from the core institutional arrangements of United Nations (UN) agencies and Multilateral Development Banks (MDBs), and who provide grant funding to low- and middle-income countries (LMICs). It also includes those that do market shaping for products that are procured/financed by them. This includes health funders **Gavi, the Vaccine Alliance,** the **Global Fund to Fight AIDs, TB and Malaria (GFATM),** and the **Global Financing Facility for Women, Children and Adolescents (GFF),** and market shapers **Unitaid, Foundation for Innovative New Diagnostics (FIND),** and the **Coalition for Epidemic Preparedness Innovations (CEPI)**. In this document, these six organisations are collectively referred to as the 'GHI ecosystem', and it is this ecosystem that is expected to be the focus of the research recommendations**.**

However, recognising that these initiatives form only a part of the global health architecture, the research will also be expected to consider the interface, collaboration and complementarities of the GHIs with the broader landscape of external financing for health (including multilateral development banks, organisations within the UN system, the evolving Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, and bilateral or philanthropic funders), and their interactions with domestic health financing. This wider system of transnational actors, which includes but extends far beyond the GHI ecosystem, is referred to in this paper as 'the global health system'[1].

The FGHI process uses the WHO definition of UHC[2]:

Universal Health Coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course

2.2 Research Process

[1] See: Hoffman, S.J., Cole, C.B. Defining the global health system and systematically mapping its network of actors. Global Health 14, 38 (2018). https://doi.org/10.1186/s12992-018-0340-2
[2] Source: Universal health coverage (UHC) (who.int), accessed 09/11/22

It is envisaged that the research process will have two key components.

The initial phase will focus on developing a clear and precise picture of ***what*** the future GHI landscape should seek to achieve over the next 15-20 years, based on a facilitated multi-stakeholder consultation. The second phase will focus on unpacking ***how*** the vision articulated in Phase 1 can be delivered, identifying the changes needed to shape a global GHI ecosystem that is fit for purpose through to 2030 and beyond.

While the outcomes of Phase 1 will inform the direction of Phase 2, some aspects of Phase 2 (e.g. literature review) may run concurrently with Phase 1. Both phases will connect through to the broader FGHI process (see *'Ways of working'* below).

Phase 1: Defining a collective vision for GHIs over the next 15-20 years

Objective
To articulate a clear vision of what the GHI ecosystem should seek to achieve over the next 15-20 years to most effectively, efficiently and equitably strengthen health system capacities and deliver health impacts. This should be based on an understanding of the comparative advantage of GHIs within the wider global health system.

Approach
Phase 1 should be conducted as a relatively rapid 'sprint' consultation, which engages a wide variety of stakeholders to build a forward-looking vision of the role of GHIs over the next 15-20 years. Consultations should be multi-stakeholder, with a particular emphasis on the perspectives and experiences of implementing countries, bringing in actors from across governments, civil society, global health organisations and research institutions. The research team will be encouraged to explore creative options for gathering input and facilitating dialogue.

Extensive desk-based research or literature review is not anticipated in this phase, but some light touch analysis may be needed to place consultations in context. For example:

- Analysis of epidemiological trends in low-and middle-income countries.
- Economic analysis of health financing trends (domestic and international).
- Broader learning on future priority health challenges and the evolving role of international health actors.

Expected output
Phase 1 should deliver a short, concise summary of consultations, and a recommendation of a 'vison of success' for GHIs that outlines their role and comparative advantage over a 15-20 year time horizon.

This output will be fed through to the FGHI steering group for approval, and will initiate an ongoing process of sensitisation around the vision that will be led by the FGHI Secretariat and run in parallel to Phase 2 of the research.

Indicative research questions (to be refined further in consultation with the chosen supplier)

1. What contextual factors influenced the establishment of current GHI arrangements and mandates, and how has the global health landscape evolved since?
2. What have been the main strengths and successes of the GHI ecosystem in this evolving context? What bottlenecks, weaknesses and gaps have emerged?

3. What additional progress could be expected and/or what challenges are likely to be faced over the next two decades if GHIs continue to operate in accordance with the status quo?
4. Over the next 15-20 years, what will be the comparative advantage (and disadvantage) of GHIs relative to other parts of the global health system?
5. Based on this comparative advantage and disadvantage, what role should GHIs play in order to most equitably, effectively, and efficiently strengthen health system capacities and deliver health impacts?
   May include consideration of the role of GHIs in:
   a. Supporting national health system strengthening
   b. National decision making and priority setting processes
   c. Disease- or intervention- specific programming
   d. Strengthening the interface from product development to market introduction and roll out, ensuring procurement efficiencies
   e. Global health security / PPR
   f. Addressing emerging health challenges such as those related to climate change, pollution, and growing food insecurity.
   g. Driving forward the Leave No One Behind agenda, for example by addressing particular circumstances of fragile or complex environments and humanitarian contexts.
6. What trade-offs will be required and how should these be navigated? (e.g. between GHIs' contributions to UHC and health systems strengthening on one hand and achievement of vertical, disease/treatment specific targets on the other?)
7. What areas could present good entry points for bridging existing mandates with current and future health needs?
8. What role should GHIs play in ensuring sustainable transition from GHI support toward domestic financing?
9. How should the GHI landscape be reorientated to support the decolonisation of global health?
10. How can we future-proof our vision of success for GHIs, in the face of changing epidemiology, health shocks, and the evolving political and economic context?

N.B. Analysis should consider the role of GHIs vis a vis other multilateral institutions, regional bodies, and bilateral funding partners.

Phase 2: Understanding the drivers and barriers to achieving this vision, and mapping a path forward

Objective
To provide concrete recommendations on the changes needed to achieve the vision of success defined through Phase 1, and how can they be delivered.

Approach
As in Phase 1, the research process should bring together a diversity of views from across stakeholder groups, including the Global Health Initiatives themselves. Particular emphasis should be put on LMIC country voices and experiences, and ensuring the inclusion of new thinkers, voices and perspectives (including civil society and most affected communities).

In order to answer the questions outlined below, Phase 2 will be expected to draw on:

1. A thorough literature review and meta-analysis covering:
   - Existing analysis of the strengths, weaknesses and lessons learnt from other ongoing and past efforts to improve efficiency, effectiveness and equity of GHI

investment, including IHP+, the GFF alignment working group, and the Global Action Plan for Healthy Lives and Well-being for All (SDG 3 GAP).
- Past studies and evaluations of GHI performance, including internal evaluation e.g. by the Global fund TERG.
- Documentation relating to the current GHI processes, strategies, and structures.

2. Political economy analysis to understand the behaviours and incentives that shape the efficiency, effectiveness and equity of the GHI ecosystem and its relationship to the broader global health system. This should include:
   - 3-5 in-depth country-level case studies covering different geographical regions, to ensure findings are driven by an in-depth understanding of LMIC needs and experience. Case studies should be conducted in partnership with local research organisations, and with the buy-in of local stakeholders including the Ministry of Health and civil society.
   - Additional consultations with key stakeholders (via interviews, focus groups, surveys etc) to deepen understanding of incentives, opinions and behaviours.

<u>Expected outputs</u>
A clear, engaging and action-orientated final report that can provide the basis for further dialogue and engagement with stakeholders in the FGHI process. It should contain:
- A comprehensive summary of analysis and findings of both phases 1 and 2 (including short, individual summaries of the 3-5 case studies)
- A clearly articulated 15-20 year vision, supported by a series of tangible and actionable recommendations on the changes needed and how they can be delivered.

This should be complemented by a summary slide deck that can be used to present the findings and recommendations to stakeholders in the FGHI process.

<u>Indicative research questions</u>
[To be refined further in consultation with the chosen supplier, informed by Phase 1]

Phase 2A. Understanding the current context

To what extent would GHIs' current mandates and ways of working enable them to effectively, efficiently and equitably contribute to the vision outlined in Phase 1? If not, why?

Questions may include:
1. How would the current structures, ways of working, and processes of GHIs support or hinder efforts to fulfil the vision outlined? What inefficiencies and inequities exist? Should include consideration of the following areas:
   i. **Coordination and alignment at country and global levels**, across GHIs and key health organisations and bilateral or philanthropic funders shape.
   ii. **Priority setting**
   iii. **Financing streams and incentives** (including grant mechanisms and approach to co-financing)
   iv. **Governance arrangements**, processes and ways of working
   v. Approach to **mutual accountability**, including
      1. Financial accountability
      2. Decision making accountability
      3. Common indicators and sharing of data
   vi. Approach to **results measurement**

2. What has prevented GHIs mandates from evolving to date? What has impeded institutional evolution e.g. in light of changing disease burdens?
3. What are the strengths and weaknesses of previous and existing efforts to strengthen GHI coordination and alignment (such as SDG 3 GAP)? (to include a focus on missing links at implementation level and accountability mechanisms)
4. What incentives, behaviours, and norms shape the current GHI ecosystem, and have facilitated or hindered the success of previous coordination and alignment efforts? (to consider who holds power and how it is exercised)
5. What success factors have enabled countries to transition away from GHI funding (or conversely, what has held countries back)?
6. What lessons on collaboration, coordination and weaknesses have been exposed during the global COVID-19 response that could be used to strengthen GHI efficiency, effectiveness and equity?

Phase 2B. Mapping a path forward

What changes are needed to achieve this vision of success over the next 15-20 years, and how can they be delivered? What needs to be done differently?

Questions may include:

1. What changes are needed to the GHI ecosystem to ensure it remains relevant and fit for purpose over the next 15-20 years, in the context of an evolving global health landscape?
2. What specific actions are required, at what level? As above, consideration should be given to different aspects of the GHI ecosystem:
    i. Coordination and alignment
    ii. Priority setting
    iii. Financing streams and incentives
    iv. Governance arrangements
    v. Approach to accountability
    vi. Approach to results measurement
3. What implications does this have for the evolution of the interface, collaboration and complementarities of the GHIs with other key global health organisations (including multilateral development banks and the UN system) and bilateral or philanthropic funders? How can other parts of the global health landscape support the changes needed?
4. What are the opportunities and risks of different pathways, compared to maintaining the status quo? Impacts should be considered over a 15-20 year time horizon.
5. Based on an understanding of the political economy of the GHI ecosystem, how can reform efforts be given the greatest chance of success? (Should include consideration of what is required (incentives for both donors, recipient countries, behaviours, and the GHIs themselves norms) and by whom?)
6. What trends in broader rhetoric /practice should be capitalised on to create a favourable environment for GHI reform?
7. How should the success of the GHI ecosystem be measured over the next 15-20 years?

N.B. Recommendations may cover a spectrum of ambition, and include both long-term changes and short-term wins. They should focus on the GHI ecosystem as a whole rather than specific institutions, and may potentially include: the improvement, expansion, or merging of current mechanisms; the creation of new mechanisms; the elimination of existing

mechanisms; governance structure reforms; strategic reforms / revisions to current mandates; or the strengthening of alignment, coordination and cooperation.

2.3 Ways of working

The research will be commissioned and contracted directly by Wellcome to an organisation or individual. The research process is envisaged as adaptive and collaborative, and the research supplier will have regular check-ins with Wellcome to review and shape the process. In particular, the research supplier will be expected to propose a concrete approach and analysis framework, including its approach to quality assurance, for Phase 2 based on the outputs of Phase 1, and to facilitate stock-take discussions at the juncture of the two phases.

The work will also be supported by the FGHI Research and Learning Task team, which is convened by Wellcome on behalf of the FGHI Co-chairs and Steering Group and made up of representatives from across stakeholder groups, including domestic financing partners; international financing partners; civil society; global and regional health organisations; and the research community. This group will play an advisory role in supporting the research process, for example by sharing relevant documentation, engaging in consultations, supporting the identification of case studies, and reviewing drafts at key moments.

2.4 Team specification

Work may be carried out by a single organisation, or by a consortium of partners led by a head supplier. The research team will be expected to include researchers from low- and middle- income countries (particularly those with GHI-funded programmes) in prominent leadership roles, and to ensure collaboration with academic institutions based in these countries.

The team should have extensive knowledge of the global health system including detailed understanding of the work of the six GHIs listed above, expertise in political economy analysis, and an extensive network of relationships and contacts at global and national levels.

2.5 Provisional research timeline*

Jan/Feb 2023	Contract finalised, work starts.
March 2023	Draft vision shared (Phase 1 output)
Early April 2023	Vision finalised (Phase 1 output)
Early June 2023	Draft report shared for comment (Phase 2 output)
Late July 2023	Final report delivered to Wellcome (Phase 2 output)

*Dates will be agreed with the chosen supplier, complemented by identification of additional interim milestones (including a kick-off meeting and mid-term check in).

3. RFP Timetable

#	Activity	Responsibility	Date
1	RFP issue to Suppliers	WT	18 November 2022
2	Submission of expression of interest to RFP	Supplier	28 November 2022
3	Submission of Supplier Q&A to Wellcome Contact	Supplier	28 November 2022
4	Return of Supplier Q&A to Suppliers	WT	1 December 2022
5	Submission of RFP Response	Supplier	11 December 2022
6	RFP Evaluation Period	WT	12 to 16 December 2022
7	Notification of shortlisting	WT	19 December 2022
8	Interviews with shortlisted suppliers	WT	4 to 6 January 2023
9	Notification of Contract Award	WT	9 January 2023
10	Contract Negotiation	WT & Supplier	January 2023
11	Contract Start Date	WT & Supplier	1 February 2023 or before.

4. Response Format

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

4.1 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. 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 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.

4.2 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 Wellcome Contact by e-mail in accordance with the RFP timetable.

4.3 RFP Proposal Questions

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

1. Description of your understanding of the project's purpose.

2. Detailed methodology for undertaking the project with specific reference to the approach taken for each phase of research, including how you will demonstrate rigour and ensure impartial analysis.
3. Description of anticipated risks and challenges to achieving the research objectives and ways to mitigate them and quality assurance for your work.
4. A description of the project team's experience and expertise, including evidence of an in-depth understanding of the global health system, familiarity with the work of the six Global Health Initiatives outlined above, experience of conducting research and analysis in low- and middle-income countries, and expertise in political economy analysis.
5. A description of how the team will embed equity, diversity and inclusion (EDI) within their approach to the project, in particular:
    a. How researchers from low- and middle- income countries (particularly those with GHI-funded programmes) will be included in leadership roles within the project team.
    b. How the team will ensure the centrality of the perspectives of stakeholders in low- and middle-income countries (including civil society and affected communities) throughout the research process.
6. Details of staff allocated to the project (including experience in carrying out similar projects and expertise in the thematic area of this study), specifying all day rates of individuals involved, and the allocation of days between members of the team. The project manager/lead contact should be clearly identified.
7. [If the bid is being submitted by a consortium] Details of all organisations involved in the consortium, including geographical spread, and an overview of the expected division of labour and ways of working between consortium members.
8. A timeline for the work, including clarity on when the work could start and dates for key milestones and deliverables.
5. A detailed budget including all costs, expenses and VAT, if applicable.
6. Examples of the project team's previous track record in delivering impactful policy analysis in similar fields. These should be sent as a separate document/appendix to the proposal.

A proposal for undertaking the work should be no more than 10 pages (excluding annexes).

4.4 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 this 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 8 below).

4.5 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.

5. Budget

Any costs related to delivering against the proposal objectives should be included and clearly specified within the budget. The budget should also cover all costs associated with quality assurance, proof-reading 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.

6. 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.

7. 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.

8. 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.

9. 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.

10. Funding

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

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. Wellcome Contact Details

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

Name:	Clare Battle
Role:	Policy Lead
Email:	c.battle@wellcome.org