

Question	Answer
1. We are not sure if you are actually looking for an individual working within a small budget or a larger supplier, where we would require a larger budget.	1. We are open to applications from companies and larger organizations, not just individual evaluators.
2. Would a £100K budget be out of the question?	2. We can't answer this and share information about available budget, for obvious reasons. We ask supplier(s) to evidence value for money and provide a detailed breakdown of costs to deliver which then allows us to assess the value for money of different bids.
3. What is the budget range for the extent of this work?	3. See answer to question 2
4. Has the Wellcome Trust's Strategy for the Health Day already been developed and is there a strategy document you could share?	4. While we have developed influencing objectives outlined in the RfP, we have no strategy document to share as such. Furthermore, please note the RfP calls for an evaluation of the health sector at COP28, beyond Wellcome's contributions as a single actor.
5. Who else is on the Steering Committee for the Health Day and what is the Wellcome Trust's specific role on the committee?	5. The composition of the Steering Committee is managed by the UAE COP Presidency, and includes a dozen or so civil society, philanthropy, academic and multilateral actors. In addition to membership in the Committee, Wellcome co-chairs the Health Day Programming Working Group alongside the World Health Organization.
6. Precisely which climate and health actors are Wellcome working with in the run up to COP28?	6. We are not able to share a comprehensive list of actors we are engaging with in the run-up to COP, it includes several dozen actors.
7. What partnerships have already been formed to achieve wider influence at COP28?	7. We are working closely with a wide range of actors to shape health outcomes at COP, and contribute to bold climate action. This includes philanthropic partners, government partners, civil society actors across the climate and health ecosystems, as well as the researchers and experts whose work we support.
8. Can the current influencing strategy be shared?	8. See answer to question 4
9. Can you share details of the format for 'Health Day' and any planned events before and after COP28?	9. Health Day will take place on 3 December as per the thematic program published by the UAE COP28 presidency. Specific events planned will

	<p>be published shortly by the Presidency, and can be shared with the selected supplier. They include a focus on financing, the first-ever Climate and Health Ministerial, and a rich program aimed at illustrating the breadth of the climate and health field. More details are available on <a href="#">the WHO's call for health events at COP</a>. Before COP, events are planned at the World Health Summit.</p>
10.How many days does Wellcome's climate and health team plan to be at COP28?	10.The Wellcome team expects to be present in Dubai for the full duration of COP28.
11.Are there any lessons learnt from previous COP engagements?	11.None publicly documented, though delegates from previous COP engagements will be available to meet with and brief selected suppliers if useful. This year is the first time that health will be given such prominence at a COP, and so by nature will be distinct from prior years.
12.What time is the deadline for the bid on 02nd October?	12.Applications will be accepted before 23h59 British Standard Time.
13.Has Wellcome conducted any similar impact assessments in other subject areas? If so, could you share detail?	13.To the knowledge of the team involved in requesting offers for this, no similar impact assessment of policy engagement activities has been conducted by Wellcome to date.
14.Can you provide an further detail on the objectives you wish to achieve through COP28. We note the three broad objective in the RFP and the details provided on your web site concerning health and climate change.	14. See answer to question 4
15.Can you share an indicative budget for the task.	15.See answer to question 2
16.There is limited access for observers at COP and the deadline for new applicants has already passed. Whilst some members of our core research team have virtual attendee status and we have access to colleagues who will be attending COP 28 in person, do Wellcome or Co-convenors have access to badges for attendance at COP for other members of our team?	16. Wellcome is not able to support providers with access to accreditation for COP28, and so relies on suppliers able to secure these. We expect that physical attendance by at least part of the team of evaluators will be essential to conducting this work.
17. The RFP outlines that delivery will require collaboration and co-creation with Wellcome internal team and stakeholders. Are Wellcome team willing to act alongside stakeholders and	17. Yes, Wellcome is planning to contribute time to this collaboration and to facilitating evaluators' engagement with key external stakeholders, within reason.

<p>experts in this collaboration, or do we need to consider different mechanisms for collaboration with Wellcome and other stakeholders and experts?</p>	
<p>18. Can Wellcome provide a ballpark figure for what financial resources are available for this project?</p>	<p>18. See answer to question 2</p>
<p>19. What role and presence if any will Wellcome have at COP28 during the health days (e.g., side events, agenda sessions)</p>	<p>19. As co-chairs the Health Day Programming Working Group alongside the World Health Organization and UAE Presidency, Wellcome expect to contribute to a number of sessions on Health Day, as well as to other sessions on other days. At this point, a specific list cannot be made available publicly, but tentative lists will be shared with selected suppliers. Please note, furthermore, that the RfP calls for an evaluation of the health sector's engagement and contributions at COP28, beyond Wellcome's contributions as a single actor.</p>
<p>20. Our team has an extensive network across the climate and health sector. Many of our colleagues and associates have plans to attend COP28, others may not attend physical but will engage/play critical roles in campaigns and initiatives that emerge in the lead up/post convening. Is the ambition that for us to leverage our own network to identify key stakeholders to engage as part of the evaluation or does Wellcome have pre-identified priority stakeholders to be engaged.</p>	<p>20. Wellcome is not able to support providers with access to accreditation for COP28, and so relies on suppliers able to secure these. We expect that physical attendance by at least part of the team of evaluators will be essential to conducting this work. Wellcome is planning to contribute time to this evaluation's scoping phase collaboration and so to facilitating evaluators' engagement with key external stakeholders, within reason. We do expect engagement with key health and climate stakeholders (the UAE Presidency, WHO and other members of the Health Steering Committee, for instance), but are also open to suggestions from the evaluation team.</p>
<p>21. The RFP documents highlights that LMICs are of particular focus. Are there any specific countries that are of high priority.</p>	<p>21. Generally, Wellcome is keen to ensure that the views and perspectives of countries at the frontlines of climate change are central to shaping policy debates and decisions on climate. Specifically for this piece of work, a number of countries will be key to shaping outcomes of UNFCCC negotiation processes this year and in the near-future, as well as outcomes of the first-ever Climate and Health Ministerial due to take place on 3 December at COP28 are considered priorities given the influencing objectives mentioned in the RfP.</p>

<p>22. We understand that the initial scoping phase will involve us developing an evaluation methodology with priority metrics and outcomes. In our experience we typically develop these methodologies to reflect some underlying influence/advocacy strategy and/or Theory of Change. Please provide some clarity as to where you already are in terms of identifying influence pathways and/or targets connected to the three broad outcomes you have articulated in the RFP. In particular, have Wellcome and your partners developed an influence strategy already, or would we be developing the strategy with you as part of the scoping phase? Perhaps there are some aspects of the strategy already developed? (e.g. power-mapping, other audience/target identification, etc.) Clarity on this matter will help us to right-size our approach and resource requirements to support you in the initial phase.</p>	<p>22. There is limited formal documentation to date of Wellcome and its partners' strategy to achieve the broad outcomes mentioned in the RfP. Further details on planned activities will be made available to the selected supplier, and we will be available during the scoping phase to discuss our approach, assumptions and influence pathways as well as to facilitate contact with key external stakeholder who are also engaged in shaping climate and health outcomes at COP28. We expect documentation of the theory of change to be an initial outcome of this scoping phase, but note this will likely have scope for refinement over the coming years, on the basis of evaluation findings.</p>
<p>23. Within Wellcome, who are the key individuals and stakeholders that are likely to collaborate closely on this project? How engaged can we expect them to be? Relatedly, will the evaluation partner be working primarily with the Wellcome team, or with the broader coalition of partners? (i.e. including The Rockefeller Foundation, GCHA, Amref, others) Clarity on this will help us to design a better approach for collaboration and co-creation.</p>	<p>23. Wellcome's Climate and Health policy team is leading on this evaluation, with support from colleagues across Strategic Partnerships, Research Programs and Corporate Affairs. Wellcome is planning to contribute time to this evaluation's scoping phase collaboration and so to facilitating evaluators' engagement with key external stakeholders, within reason. We do expect that key health and climate partners will be available as well, within reason, to brief the evaluation team and share their perspectives on what a 'theory of change' should look like. We also anticipate that the evaluation methodologies proposed will rely on post-COP engagement with key external stakeholders.</p>
<p>24. Please provide some guidance as to the budget that might be available for this evaluation.</p>	<p>24. See answer to question 2</p>