



QUESTIONS AND ANSWERS

Request for Proposal (RFP): Cholera Standardised Definitions

Supplier Question	Wellcome response
<p>What is the approximate timeline for this work?</p>	<p>We would like a collectively-agreed upon list of definitions to be completed within approximately 6 months – thereafter we can have a 12-month period for publication and dissemination.</p>
<p>Stakeholder Engagement: Will the WHO/GTFCC provide direct assistance in facilitating stakeholder participation, particularly among national Ministries of Health and NGOs?</p>	<p>The WHO/GTFCC will participate as part of the Steering Committee guiding this work. In this capacity, they can offer suggestions for engaging stakeholders, provide contact information, or facilitate introductions via email when necessary, however, we expect the supplier to be engaging with stakeholders directly. If you have a different interpretation of 'direct assistance,' please feel free to clarify, and we'd be happy to address it further.</p>
<p>DELHI Method Application: Are there specific criteria or frameworks that Wellcome and WHO prefer for structuring the Delphi process (e.g., level of consensus required per term, round structure)?</p>	<p>We are open to guidance from the supplier on the most effective approach, but we suggest using the Delphi method with at least three rounds and a 75% consensus level. Additionally, there will be an opportunity for the Steering Committee, which includes WHO, to provide feedback on the Delphi approach before the process begins.</p> <p>Round 1</p> <ul style="list-style-type: none"> • The experts would receive the initial set of proposed definitions identified from the literature review and expert consultation



- For example, they might receive proposed definitions for terms like "endemic cholera," "cholera reservoir," "asymptomatic carriage"
- Each expert would independently:
- Rate their agreement with each definition (e.g., on a 1-5 scale)
- Provide specific feedback on terminology and wording
- Suggest modifications or alternative definitions
- Identify any missing critical elements

Round 2:

- Experts receive an anonymous summary of Round 1 results showing:
- The group's level of agreement on each definition
- Key points of disagreement
- Suggested modifications
- The definitions are revised based on Round 1 feedback
- Experts again rate their agreement and provide feedback on the revised definitions
- Special attention would be paid to definitions where there was low consensus in Round 1

Round 3:

- Final round focusing on definitions that still lack consensus
- Experts see the Round 2 results and revised definitions



	<ul style="list-style-type: none"> • Final opportunity to reach agreement on contentious terms • For definitions that still lack consensus, experts provide specific reasoning to help understand the source of disagreement <p>Consensus Thresholds:</p> <ul style="list-style-type: none"> • A definition would be considered "accepted" when <u>75% of experts rate it 4 or 5 on a 5-point agreement scale</u> • The process could terminate early for a specific definition if: <ul style="list-style-type: none"> ○ The 75% threshold is reached in Round 2 ○ OR if there is minimal change in agreement levels between Rounds 2 and 3 (suggesting consensus is unlikely) ○ OR if clear reasoning emerges for why consensus cannot be reached (indicating the need for multiple context-specific definitions) <p>Source: Maite Barrios, Georgina Guilera, Laura Nuño, Juana Gómez-Benito, Consensus in the delphi method: What makes a decision change?, Technological Forecasting and Social Change, Volume 163, 2021, https://doi.org/10.1016/j.techfore.2020.120484.</p>
<p>Consultation Logistics: Given the mention of in-person stakeholder consultations, is there a preference for specific African countries based on cholera prevalence and accessibility?</p>	<p>Considering factors such as cholera prevalence, safety, Wellcome investments, GTFCC membership, and visa accessibility, we suggest selecting from the following countries for in-person stakeholder consultations: Malawi,</p>



	<p>Kenya, Zambia, or Mozambique. We also welcome suggestions from the prospective supplier about the location of in-person stakeholder consultations.</p>
<p>Publication Process: Will Wellcome and WHO handle submission to journals like <i>The Lancet</i>, or is the supplier expected to manage submission and revisions?</p>	<p>We expect the supplier to manage the submission and revisions. The Steering Committee will be able to review and provide comments on the proposed paper before submission.</p> <p>Expectations from supplier:</p> <ol style="list-style-type: none">1. Preparation<ul style="list-style-type: none">• Manuscript Drafting: Prepare the manuscript according to the journal's specific guidelines, ensuring all required sections (abstract, introduction, methodology, results, discussion, references) are included.• Co-author Review: Collaborate with co-authors (Steering Committee and other experts, as appropriate) for input, ensuring accuracy and clarity.• Formatting: Ensure the paper adheres to the style and formatting requirements of the target journal.2. Submission<ul style="list-style-type: none">• Select a Journal: Choose an appropriate journal that aligns with the scope and impact desired for the research, and agree the submission with all co-authors. The Steering Committee will be able to advise on appropriate journals.



- Online Submission System: Submit the manuscript via the journal's online submission system, typically requiring author details, manuscript files, and supplementary materials.
- Cover Letter: Include a cover letter introducing the study, its significance, and why it fits the journal's scope.

3. Revision

- Author Revision: Respond to reviewer comments by revising the manuscript accordingly, addressing each point raised by the reviewers.
- Resubmission: Submit the revised manuscript with a detailed response letter explaining how each reviewer comment was addressed.
- Re-review (if necessary): The editor or reviewers may request further revisions if the responses are insufficient.
- Proofreading: Authors typically have the opportunity to review proofs of the final manuscript before publication.

4. Post-Publication

- Promotion and Dissemination: promote the work through professional networks, social media, and conferences to increase visibility and impact.



Budget Considerations: Is there a recommended or historical budget range for similar initiatives that could guide our submission?	We are guided by the applicants on a reasonable budget for this type of work.
Are there specific organizations that should be prioritized for stakeholder engagement?	The Delphi process should include all relevant cholera stakeholders globally. The supplier is responsible for drafting a list of stakeholders through their review of all available resources. This list should be further refined during Consultation 1, which includes an in-person workshop and a stakeholder mapping exercise. The Steering Committee will review the list and provide additional recommendations should any stakeholders be missing.
Will Wellcome provide support in accessing GTFCC and WHO stakeholders?	The supplier is expected to independently establish connections with stakeholders. However, Wellcome and WHO/GTFCC may assist by providing contact information or sending introductory emails when necessary.
More broadly, will Wellcome facilitate introductions to key stakeholders, or should the supplier independently establish connections?	The supplier is expected to independently establish connections with stakeholders. However, Wellcome and WHO/GTFCC may assist by providing contact information or sending introductory emails when necessary.
Should the Delphi method include multiple rounds of anonymous feedback, or will in-person consensus-building meetings be encouraged?	For the Delphi method, we propose at least three rounds with an 75% consensus level. This process can be conducted virtually through surveys or in-person if opportunities allow.



We aim for a globally representative group of cholera stakeholders, which might be challenging to achieve in-person unless meetings, such as those held by the GTFCC, are leveraged.

We are open to suggestions from the supplier on the most effective approach. Additionally, the Steering Committee, which includes WHO, will have the chance to review and provide feedback on the Delphi approach before it begins. A suggested approach is:

Round 1

- The experts would receive the initial set of proposed definitions identified from the literature review and expert consultation
- For example, they might receive proposed definitions for terms like "endemic cholera," "cholera reservoir," "asymptomatic carriage"
- Each expert would independently:
- Rate their agreement with each definition (e.g., on a 1-5 scale)
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Round 2:

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Round 3:

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- Experts see the Round 2 results and revised definitions
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- For definitions that still lack consensus, experts provide specific reasoning to help understand the source of disagreement

Consensus Thresholds:

- A definition would be considered "accepted" when 75% of experts rate it 4 or 5 on a 5-point agreement scale
- The process could terminate early for a specific definition if:
 - The 75% threshold is reached in Round 2



	<ul style="list-style-type: none"> ○ OR if there is minimal change in agreement levels between Rounds 2 and 3 (suggesting consensus is unlikely) ○ OR if clear reasoning emerges for why consensus cannot be reached (indicating the need for multiple context-specific definitions)
<p>Would Wellcome consider a targeted social media campaign to disseminate findings to specific audiences (e.g., academics, public health officers, the general public)?</p>	<p>Yes, implementing a targeted social media campaign would be an excellent strategy to disseminate the findings to specific audiences, such as academics, public health officers, and the general public. This approach would complement presentations at conferences and meetings, enhancing the reach and impact of our dissemination efforts.</p>
<p>Are there key Wellcome events we should align with for milestones or deliverables? What are their scope, audience, and specific needs?</p>	<p>There are no specific Wellcome events that this work needs to align with. However, it would be beneficial to consider relevant cholera conferences or Global Taskforce for Cholera Control (GTFCC) meetings, which can be leveraged for the in-person workshop (Consultation 1) to maximise engagement and impact</p>
<p>Are there specific reporting requirements or check-in points during the project that should be factored into the timeline?</p>	<p>Yes, Wellcome requires regular meetings with the supplier, either biweekly or monthly, to receive updates on the progress made. Additionally, the supplier is expected to meet with the Steering Committee once a month, or as appropriate, to provide updates and obtain feedback on the next steps. These meetings should be factored into the project timeline. We expect the supplier to draft a communications plan with Wellcome and the Steering Committee.</p>



Will Wellcome provide access to previous workshop materials or additional datasets beyond the July 2024 Cholera Transmission Dynamics Workshop?	Almost all information will be open-access, however Wellcome can provide access to the recording and report from the July 2024 Cholera Transmission Dynamics workshop.
What level of involvement or oversight will the Wellcome and WHO Cholera Programme have throughout the project?	Wellcome will maintain regular oversight of the project through biweekly or monthly meetings with the supplier to receive progress updates. Additionally, the supplier is expected to meet with the Steering Committee on a monthly basis to provide updates and receive feedback on subsequent steps. The Steering Committee will serve as an advisory group, offering guidance to the supplier throughout the project.
Are there preferred formats or guidelines for the final publication on the WHO/GTFCC website and in scientific journals?	It would be advisable for the glossary of definitions to adhere to the format used for other GTFCC resources. For publication in a scientific journal, the manuscript should comply with the specific formatting guidelines provided by the selected journal.
Does Wellcome have any preferred methodologies for ensuring diversity and inclusion in stakeholder engagement?	Wellcome can provide internal resources to guide the implementation of diversity and inclusion practices in stakeholder engagement. These resources aim to ensure that all stakeholder interactions are inclusive and representative. However, we are open to being guided on this by the supplier, especially on how to include Francophone stakeholders.



<p>Does Wellcome have a specific journal publication in mind for the final article?</p>	<p>The Steering Committee will offer guidance on selecting an appropriate journal for the final article, with The Lancet being a potential consideration.</p>
<p>What are the expectations for data sharing and intellectual property rights related to the project outcomes?</p>	<p>We have data sharing and open access policies (Data, software and materials management and sharing policy - Grant Funding Wellcome and Open Access Policy - Grant Funding Wellcome) and we expect the supplier to agree to them. Additionally, we expect all data to be anonymised to protect individual privacy. Specific disclaimers regarding intellectual property rights will need to be included in invitations and information provided to stakeholders, ensuring they understand that the data will be aggregated and made publicly available.</p>
<p>Are there specific metrics or evaluation criteria for measuring the success of the project?</p>	<p>The success of the project will be measured based on the completion of its four key objectives. We are open to the supplier suggesting ways to measure successful uptake of the definitions.</p>