Request for Proposal (RFP) for
Quantitative Evidence Review for Government Investment in Infectious Disease Research & Development.

1. RFP Background & Objectives

The current ID product development ecosystem is facing shrinking funding, loss of key funders, and retreating political prioritisation. This contraction is occurring at the same time as increasing global need, growing epidemic risk, and major technological opportunities. Reliance on a small group of public, private, and philanthropic funders creates systemic vulnerability in the pipeline for vaccines, therapeutics, diagnostics and platform technologies. However, the current global evidence base is insufficient to support effective policy, advocacy and investment decision making.

Wellcome seeks to commission a rapid evidence review aiming to provide a snapshot view on the material gaps in the global understanding of infectious disease (ID) research and development (R&D) investment.

Wellcome is a global charitable foundation. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, infectious disease and climate and health. Our Infectious Disease programme supports science that leads to vaccines and treatments that make a difference where they're needed most. That means focusing on the people and places most affected by infectious diseases, and on unlocking progress in neglected or stalled areas.

Our Policy team is considering how best to support efforts to ensure more sustainable investment in ID R&D, identifying new funders, protecting existing investment, and exploring new partnership models to enable product development. We want to make infectious disease product development more equitable, sustainable and effective in the future and this proposed project will inform our approach.

Through this RfP, we seek to source suppliers who can map and address key evidence limitations, in particular:

1. Poor visibility of Middle-Income Country (MIC) investment, due to fragmented or aggregated budget lines, inconsistent reporting, and absence of disease tagged- spending.
2. Data lags: due to profound changes in global health investment over the last 24 months, major global datasets are not yet reflecting the latest investment figures.

Additionally, while some MICs (e.g., India, Brazil, South Africa) are increasing domestic investment and capabilities, and playing an increasingly important role as drivers of and hubs for global health innovation, quantification of this role remains incomplete and inconsistent with budgets are often aggregated across broader science, technology or health categories, and disease-specific lines uncommon.

As such, it is essential not only to quantify investment where possible, but also to identify where MIC R&D investment is directed when explicit disease-tagged data is unavailable, for example, by analysing global health spending allocations, trial activity, platform investment,

or enabling infrastructure spending. Additionally, there is interest in data around the African Union target of 1% of Member States GDP invested in R&D – to be discussed further with potential suppliers.

A more robust and timely evidence base will help to inform Wellcome's policy activity on ID R&D investment.

Please note: There is another RfP issued for a separate but interrelated project which aims to explore previous successful models for bring ID products to market. Suppliers who are interested in submitting a proposal for both RfPs are encouraged to do but the merits of both proposals will be assessed separately.

2. RFP Specification

This section sets out the specification of services for this RFP exercise. Suppliers should use this section to fully understand Wellcome's requirements and to inform their response. Wellcome will be guided by the supplier as to what is a reasonable budget for this activity as we do not want limit ambition or innovation.

2a. Objectives

This project seeks to provide a snapshot view of specific evidence sources and evidence gaps related to ID R&D investment, with a particular focus on:

1. Identifying and assessing available sources of data on investment by selected MICs (see specification below) in ID R&D from 2019–2023, and where possible, identifying trends in the last 12–24 months.
2. Providing an up-to-date analysis of recent investment behaviour for selected HICs.
3. Crucially, where MIC R&D investment data is not available in a suitably disaggregated form (e.g. by disease area or product type), provide best-efforts analysis of:
    a. Where MIC R&D budgets are likely directed, using proxy indicators (e.g. trial networks, platform spending, innovation accelerators).
    b. Where broader global health spending suggests probable areas of focus (e.g. HIV/TB/malaria, dengue, AMR, outbreak-driven surges).
4. Recommending practical steps to improve future tracking and transparency.

Outputs will directly support Wellcome's policy activities in this space and future strategic engagement with national, regional and global stakeholders.

In order to address the above objectives, it could explore the following questions (indicative, non-exhaustive):

Theme	Questions
Overall investment	What are the latest ID R&D investment figures for the selected MICs (2019–2023)? What shifts are detectable in 2024–2025 both for selected HICs and MICs?

MIC Investment	What is the scale and composition of domestic MIC investment? What proxy indicators or alternative sources can validate investment levels where transparency is low? How do MIC priorities compare across diseases and platforms?
HIC Recent Trends	What near-real-time evidence exists for recent budget cuts or re-allocations in selected HICs? Where does this differ from trends in official datasets due to time lags?
Evidence Gaps	What structural data gaps remain, and why?

2b. Specification of activities

A detailed methodology should be proposed for this work. We anticipate it will include the following, but are open to different approaches:

- Systematic review of all available public data sources for MIC ID R&D investment, consistent with the below definitions.
- Structured extraction of available near real time HIC signals (e.g., budget bills, agency announcements, parliamentary submissions, news releases).
- Use of established aggregators such as GFINDER, WHO Observatory, IHME, government budgets, industry reports, and supplementary sources as appropriate.
- Identification of proxy indicators to fill gaps (e.g., trial activity, platform investments, manufacturing investments).
- Critical analysis of the causes of data gaps.
- Clear articulation of confidence levels for each figure or category.

Suppliers are encouraged to propose innovative, pragmatic approaches to overcoming data fragmentation.

It should be refined by the following definitions:

a) **Infectious Disease R&D**: Investment across the discovery-to-deployment lifecycle for vaccines, therapeutics, diagnostics, vector control tools and platform technologies focused on infectious diseases. Includes pandemic preparedness and multi-pathogen platforms.

b) **Investments type**:
   - Public sector – government ministries, research councils, labs, science budgets, defence/pandemic preparedness allocations.
   - Multilateral/Regional –relevant health research where disease-tagged.
   - Platform technologies – multi-pathogen, mRNA, vector platforms, trial networks, drug platforms.

c) **Countries in scope:**
   a. Middle-Income Countries (primary focus):
      India

Brazil
South Africa
Indonesia

b. High-Income Countries (recent-trend analysis):
G7 countries (Canada, France, Germany, Italy, Japan, the United Kingdom and the United States)
European Union institutions

2c. Outputs

The specific outputs will be discussed with the supplier, but should include the following:

- **Methods Note** – Transparent methodology including limitations, assumptions, and data confidence scoring.
- **Main Report**, including:
    - Quantitative analysis of MIC investment (2019–2023, plus recent trends).
    - Analysis of recent HIC budgetary shifts.
    - Identification and categorisation of evidence gaps.
- **Data annex** – tables, extracted datasets, and metadata.

3. RFP Timetable

The timeline below sets out key milestones for the RfP.

#	Activity	Responsibility	Date
1	RFP issue to Suppliers	Wellcome	15 May 2026
2	Submission of Expression of Interest and Supplier Q&A	Supplier	25 May 2026
3	Return of Supplier Q&A to Suppliers and invitation to submit full proposal	Wellcome	28 May 2026
4	Submission of RFP Response	Supplier	7 June 2026
5	RFP Evaluation Period	Wellcome	7 June to 10 June 2026
6	Supplier Presentations	Supplier	15 June to 17 June 2026
7	Notification of Contract Award	Wellcome	18 June 2026
8	Contract Negotiation	Wellcome & Supplier	18 – 30 June 2026
9	Contract Start Date	Wellcome & Supplier	1 July 2026

4. Response Format

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

Expression of Interest and Supplier Q&A

Suppliers are asked to submit a short expression of interest by e-mail to the lead contact in accordance with the RFP timetable, which should contain the following information;

- Outline your proposed approach to this work (max. 250 words)
- Confirming whether you are a company or individual, if company please provide Full company name, address, and company registration number.
- A non-binding cost estimate as a single figure in GBP
- Any questions you have about the exercise and activity.

Prior to the submission of your full proposal to the RFP, Suppliers are provided the opportunity to submit any questions they have about the exercise and the activity. All questions will be collated, anonymised, answered and returned to all Suppliers who have submitted an expression of interest in the RFP process. Please make sure you ask all questions at this stage. Once Wellcome have responded to all questions If you have any additional questions after this deadline these will not be answered to ensure that this is a fair and equitable process.

We will review expressions of interest to ensure that proposals fit within the scope of the RFP. Where we are satisfied of this, we will invite organisations to submit a full proposal to the RFP in accordance with the RFP timetable. Please note that you should only submit a full proposal to the RFP if you have been invited to do so.

Submitting an EOI is not a binding commitment to submit a full proposal should your organisational priorities change, you will not then be penalised for future opportunities

RFP Response

Suppliers submitting a full proposal should cover the following areas in their response:

#	Question	Max Words/Pages
1	Play back to us your understanding of our requirements.	**250 words**

2	The proposal should demonstrate a clear understanding of the RFP objectives and the intended outcome and how the proposed approach will deliver these. Please provide a detailed methodology through which you will conduct the work.	**1000 words**
3	Describe the stages and timeframes in which you propose to meet our requirements.	**500 words**
4	Please provide evidence that demonstrates experience in this type of work, and experience in this topic area	**500 words**
5	Describe anticipated risks and challenges and ways to mitigate them and quality assurance for your work.	**500 words**
6	Provide a detailed budget including all costs and expenses, specifying all day rates of individuals involved (if applicable). • Time contribution and roles of the various team members (if supplier is a team). • Costs (including a comprehensive breakdown of expenses, including how many FTEs and number of days that will be required)	**1 page**
7	Outline your EDI policies and describe how you will ensure that EDI considerations are fully integrated into the management and delivery of the project?	**500 words**

Evaluation Criteria

The following criteria will be used to assess the proposals.

Criteria	Detail	%
Methodology	*Coverage:* How well are the desired focus areas (as outlined in the specification) covered in the proposed methodology address? *Quality*: Is the proposed methodology aligned with our needs? *Utility*: Will the proposed methodology deliver the desired, credible, and useful results?	30%
Experience	*Skills and Experience*: Does the supplier have the relevant skills, experience, and contextual understanding to deliver this work?	30%
Delivery & Outputs	*Delivery plan*: Is the proposed delivery plan appropriate and achievable by 30th September? *Feasibility*: How feasible is the delivery plan? Are there significant risks associated with the proposed timelines, and how well are they mitigated?	20%
Budget	*Value for Money*: Is the proposed work within your budget and good value for money?	10%
EDI	*Do they have EDI policies and are these being put into practice in the proposal?*	10%
	Total:	**100%**

Contract Feedback

Due to the volume of responses expected from this RFP, Wellcome is not able to enter into negotiations with Suppliers over amendments to our standard terms and conditions. Please only submit a proposal if you know you can or have confirmed that your organisation can agree to these terms and conditions

Suppliers submitting proposals as a registered company should review Wellcome's Standard terms and Conditions document.

Data Protection

Wellcome is committed to upholding data protection principles and protecting your information. The Wellcome privacy statement explains how, and on what legal basis, we collect, store, and use personal information about you. This includes any information you provide in relation to this proposal.

Under UK 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 UK GDPR article 30 requirements.

Suppliers will be asked to complete the TPSRA2 assessment before presentation stage 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 50 minutes in total and will be a PowerPoint presentation followed by questions and answers session.

5. About Wellcome

Wellcome improves health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships. Collaborative research that involves a diverse range of people from different fields of interest is key to progress in health science – and to achieving our aim of fostering a healthier, happier, world. We're taking on the biggest health challenges facing humanity – climate and health, infectious disease, and mental health – to find urgent solutions and accelerate preventions. Find out more about Wellcome and our work at: wellcome.org.

6. 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.

7. Equity Diversity and 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. We want to cultivate an inclusive and diverse culture, and 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.

8. 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.

All our content should be WCAG 2.2. AA compliant. Any documents being provided to Wellcome must pass accessibility requirements. If you are unable to produce accessible documents, budget must be set aside to employ a suitable agency to do this work.

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. Environmental sustainability

Wellcome is playing its part tackling the climate crisis through its mission-driven Climate & Health strategic programme.

In addition, our Sustainability programme aims to address the environmental impacts and carbon emissions of our activities and operations.

Our suppliers have a key part to play delivering on our sustainability ambitions.

We expect all our suppliers to take active steps to:

- Address their environmental impacts, for instance as part of a certified Environmental Management System.
- Reduce the carbon emissions of their products and services, for instance by adopting Science-Based targets and plans to deliver them.
- Embed environmental considerations in the sourcing and delivery of goods and services to Wellcome, across all stages of their life cycle.

13. Wellcome Contact Details

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

Name: Rebecca Manaley
Pronouns: She/Her
Role: Policy Adviser, Infectious Disease
Email: R.Manaley@wellcome.org