REQUEST FOR PROPOSAL (RfP)

Title: Request for Proposals to Reimagine Inclusive Health Systems leveraging participatory discovery and futures methods

Issue Date: 2 February 2022

Deadline for Questions: 9 February 2022

Closing Date: 16 February 2022
Summary

There are one billion people worldwide with disabilities. That’s 15% of the world’s population. They often have greater health needs but also experience greater barriers to access care, which contributes to their on average poorer health outcomes. Health systems failures at all levels drive this situation.

By leveraging participatory and envisioning approaches used in human-centered design and futures, health systems can be reimagined to be inclusive of persons with disabilities. The Missing Billion Initiative (MBI) and the Clinton Health Access Initiative (CHAI) solicit support from a consultant or agency to carry out a 2-month discovery project that consists of light-touch desk research, interviews, and envisioning workshops with persons with disabilities, health system expert interviews and, if deemed feasible, crowdsourcing of input. This discovery and collaboration should lead to the following:

1. **A visual presentation of a vision of inclusive health as articulated by persons with disabilities** – i.e., an engaging presentation of a desired vision of what an inclusive health system looks like for persons with disabilities.

2. **Examples (approximately 6) of optimal health care experiences** (also: care pathways or user journeys) for persons with different types of disabilities that have various common health needs.

3. **A set of common characteristics, themes or building blocks that the ideal inclusive health system consists of** – i.e., collective expectations of persons with disabilities for their articulation of inclusive health. Themes could be for example: ‘accessibility’ with its different dimensions, or ‘dignity, respect’. This may include minimum expectations and desired expectations, as well as ideas of how these translate to making inclusive health systems a reality.

4. **Four accessible video interviews** of different persons with disabilities describing their vision of ideal inclusive health systems.

The duration for this project is two months from 9 March to 7 May 2022. The budget is euro 21,300.

Demonstrated experience with futures, participatory research and/or human-centered design is required. Engaging persons with disabilities in all steps of the project is a central tenet of this work. Experience in health, inclusion and universal design is an advantage. As this is a global project, experience with design across different settings and geographical contexts is desirable.

The project aims to translate insights from the discovery phase into practical recommendations for making health systems more inclusive. We seek to understand whether, within the available budget, the consultant or agency can also provide discrete support in the subsequent co-design phase. The outputs of this work will be included in a report called “Reimagining health systems including the Missing Billion” which will be launched mid-2022 and which serves as a key resource for the global health community.

MBI and CHAI seek to change health systems for including persons with disabilities. Therefore, the project will be supported by a Steering Committee that will involve senior leaders from large global health organizations, ministries of health, and organizations representing persons with disabilities.

Proposals are due by 15 February 2022 at 23:59 CET. More details are included in this document.

Frederic Seghers
Clinton Health Access Initiative
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Full Request for Proposal

1. About the Missing Billion Initiative and CHAI

The Missing Billion Initiative (MBI) was set-up in 2020 as a catalyst for change to respond to the significant health disparities faced by the One Billion People with disabilities globally. The work builds on the Missing Billion report from 2019, which raised awareness and momentum on this issue and made the argument that no global health goals are achievable without addressing these disparities.

The mission of the Missing Billion Initiative is to transforms health systems to ensure better access and outcomes for people with disabilities, and truly achieve universal health coverage. The initiative delivers "products" and data in three key areas of work (Measure and improve; Inform and Influence; Innovate and Test) and provides a platform to mobilize change.

The Clinton Health Access Initiative, Inc. (CHAI) was founded in 2002 with a transformational goal: help save the lives of millions of people living with HIV/AIDS in the developing world by dramatically scaling up antiretroviral treatment. When CHAI was founded, many viewed this goal as unreasonable because health systems in poor countries were too weak and prices of relevant drugs and diagnostic tests were too high. CHAI played a leadership role, working alongside governments and other partners, to lower the costs of treatment and help build the in-country systems necessary to provide lifesaving treatment to millions of people. Since then, CHAI has pursued several similarly ambitious goals, from scaling up pediatric AIDS treatment in order to achieve equity with adults in a time frame few thought possible, to increasing access to assistive technology.

CHAI’s mission, ‘to save lives and reduce the burden of disease in low-and middle-income countries,’ is rooted in principles of equity and justice. Our values include the statement “We Value Diversity & Inclusion” and our Global Code of Conduct and Ethics (GCOC) denounces racism, intolerance, and exclusion of any kind. CHAI operates in 36 countries around the world. In order to ensure that CHAI lives up to its ideals, CHAI’s leadership is examining how to infuse our core values of diversity, equity, and inclusion (DEI) into our programming, operations, and management so that we may achieve transformational impact through our work in the communities we serve.

2. Project Background

There are 1 billion people worldwide with disabilities. That’s 15% of the world’s population. They often experience greater access barriers to health services, which contributes to their on average poorer health outcomes. Health systems failures at all levels drive this situation. Persons with disabilities must be recognized as a key population who require inclusive and targeted health interventions. This focus will help to meet the global health communities’ larger health access and disease elimination goals. The voices and needs of people with disabilities must be incorporated into long-term health system planning. Without this focus, they will continue to be left behind and it will become increasingly challenging - and costly - to provide healthcare for all, and Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).

MBI published The Missing Billion report in 2019. It has helped to raise awareness among disability and global health actors about the widespread health systems failures with respect to disability. The report

1 https://www.themissingbillion.org/the-report-2
included 1) a case demonstrating the importance of including persons with disability to achieve UHC and SDGs, 2) a presentation of different ‘personas’ with different health needs as they go on their journey to access health services and the challenges they encounter – this section was developed with the support of an external agency that took a human-centered design approach, 3) an overview of how data and metrics can be crucial and 4) an initial set of recommendations for different stakeholders to improve health services for persons with disabilities.

A key limitation of the Missing Billion report remains the lack of available data on the healthcare needs and outcomes experienced by persons with disabilities, especially for a specific country or geographic context, or for some diseases where scientific papers are lacking, such as malaria outcomes for children with disabilities. The report was furthermore more focused on laying out the issue than providing clear pathways for action towards defined inclusive health systems. With the growing awareness of the health community through the 2019 report, the World Health Assembly Resolution EB148.R6 on "The highest attainable standard of health for persons with disabilities" and other advocacy, there is now an opportunity to take the advocacy on the Missing Billion issue to the next step and catalyze action and investments by providing more specificity on a vision for inclusive health and a Road Map going forward.

Funded by the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ), CHAI and MBI are collaborating to develop a second Missing Billion report which will present a vision for inclusive health, and roadmap for addressing the challenges highlighted in the first report. The report aims to draw out scenarios for inclusive health leveraging participatory approaches from human-centered design and futures. The aim is to describe a reimagined health system approach from a human-centered perspective that is fully inclusive, and one that describes what will happen in the Missing Billion issue will not be addressed ("the cost of doing nothing").

3. Scope of work / Deliverables

CHAI and MBI seek support from a consultant or agency to help reimagine a health system that is fully inclusive, using participatory approaches from human-centered design and futures. This design process will be centered on persons with disabilities, supporting them to defining a vision or visions for what inclusive health systems should look like. The scope of work includes the following:

**Phase 1: Discovery**

Activities:

- **Conduct light-touch primary research** on existing recommendations or materials on achieving inclusive health systems, including desktop research and interviews with key opinion leaders (note: limited research exists on this subject and most information has already been compiled).
- **Interview at minimum 12 persons with disabilities** and their families (when relevant) from different regions and with different ages, gender, impairment types and with different health needs to gather their input on what represent an ideal inclusive health system to them.
- **Hold at minimum 3 workshops** – virtual or in person – with groups of persons with disabilities from different regions and health needs to brainstorm and refine 1) what the vision for an ideal inclusive health system is 2) what should be implemented to make such a health system a reality.
- **Organize crowdsourcing activities** - e.g., leveraging social media - to collect additional input from persons with disabilities on targeted themes.
Deliverables:

It is expected that the selected vendor will provide **four deliverables** by the end of the project:

1. **A visual presentation of a vision of inclusive health as articulated by persons with disabilities** – i.e., an engaging presentation of a desired vision of what an inclusive health system looks like for persons with disabilities.

2. **Examples (approximately 6) of optimal health care experiences** (also: care pathways or user journeys) for persons with different types of disabilities that have various common health needs.

3. **A set of common characteristics, themes or building blocks that the ideal inclusive health system consists of** – i.e., collective expectations of persons with disabilities for their articulation of inclusive health. Themes could be for example: ‘accessibility’ with its different dimensions, or ‘dignity, respect’. This may include minimum expectations and desired expectations, as well as ideas of how these translate to making inclusive health systems a reality.

4. **Four accessible video interviews** of different persons with disabilities describing their vision of ideal inclusive health systems.

**Phase 2: Co-design (optional)**

The project aims to translate insights from the discovery phase into practical recommendations for making health systems more inclusive. We seek to understand whether, within the available budget, the consultant or agency can also provide discrete support in the subsequent co-design phase, connecting the finding to a health system framework with tangible steps for action.

4. **CHAI and MBI responsibilities**

CHAI and MBI will provide the following support:

- Organize regular meetings
- Engage and support persons with disabilities to participate to the interviews and workshops
- Establish understanding and links to the existing inclusive health system framework developed by the MB initiative
- Work with the agency to pass on all existing literature and information that is available already to MBI and CHAI

5. **Project management**

The selected vendor is expected to:

- Align with CHAI and MBI on the workplan and mode of engagement
- Participate in bi-weekly calls with CHAI and MBI to review progress and present findings
- Participate in one Steering Committee meeting to present the findings

6. **Involvement of persons with disabilities**

Participation and involvement of persons with disabilities is important at every step of the project. We therefore encourage the consultant or agency to consider maximum levels of involvement of persons with disabilities in co-designing the solutions, including as core team members.
7. Budget

Euro 21,600 for 2-months scope of work.

8. Instructions to Interested Parties

a. RfP Concept Proposals
   i. All proposals should be submitted in English and be signed by an authorized representative of the Responder.
   ii. Proposals should be submitted via e-mail with the subject line RfP – Inclusive Health Systems Human-Centered Design to: Frederic Seghers at fseghers@clintonhealthaccess.org

b. Timeline

The tentative timeline for the RfP process is described below (Central Europe Time).

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<tr>
<th>RfP Released</th>
<th>2 February 2022</th>
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<tr>
<td>Deadline for Questions</td>
<td>9 February 2022 23:59 CET</td>
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<tr>
<td>Proposals Due</td>
<td>16 February 2022 23:59 CET</td>
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<tr>
<td>Notification of Selected vendor</td>
<td>2 March 2022</td>
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<tr>
<td>Finalization of Contract</td>
<td>~1 week</td>
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<tr>
<td>Project Start Date</td>
<td>9 March 2022</td>
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<tr>
<td>Project End Date</td>
<td>7 May 2022</td>
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c. Questions and Answers
   i. A formal period during which questions regarding this RfP are answered will be held following issuance of the RfP. Questions should be addressed to: Frederic Seghers at fseghers@clintonhealthaccess.org
   ii. All enquiries must be received via email by the stipulated deadline for questions.
   iii. It will not be possible to engage in telephone enquiries.

d. Costs of Preparing Documents

All costs associated with preparing and submitting a proposal will be borne by the Responder.

e. Confidentiality

Information which the Responder considers to be proprietary should be clearly marked as such. All such information will be treated as confidential and used by the MBI and CHAI team for assessment purposes only.

f. Disclosure

Information relating to the examination, clarification, and evaluation of responses shall not be disclosed to Responders or any other persons not officially concerned with such process.
9. Proposal Requirements

Respondents may submit a proposal in any format and of any length including the following:

- A general description of the organization
- A description of organizational capacity, skills, and demonstrated experience of applying futures, participatory discovery, and design practices for complex system transformation efforts. Please mention domains in which you have applied, geographies covered.
- Short biographies of key staff who would be involved in the project and their level of effort
- Examples of methodology, process or tools used to deliver on the project objectives (e.g., on how to run workshops and interviews)
- Proposed engagement model for collaboration with MBI and CHAI
- Proposed budget with detailed cost breakdown including cost types (e.g., staff, equipment)

10. Evaluation Criteria

Bids will be evaluated based on the following criteria:

- Clarity, applicability, and comprehensiveness of proposed approach
- Organizational capacity to execute against the scope of work from day 1
- Demonstration of experience of the organization and proposed staff in futures and inclusive design approaches applied to complex systemic challenges such as in health including health

Advantages:

- Previous experience working with persons with disabilities and knowledge of accessibility and universal design standards
- Project team includes persons with disabilities
- Organizations with field offices and/or experience working in Low- and Middle-Income Countries or working on projects that involve low-resource settings