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

Questions & Answers (9 February 2022)

1. **What is the objective of the report?**

The first Missing Billion report ([www.themissingbillion.org/the-report-2](http://www.themissingbillion.org/the-report-2)) was published 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 primary objective of this second report is to take the advocacy on the Missing Billion issue to the next level and catalyze action and investments by providing more specificity on a roadmap of required activities and steps for achieving inclusive health systems.

2. **Are there specific disability groups that this call is targeting?**

No, the call is not targeting specific disability groups. We are hoping to gather perspectives from a diverse group of persons with disabilities across impairment types. This diversity is important to ensure that we will be creating a vision for health systems that is truly inclusive of all persons with disabilities. For information on how this was done in a previous report and definitions of disability, kindly have a look at the Missing Billion report from 2019.

3. **What is being referred to as "different regions"? Is it within a country or cross-countries? Which regions or countries would be of high priority?**

The scope of work is global and should not focus on a specific country or region. In line with the first Missing Billion report, the project should consider a high-level perspective on disability inclusive health systems in both higher- and lower-income contexts. Similar to the previous question (2), we are hoping to gather perspectives from persons with disabilities living in different geographies such as US/Europe, Africa, and Asia-Pacific. Project outputs should be relevant for all of these geographies.

4. **Which different types of disabilities are prioritised for the user journeys?**

The ‘personas’ (user depicted in each journey) do not need to be specified in the proposal and can be jointly agreed upon during the project. These personas will need to represent (some of the most) common types of disabilities and associated health needs. For reference, the first Missing Billion report includes general information on definitions of disability and featured the following personas, but these can be adjusted for this next report:

1) Man with intellectual disabilities (USA)
2) Boy with a hearing impairment and his father (Malawi)
3) Woman with a physical impairment (Ghana)
4) Women with visual impairment (South Africa)
5) Girl born with Zika syndrome, and her mother (Brazil)

5. **Which common health needs are prioritised for the user journeys?**

The user-journeys should reflect common health needs that are rooted in real-life examples and experiences. For reference, the first Missing Billion report featured the following health needs, but this should be jointly re-visited for this next report:
1) Tooth pain (dental care)
2) Untreated hearing impairment
3) Antenatal care checkups
4) HIV treatment
5) Ear and hearing care

Given the current context, MBI and CHAI believe that a COVID-19-linked journey (e.g., vaccination, testing and/or treatment) should be considered.

6. What is the desired balance between males and females with disabilities? Any other age group / socio-economic segment to focus on?

The project should reflect current global demographics. The World Report on Disability by the World Health Organization in 2011 estimated that, at the global level, moderate and severe disability prevalence are higher for females than males.

7. When we think of futures and create inclusive health systems for the future; how far into the future do we focus on? Is there any specific timeline that you have in mind?

No specific timeline should be considered for implementing this vision. The project will develop a vision of what healthcare services should ideally look like as articulated by persons with disabilities. The project will aim to establish both minimum criteria (i.e., what is the minimum desired level of inclusiveness) as well as ideal criteria.

8. Under Discovery, it is mentioned 'conduct light-touch primary research'. We wanted to clarify if we are expected to do secondary / desk research on the materials available around the health systems and conduct light-touch primary research with the key opinion leaders?

That is correct. To our current understanding, limited published research exists that describes or defines a vision for inclusive health systems. We therefore expect that both the primary research and secondary research will be relatively light touch.

9. Is it possible to tell us a bit more about our expected involvement in the Phase 2, Co-design?

Phase 2 aims to translate user-insights from the discovery phase into practical recommendations for improving health systems, such as requirements on policy and health workforce development and steps to get there. MBI and CHAI have extensive experience with health system strengthening and envision to leverage their joint expertise in co-creation style. We seek to understand what role the Consultant or Agency could play to support this co-creation, e.g., participating or facilitating, but we would also like to understand if there are any suggestions for how we can leverage the input on persons with disabilities in a co-design fashion in translating the vision into a practical roadmap on health system strengthening. We also seek alternative suggestions/ideas on how we can translate user-insights into practical recommendations. Timeline for completing this 2nd phase is by May 7, 2022.

10. When we talk about envisioning ideal health systems, what should we focus on within that? Any focus points within the healthcare system that need to be prioritised?

Capturing the user-perspective is essential. The first Missing Billion report makes use of Levesque’s framework for capturing the user journey: i.e., perceiving a need, seeking care, reaching the health facility, accessing services, engaging with healthcare professionals, and receiving treatment or follow-
up care. If desirable, this framework can be re-used during the project although other approaches can be considered. Ultimately, we want to translate the vision into more traditional health system frameworks, like the WHO building blocks or the existing Missing Billion inclusive health system framework (see on the webpage).

11. Within CHAI & MBI responsibilities, what do you mean by ‘engage and support persons with disabilities’?
MBI and CHAI will recruit persons with disabilities to take part in the project. This can include, but is not limited to, persons with disabilities to participate in workshops and to be featured in the user journeys. MBI and CHAI will manage administrative and logistical requirements. A list or set of criteria for desired participants (disability, geography, etc.) for the recruitment can be jointly developed in the beginning of the project.

12. Is the research expected to be remote / in-person / hybrid?
Remote research approaches are likely to be most feasible and acceptable, although hybrid could be considered.

13. We would be keen on conducting sessions physically; should the cost of conducting these sessions physically a part of the approved budget?
Potential costs for organizing physical meetings, such as logistics, travel, and other associated costs for participants, should be included the proposed budget.

14. How will the accessible video interviews be used?
The videos will be used to support dissemination and advocacy activities, such as events, including high-level global health events, and working sessions with health funders and stakeholders. The videos will also be published on the Missing Billion website. Social media use can be considered but is not the primary use case or target audience. The specifics of the video can be discussed during the project.

15. What type of video quality is expected for the “Four accessible video interviews”? What elements would be essential to include for accessibility of the videos?
We are not expecting professionally produced videos but would appreciate limited post-production in case that digital meeting platforms (e.g., Zoom, MS Teams) are used for recording. Accessibility would consider sign language interpretation, captions, and described audio (could be a separate version). A good example is available here: https://www.youtube.com/watch?v=X6DmzwBTRwo

16. Is the approved budget (21,300 Euros) inclusive of applicable taxes?
Yes, this budget is inclusive of applicable taxes.