Request for Letters of Inquiry

Impact of the Global Polio Eradication Initiative on Strengthening Routine Immunization and Primary Healthcare

DEADLINE: FRIDAY, MAY 6, 2011, 5:00 PM PST

VACCINE DELIVERY
IMPACT OF THE GLOBAL POLIO ERADICATION INITIATIVE ON STRENGTHENING ROUTINE IMMUNIZATION AND PRIMARY HEALTHCARE

OVERVIEW

Document Purpose
The purpose of this Request for Letters of Inquiry (RFLOI) is for the provision of consultant information, services information, and cost quotations in order for the Bill & Melinda Gates Foundation (the “Foundation”) to identify a consultant (“Consultant”) to conduct an assessment of the Impact of the Global Polio Eradication Initiative on Strengthening Routine Immunization and Primary Healthcare. Please note that “consultant” and “vendor” may be used interchangeably to refer to the potential provider of services which may, in this case, be a for-profit, not-for-profit, or academic institution.

As one of the deliverables of this assessment, we would expect that there would be one or more articles prepared for, and submitted to, peer-reviewed journals.

About the Bill & Melinda Gates Foundation
Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people’s health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, the Foundation is led by CEO Jeff Raikes and co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

Project Background
In 1988, the World Health Assembly (WHA) adopted a resolution to eradicate polio worldwide. This launched the Global Polio Eradication Initiative (GPEI), led by the

1In this document, we use the term primary healthcare to mean the delivery of basic priority services, including antenatal, delivery, and postnatal care, and well-child services.
World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), and UNICEF.

As stated in the resolution, the three principal goals of the polio eradication effort are:

1) “To interrupt transmission of the wild poliovirus as soon as possible;
2) To achieve certification of global polio eradication; and
3) To contribute to health systems development and strengthening routine immunization and surveillance for communicable diseases in a systematic way.”

At the time of the WHA resolution in 1988, there were approximately 350,000 cases of polio each year. In the past 22 years, the number of cases has decreased by 99%, with the number of reported cases in 2009 recorded at 1,604. As of February 3, 2011, only 950 cases had been reported for 2010. We are now closer than ever before to the eradication of polio.

The third goal of the 1988 WHA resolution – strengthening routine immunization coverage and contributing to strong primary healthcare systems – will ultimately be the bedrock on which polio eradication rests.

Given the overall importance of routine immunization and primary healthcare to saving children's lives, and given their specific importance to the sustainability of polio eradication, the Foundation is interested in supporting a greater understanding of the impact that the global effort has had to date. This understanding should allow interested parties to take stock of where the benefits and opportunity costs of this program have been on routine immunization services and delivery of basic health services, and to fine-tune further eradication efforts so that they have maximum benefit as we transition to supporting immunization programs and primary health care.

**Basis for Contract**

Since the initial WHA resolution in 1988, it is estimated that 2.5 billion children have been immunized against polio, due to a tremendous effort of 20 million volunteers and the expenditure of US $7.94 billion dollars (1988-2010). This effort has been accompanied by debate about the amount of resources being allocated for this program, as well as the potential opportunity cost of human resources, financial resources and time allocation.

Previous studies and reviews have looked at this issue during earlier stages of the Global Polio Eradication Initiative.

The first, and perhaps most well-known study of the impact of polio eradication efforts, was commissioned by the Pan American Health Organization (PAHO). Released in 1995, the Taylor Commission Report found that “polio eradication had contributed positively to overall strengthening of health systems in the Americas.”
Two additional, large studies were presented in 1999 at a meeting convened by the World Health Organization. The first study, conducted by the All India Institute of Medical Sciences (AIIMS) and the India Clinical Epidemiology Network (IndiaCLEN) found that the impact of polio eradication efforts on health systems delivery (routine immunization and surveillance) in 24 districts across India had been mostly positive, with a cautionary note to potential disruptions in health services caused by national polio immunization days (NIDs). The second study, commissioned by WHO with funding from multiple donors, was conducted by Sigrun Møgedal and Bo Stenson, and assessed the impact of polio eradication efforts in Tanzania, Nepal and the Lao People’s Democratic Republic. This latter study showed that eradication efforts had mixed results. Operational recommendations stressed that planning in advance of eradication activities could minimize any potential negative impacts, while maximizing positive ones.

**Objectives**

The Foundation, in consultation with a steering committee comprised of external and internal experts, intends to commission a current assessment of the impact of polio eradication efforts on routine immunization and primary healthcare. This assessment should emphasize the use of quantitative information and may use modeling, as appropriate. The four main objectives of this work are:

1) To document how polio eradication activities have been implemented in different countries and regions, both in terms of strategies and the extent of integration with routine immunization. Recognizing that polio eradication is a vertical program in nature, there are synergies we would like this study to address, such as surveillance, outbreak control, outreach to special populations (through the provision of tools for micro-planning), cold chain management, and staffing. Another area where synergies may be found is in raising the level of awareness and political will. Geographic focus should include EMRO, AFRO (including Nigeria), and SEARO (including key states in India.) We would expect the consultant to include a mix of countries in development, including some fragile states and states in conflict.

2) To identify and assess the impact of polio eradication efforts on immunization coverage and the provision of primary healthcare by identifying and utilizing quantitative indicators (such as measles and DTP3 coverage for immunization, and ANC visits, for the provision of primary healthcare.) In several countries chosen for this study, the consultant, or vendor, may perform an analysis of funding inputs, time, and other resource allocation (such as vehicles and per diem) of government and GPEI partners to assess the level of effort allocated to polio-related activities, as compared to other immunization activities (such as measles campaigns) and primary healthcare programs. It will be important to identify which inputs are provided via international efforts, as compared to host-country involvement.
3) To make recommendations as to how strategies for on-going and future polio eradication efforts might best be implemented so as to strengthen routine immunization and primary healthcare. These recommendations should address how gains in capacity building, in particular, may be strengthened and sustained in terms of laboratory and surveillance capacity, and in terms of mobilization of both health workers and community leaders.

4) To make recommendations as to the key investments needed by the global community to optimize and leverage gains from polio eradication efforts so that they can translate into sustainable gains for routine immunization and primary healthcare.

Scope
We are requesting Letters of Inquiry (three to five pages, additional details below) that indicate how the above objectives might be addressed, balancing breadth and depth of the project.

Timing of project: We expect the actual study to be conducted over a 6-8 month period and would, ideally, like to have a preliminary draft of findings by early 2012. Proposals will be scored for the amount of quantitative data and field validation they incorporate into the country assessments. We will consider proposals for the range of $600,000 – 900,000.

Geographic scope: We would like the researchers to focus on regions and countries that are the most pertinent to on-going polio eradication efforts. Countries in EMRO, AFRO, and SEARO should be included, as well as key states in India. The study should include some fragile countries, and some countries in conflict.

Approach:
We are particularly interested in candidates that describe how they might approach this work by creating a collaborative effort between developed and developing country researchers. We believe that the scope of this project is broad, and would benefit by a diverse group of contributors.

While we appreciate that much data will be qualitative, we would like to emphasize that it is essential to use quantitative data as much as possible. Costing of programs, time, and resource inputs are some of the clearer ways that quantitative data may be incorporated. However, quantitative data on coverage may also be used to validate, or invalidate the opinions of experts. The quantitative data should be viewed as primary with opinion data as secondary. Thus, for example, opinions that polio eradication has enhanced routine immunization should be backed up with coverage data showing improvement. Conversely, opinions that polio eradication efforts have interfered with routine immunization should show corresponding decreases in routine immunization coverage.

Desk research may draw from a number of sources, but may be informed through a review of previous studies including the Taylor Commission Report, the Møgedal...
Stenson Report, and the more recent WHO report on immunization systems, which was conducted by Jacob John and Felicity Cutts. Also useful may be a recent report on the impact of measles elimination activities by Hanvoravongchai, Mounier-Jack, Oliveira Cruz, et al.

Primary research may include interviews with professionals across the field. These interviews should represent a diversity of opinion, and be sought from individuals who work in different geographies, and in both specific polio eradication activities, as well as general immunization programs. These interviewees should also represent the spectrum of those involved, from policy makers, to field workers, to caretakers. Qualitative interviews at the field level lend themselves particularly well to such questions as, "How have polio eradication efforts impacted individual uptake of other immunization and primary healthcare services?"

Intent and Disclaimer

This RFLOI is made with the intent to identify a consultant to deliver results as described above and in other areas of this RFLOI. The Foundation will rely on consultant’s representations to be truthful and as described. The Foundation assumes it can be confident in consultant’s ability to deliver the product(s) and/or service(s) proposed in response to this RFLOI. The response will be incorporated into a future contract should the Foundation wish to purchase the product(s) and/or service(s).

This RFLOI is not an offer to contract. The Foundation assumes no responsibility for Consultant’s cost to respond to this RFLOI. All responses become the property of the Foundation.

If the Foundation amends the RFLOI, copies of any such amendments will be sent to all consultants selected for this RFLOI.

Release

Consultant understands that the Foundation has chosen to solicit a RFLOI for the Impact of the Global Polio Eradication Initiative on Strengthening Routine Immunization and Primary Healthcare from a variety of consultants, and that Consultant’s response does not guarantee that the Foundation will enter into a new contract with Consultant or continue any current contract(s) with Consultant.

Consultant agrees that the Foundation may, in its sole discretion: (1) amend or cancel the RFLOI, in whole or in part, at any time; (2) extend the deadline for submitting responses; (3) determine whether a response does or does not substantially comply with the requirements of the RFLOI; (4) waive any minor irregularity, informality or nonconformance with the provisions or procedures of the RFLOI; (5) negotiate with any and all consultants the Foundation deems acceptable; (6) issue multiple contracts; (7) share responses generated by this RFLOI with consultants the Foundation may retain to help it evaluate them; and (8) copy the
responses. Consultant also agrees that all responses become the property of the Foundation.

In exchange for the opportunity to be awarded a contract, Consultant agrees to not bring a legal challenge of any kind against the Foundation relating to the Foundation’s selection and award of this contract, even if Consultant is not awarded a contract.

Consultant represents that it has responded to the RFLOI with complete honesty and accuracy. If facts provided in Consultant’s response change, Consultant agrees to supplement its response in writing with any deletions, additions or changes within ten days of the changes. Consultant will do this, as necessary, throughout the selection process. Consultant understands that any material misrepresentation, including omissions, may disqualify it from consideration for a contract award.

Consultant understands it may receive proprietary and confidential information from the Foundation during the RFLOI process (“Confidential Information”). Consultant agrees to not use Confidential Information for any purpose other than its participation in the RFLOI process and to not reveal Confidential Information directly or indirectly to any other person, entity, or organization without the prior written consent of the Foundation. Consultant further agrees to exercise all reasonable precautions to maintain the proprietary and confidential nature of Confidential Information.
RESPONSE GUIDELINES

Response Instructions
This RFLOI/RFP will use a mandatory two-step application process. Step One requires the submission of the LOI. After evaluation of all LOIs received, the Foundation will contact those applicants who are most competitive, and invite them to complete Step Two—the submission of a full proposal.

Please adhere to the following when responding to this RFLOI

- Please respond using the RFLOI template found at http://www.gatesfoundation.org/polio/Documents/rfloi-polio-application.docx. Applications received that are not on this template may not be considered for review.
- All questions on the template must be answered in order for an applicant to be considered for this RFLOI. All applicants must detail how they will respond to the four stated objectives of the project, taking into account the suggested approach.
- All communication relating to the RFLOI, with the exception of communications outlined in the RFLOI Delivery Instructions section below, including questions and clarifications, should be submitted via email to GH_RFLOIPolioImpact@gatesfoundation.org.
- Applicants, or their representatives, may not contact anyone else within the Foundation regarding this RFLOI. Any violation of this requirement may result in disqualification from the selection process.
- Questions submitted by any consultant and associated responses will be distributed to all applicants.

Evaluation Criteria
In addition to the project scope as described above, applicants will be assessed based on the following criteria:

1. Experience of the Proposed Team: (30%)
   a. Knowledge of immunization systems (10%)
   b. Knowledge of primary healthcare systems (10%)
   c. Knowledge of polio eradication efforts (10%)
2. **Technical Capabilities of the Proposed Team: (15%)**
   
a. Demonstrated experience working with quantitative data and/or modeling, to test/support qualitative assumption.

3. **Ability to Partner Creatively Between Developed and Developing Country Researchers to Improve Offering (10%)**
   
a. Demonstrated ability to partner with other experts/organizations in the past, and merits of proposed partnership model. (10%)

4. **Proposal Quality and Strength of Project Management Plan (45%)**
   
a. Overall quality of proposal – for both assessing impacting and providing key recommendations going forwards – including a detail of countries that will be included in the assessment; key groups of people who will be contacted; samples of quantitative indicators that might be used to test assumptions, and an indication of the types of linkages that might be drawn between qualitative information gathered and quantitative indicators/data sets.

**Response Delivery Instructions**

Please email an electronic copy of your RFLOI response, filled out in the attached template to: GH_RFLOIPolioImpact@gatesfoundation.org. Applicants must not exceed 6 pages, including the contact section of the template and budget, but excluding references. Reviewers will not read any information provided after page number 6. Please do not use less than 11 point font or one inch margins.

**Foundation Contact**

Foundation staff will be available to provide clarification on this RFLOI until the close of business on April 12th, 2011 at 5:00 pm PST. Please submit any questions to: GH_RFLOIPolioImpact@gatesfoundation.org. All relevant questions and answers will be posted on the website by close of business on April 15, 2011.
**Timetable**

The evaluation and selection process will adhere as closely as possible to the following schedule. However, the Foundation may modify this schedule at its sole discretion.

<table>
<thead>
<tr>
<th>Event</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions regarding RFLOI sent to J.J.</td>
<td>Tuesday, April 12, 2011</td>
</tr>
<tr>
<td>Posting of all relevant questions and answers</td>
<td>Friday, April 15, 2011</td>
</tr>
<tr>
<td>Response Due for Letters of Inquiry</td>
<td>Friday, May 6, 2011</td>
</tr>
<tr>
<td>Selection of Consultants Invited to Submit Full Proposal</td>
<td>Friday, May 20, 2011</td>
</tr>
<tr>
<td>Submission of Proposals</td>
<td>Friday, June 24, 2011</td>
</tr>
<tr>
<td>Consultant Selection</td>
<td>Friday, July 8, 2011</td>
</tr>
<tr>
<td>Project Start Date</td>
<td>July, 2011</td>
</tr>
</tbody>
</table>

---


ii Ibid.


