



**World Health
Organization**

Scoping Review of the Japanese Literature on Measurement of Equity in Service Coverage of Older People

Request for Proposals (RFP)

Bid Reference:

2020/HQ/WKC/0012

Unit Name:

HQ/HEP/WKC

Purpose of the RFP:

To review the Japanese literature as part of a broader scoping review which aims to describe how equity in service coverage of older people should be quantified to inform progress towards the provision of universal health coverage (UHC).

Closing Date:

10 April 2020



The World Health Organization (WHO) is seeking offers for conducting a scoping review of the Japanese literature as part of a broader scoping review which aims to describe how equity in service coverage of older people should be quantified to inform progress towards the provision of universal health coverage (UHC). Your Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1. Requirements

WHO requires the successful bidder to carry out a scoping review of the conceptual and theoretical literature published in Japanese that is relevant to determine what should be measured if equity in service coverage for older people is to be assessed in the context of monitoring UHC. The successful bidder is expected to work in collaboration with the lead research team based in the United Kingdom (UK) to (1) adapt the research protocol in Japanese and finalize it in consultation with WKC and the lead research team; (2) carry out the database search, selection of sources of evidence, and data charting following the agreed protocol and under the technical direction of WKC, with a minimum of two reviewers conducting the data screening and charting; (3) prepare a report of the findings; and (4) contribute to discussions with the lead research team to integrate the findings from the Japanese review with the broader set of findings.

See attached detailed Terms of Reference (Annex 1) and Agreed Methodology for the Broader Scoping Review (Annex 2) for complete information.

The successful bidder shall be a not-for-profit institution operating in the field of academic research with proven expertise in the health systems research, health equity, metrics and measurement, demography, global health or other related areas.

Bidders should follow the instructions set forth below in the submission of their proposal to WHO.

2. Proposal

The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal should be concisely presented and structured to include the following information:

- Information about your institution (*please complete Annex 3*)
- Technical proposal, including a brief background and proposed approach/methods/activities, including a resource plan and proposed modifications to the general approach described in the Terms of Reference (no more than 5 single-spaced pages, using at least 11-point font)
- Financial proposal in US dollars, including an itemized breakdown of the budget and justification (*please complete Annex 4*)
- Example of previous related work
- CVs of project personnel



Information which the bidder considers confidential, if any, should be clearly marked as such.

3. Instructions to Bidders

Bidders must follow the instructions set forth in this RFP in the submission of their proposal to WHO.

A prospective bidder intending to bid, or who require any clarification on technical, contractual or commercial matters shall notify WHO via email at the following address **no later than 6 April 2020 at 23:00 hours Japan standard time**:

Email for submissions of intention to bid and all queries: wkc-adm@who.int

(Please mention Bid Reference "2020/HQ/WKC/0012" in subject line)

A consolidated document of WHO's responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be published on the WKC website.

From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

The bidder shall submit, in writing, the complete proposal to WHO, no later than **10 April 2020 at 23:00 hours Japan standard time** ("the closing date"), by email at the following email address:

wkc-adm@who.int

(Please mention Bid Reference "2020/HQ/WKC/0012" in subject line)

To be complete, a proposal shall include:

- Annex 3, completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP;
- A technical proposal, as described under part 2 above;
- A financial proposal/budget form (Annex 4), as described under part 2 above;
- Example of previous related work (e.g. 1-2 previously published papers on a similar topic and/or using a similar method); and
- CVs of project personnel.

Each proposal shall be marked Ref: 2020/HQ/WKC/0012.

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing before the above closing date and time.

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder's consent to an extension of the period of validity. The request and the responses thereto



shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal's submission and before the above-mentioned closing date, provided that written notice of the withdrawal is received by WHO at the email address indicated above, before the closing date for submission of proposals.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, *inter alia*, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.

All bidders must adhere to the UN Supplier Code of Conduct, which is available on the WHO procurement website at <http://www.who.int/about/finances-accountability/procurement/en/>.

4. Evaluation

Before conducting the technical and financial evaluation of the proposals received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

The evaluation panel comprising WHO staff and external experts will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

Technical Weighting:	60 % of total evaluation
Financial Weighting:	40 % of total evaluation

The technical evaluation of the proposals will include:

- the extent to which WHO's requirements and expectations have been satisfactorily addressed;
- the quality of the technical solution proposed;
- the experience and capacity of the institution;
- the project management plan and the qualifications and competence of the personnel proposed for the assignment; and
- the proposed timeframe for the project.



The number of points which can be obtained for each evaluation criterion is specified below and indicates the relative significance or weight of the item in the overall evaluation process. The maximum possible value for the total Technical Score is **60**.

Evaluation criterion	Assigned points
Responsiveness/Relevance to WHO's requirements and expectations	10
Quality of the technical solution proposed	20
Relevant experience and capacity of the lead institution	10
Staffing of the project	10
Proposed timeframe for the project	10

The financial evaluation will be conducted by WHO staff only based on the scoring system shown below. The maximum possible value for the total Financial Score is **40**.

Evaluation criterion	Assigned points
Budget justification is sufficient in detail.	10
Total budget is reasonable and commensurate with the proposed scope of work (neither too high nor too low).	10
Budget allocation across budget items (e.g. personnel, travel, supplies, etc.) is appropriate.	10
Taken together with the technical evaluation results, the financial proposal promises good value for money.	10

Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO's general principles, including the principle of best value for money, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

NOTE: Individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

5. Award

WHO reserves the right to:

- Award the contract to a bidder of its choice, even if its bid is not the lowest;
- Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
- Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
- Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
- Not award any contract at all.



WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this RFP.

Within 30 days of receipt of the contract between WHO and the successful bidder (the "Contract"), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth in Annex 5.

Any and all of the contractor's (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor's offer, or printed or referred to on the Contractor's letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Annexes

1. Detailed Terms of Reference
2. Agreed Methodology for the Broader Scoping Review
3. Vendor Information Form
4. Budget Form
5. Contractual Provisions



Annex 1: Detailed Terms of Reference

Bilingual English/Japanese Researchers to Conduct a Scoping Review of the Japanese Literature on Measurement of Equity in Service Coverage of Older People

1. Introduction

1.1. Objective

The objective is to review the Japanese literature as part of a broader scoping review which aims to describe how equity in service coverage of older people should be quantified to inform progress towards the provision of universal health coverage (UHC). The contractual partner is expected to work in collaboration with the lead research team based in the United Kingdom (UK) to conduct a Japanese literature review and integrate the findings with the broader set of results.

1.2 About the WHO Centre for Health Development in Kobe, Japan (WHO Kobe Centre - WKC)

The WHO Centre for Health Development (WHO Kobe Center—WKC) was established in 1995 with the endorsement by the WHO Executive Board and the generous financial and material support of the Kobe Group¹. While physically located in Kobe, Japan, it is a department within the UHC Healthier Populations Cluster of WHO global Headquarters (HQ) in Geneva. As such, WKC follows the institutional mandate of WHO's General Programme of Work with a global geographic scope of work. Its current research strategy for 2016 -26 is to conduct research and synthesize evidence about health systems and innovations, particularly in light of population ageing, to accelerate progress towards UHC. Under the current research plan, WKC focuses on three research themes related to UHC: service delivery, financing, and innovations; metrics and measurement; and health emergencies.

The work described in this Terms of Reference falls under the theme of metrics and measurement which has the following areas of focus:

- To analyse the current research landscape related to the measurement of essential health services, financial protection, care quality and equity for older populations.
- To document current country practices in measuring and monitoring UHC from the perspective of ensuring older persons' right to health.
- To document effective approaches for research and knowledge translation to advance UHC in the context of population ageing.
- To support the development of metrics and measurement tools that enable countries to monitor UHC in the context of population ageing.

2. Background and aims

WKC, in cooperation with other relevant units of WHO Headquarters in Geneva and Regional Offices, is developing a programme of research on metrics and measurement of UHC that respond to the health system needs of an ageing population. The aim is to improve methods for quantifying the progressive realization of UHC in the context of population ageing to advance research and to better inform policy.

One of the principles of UHC is equity, where health equity is defined as the absence of systematic, unfair and avoidable differences in health status or in the distribution of health resources. The pursuit of health equity in ageing societies is an increasing concern given global population ageing and the extraordinary diversity within this

¹ The Kobe Group is composed of Hyogo Prefecture, Kobe City, Kobe Steel, Ltd., and the Kobe Chamber of Commerce and Industry.



growing population group (1-3). In most countries, health systems are initially developed with a strong focus on acute care, maternal and child health-related services and other health services that are more relevant to the earlier stages of a person's life course and the earlier stages of a population's epidemiological transition. A deliberate adaptation of the health system is thus required to adequately respond to the chronic and complex needs of older people, lest they be left behind in the progress toward UHC.

Furthermore, while older people are defined by different cut-off points of chronological age which are often linked to employment and pension entitlements, this group is extremely diverse in terms of their health needs. Certain subgroups of older people characterized by their age, gender, ethnicity, health and functional status, socioeconomic status, etc. are more vulnerable or disadvantaged compared to others. However, these unfair differences would be overlooked if older people are merely treated as a homogeneous group. Thus, the measurement of equity should be explicit in UHC monitoring (4) with due attention to both (i) the differences between older people and the rest of the population, and (ii) the differences among sub-populations of older people.

To begin addressing this important issue, in November 2019, WKC issued a Request for Proposals for a scoping review to help determine what should be measured if equity in service coverage for older people is to be assessed in the context of monitoring UHC. After a rigorous review process, a research team based in the United Kingdom (UK) has been selected to lead this research. A contract is currently being prepared with a target start date of 1 April 2020. The research proposal, however, did not include a review of the Japanese literature. Considering the experiences of Japan with developing health systems for a rapidly ageing (the world's most aged) population for the progressive realization of UHC, the inclusion of Japanese literature would add value to this research. Moreover, WKC, with its location and networks in Japan, is favourably positioned to facilitate a research collaboration with a qualified Japanese institution. Thus, WKC is seeking a Japanese research institution, preferably based in the Kansai region, as a contractual partner to carry out the Japanese literature review which would contribute to the broader scoping review.

References

1. Zeeb H, Rothgang H, Darmann-Finck I. Ageing, health and equity—broad perspectives are needed to understand and tackle health challenges of ageing societies. *Int. J. Environ. Res. Public Health*. 2018;15:457. doi:10.3390/ijerph15030457
2. *World report on ageing and health*. Geneva: World Health Organization; 2015.
3. Sadana R, Shen S. *Reducing inequities in health across the life-course: later life and healthy ageing*. Copenhagen: World Health Organization Regional Office for Europe; 2019.
4. Rodney AM, Hill PS. Achieving equity within universal health coverage: a narrative review of progress and resources for measuring success. *International Journal for Equity in Health*. 2014;13:72.

3. Work to be Performed

3.1 Type of research

This research entails a scoping review of the conceptual and theoretical literature published in Japanese that is relevant to determine what should be measured if equity in service coverage for older people is to be assessed in the context of monitoring UHC.

3.2 Methods

The lead research team in the UK will develop the research protocol for the scoping review. Once agreed by WKC, the contractual partner will:

- (1) Adapt the protocol in Japanese and finalize it in consultation with WKC and the lead research team.



- (2) Carry out the database search, selection of sources of evidence, and data charting following the agreed protocol and under the technical direction of WKC, with a minimum of two reviewers conducting the data screening and charting. Any inconsistencies will be resolved by discussion, and if necessary, in consultation with the WKC Technical Officer.
- (3) Prepare a report of the findings.
- (4) Contribute to discussions with the lead research team to integrate the findings from the Japanese review with the broader set of findings.

A preliminary search in Google Scholar using combinations of Japanese terms for healthcare, access, equity/fairness, and older people and a filter for publications since 2016 found 350-500 studies. The number of papers to be included for full review is anticipated to be no more than 20. The final search strategy will be defined in consultation with WKC and the lead research team to ensure that the most relevant papers are captured within the project timeframe.

For more details of the research methods, please refer to the Agreed Methodology for the Broader Scoping Review (Annex 2).

3.3 Deliverables

The selected research institution will be expected to produce the following set of deliverables:

- (1) A Japanese-adaptation of the research protocol
- (2) Interim reports to be submitted at specified points
- (3) A final technical report in journal manuscript format

The final technical report should include a brief background, a thorough explanation of the methods, including the process of adapting the research protocol to Japanese, a narrative review and synthesis of the data analysis results, and a discussion of the findings. At minimum, the report will be used to integrate the findings with the larger study. The report may also be used as the basis for a stand-alone journal publication.

3.4 Consultation and review process

The quality and timeliness of activities and deliverables will be closely monitored by the WKC in accordance with the WHO Kobe Centre's Research Quality Assurance Plan. Each deliverable will be reviewed by the WKC responsible officer and by other WHO technical staff and external experts, as necessary and appropriate. The contractual partner is expected to comply with the review process and requirements and respond to comments provided by WHO on the deliverables. All deliverables must be deemed satisfactory by WHO in the end.

3.5 Budget and timeline

The requested budget must be sufficiently justified and commensurate with the scope of work proposed, keeping in mind that at least two reviewers are required. A breakdown of the major costs should be given (e.g. daily rate per staff member and number of days). Value for money will be one of the criteria for the financial evaluation of the proposal.



The duration for the project is 5 months with anticipated start date of 27 April and end date of 30 September 2020. The expected timeline for specific tasks and deliverables is as follows:

Month (2020)	Task
April	-Get familiarized with original research protocol and self-organize
May	- Adapt the research protocol into Japanese (Deliverable #1) by 15 May -Literature search -Study screening/selection: Identifying sources of evidence
June	- Submit interim project report summarising included studies (Deliverable #2) by 15 June -Full-paper review: Data charting process
July	- Submit interim project report summarising data analysis results (Deliverable #3) by 6 July -Synthesis of results
August	-Contribute to discussions about integration of findings with the larger study -Draft the full technical report on the Japanese literature review
September	- Submit final technical report (Deliverable #4) by 30 September

The actual timeline will vary depending on factors such as the volume of literature identified, the speed of turnaround for review and comments, etc. Frequent progress updates will be critical to ensure that the work can be realistically completed within the expected timeframe.

3.6 Compliance with WHO's Framework for Engagement with Non-State Actors

Prior to contracting, the successful bidder may be required to submit additional information and documents regarding the signatory entity in order to be compliant with WHO's Framework for Engagement with Non-State Actors ([FENSA](#)). These include a disclosure of involvement with tobacco and arms industries; proof of the legal status/registration; composition of the decision-making body (such as the Board, Council, Assembly); main sources of funding including current funding received by the PI (lists of donors and sponsors); and the constitution/statutes/by-laws and affiliation (subsidiaries or branches) for the signatory entity.

3.7 Place of work

The project should be carried out and managed remotely from within the private home or home institution of the contractual partner in collaboration with any necessary partners.

4. Technical requirements

- Proven experience with conducting systematic reviews, scoping reviews, rapid reviews, or other types of literature reviews in a related area.
- Content expertise related to health systems research, health equity, metrics and measurement, demography, global health or other related areas.
- Demonstrable capacity and expertise of the researchers and their base institution to execute the work in a timely manner.
- Ability to search and obtain full-text papers from relevant Japanese scientific literature databases.
- Ability to review and appraise literature published in Japanese.
- Advanced written and verbal communication skills in English on highly technical matters.
- Skills and equipment to engage in audio-video conferences.

Annex 2: Agreed Methodology for the Broader Scoping Review

Scoping review of measurement of equity in service coverage of older people

BRIEF BACKGROUND

The aim of the project is to support the WHO Kobe Centre (WKC) to develop policy briefs about equity- focused Universal Health Coverage (UHC) monitoring in different countries and contexts. UHC is defined as, 'every person receives the quality health services they need, while ensuring that the use of these services does not result in financial hardship' (WHO RFP). UHC is among the Sustainable Development Goals (SDGs) for 2030. The intention of the project is to improve methods for quantifying progress towards UHC and, in so doing, to advance research in this field and enable improved evidence- based policy-making. The aim is to be able to monitor and measure, in an ideal way, equity in service coverage for older people, given the context of an ageing population. Following accurate needs assessment in any given country or context, appropriate policy can then be developed, and action taken. The objective of this project is therefore to present the evidence on the potential factors affecting equity in service coverage for older people, and that need to be measured, such as gender, income, education, race and ethnicity (including minority/migrant status), level of need, patient preference, social status, geography and health systems factors. The description of key concepts and identification of those factors that should be measured will inform the monitoring of progress towards the provision of UHC for older people.

APPROACH

Equity in health and health care is generally defined in a consistent manner across multiple sources. It is captured by the WHO definition, that: 'ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential' on account of 'avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification' (WHO, Health Topics). Health service coverage has been defined as, 'the extent of interaction between the service and the people for whom it is intended' (Tanahashi, 1978).

Equity in service coverage might be captured in a definition such as 'equal access for equal need' (Goddard & Smith, 2001), regardless of age, income, ethnicity etc., but the conceptualisation of this problem, and its measurement, is likely to be much more complex. In terms of measurement, the most basic metric is the ratio between the number of people for whom a service is potentially relevant and the number who actually access that service when they have the need to do so. However, it is far easier to observe and measure actual access than to measure having the potential or the opportunity to access a service in the event that a person experiences need. Much of the literature simply measures actual access (Salway, 2017). The concept of 'need' is also extremely broad, and can include health promotion and disease prevention, diagnosis and treatment, rehabilitation and palliative care, and especially in the case of older people, social care. These are interesting conceptual problems. Culyer and Wagstaff (1993), for example, highlight that equity in health and health care are universally seen as a good thing, but when it comes to identifying policies, differing definitions of equity, access and need present major problems.

The proposed project is therefore a scoping review of the conceptual and theoretical literature to determine what should be measured when faced with the problem of equity of service coverage for older people. We recognise that the relevant literature is likely to be diverse in methods and contexts. We have already identified some frameworks and models that conceptualise the measurement of equity in service coverage, within different contexts and for different population groups. The evidence-base is potentially broad and heterogeneous, so a scoping review represents the most appropriate approach, and will follow models previously delivered by team members for



other funders (e.g. Booth 2019, Salway 2017), as well as other recent, relevant scoping reviews (Bresick, 2019).

The purpose of this type of review is principally to determine the volume, nature and characteristics of a body of research (Arksey & O'Malley, 2005). The proposed review will enable the identification of the different definitions and conceptualisations of equity, access and need in the theoretical literature. It will also identify the numerous factors highlighted by this literature that might affect such equity of service coverage, and that need to be measured if equity is to be determined. Such factors are likely to relate to people's age, socioeconomics, the cultural and health policy context (high and low resource settings), social stratification, social and geographical location (urban and rural), material and social circumstances. They are likely to include the concept of quality of care or the quality of services too, for example, is the care delivered effective, safe, people-centred, and timely for all relevant groups?

This review is likely to identify evidence from the perspectives of both demand and supply, and of both providers and responders. For providers, relevant factors might relate to health systems, institutions, organisational structures, types and levels of health services, resources, and service quality. For responders, relevant factors exist more at the individual, household, community, and population levels, and include gender, age, income, education, sexuality, race and ethnicity (including migrant/minority status), level of need (including comorbidities, vulnerabilities) and patient preferences. Gender is likely to represent a particular issue: the old are more likely to be female than male; old women are more likely than old men to: be single; have fewer financial resources; and be informal carers. In some cultures, they might also have lower social status. All of this has implications for this group's level of need and ability to use services.

The proposed approach therefore aims to capture diverse understandings of equity, access and need, as well as identifying those factors that should be taken into account if equity is to be measured in a meaningful way.

Each stage of the process will involve feedback and advice to the Review team (CC, AB, KS) from an Expert Advisory Group, composed of experts in equity (MM, SS, AT), well-being (SS, AT), metrics (AT), and research into older people (PB). There will be continual consultation with the WKC to ensure that the scope and work always complies with their requirements and is sensitive to their priorities. This will ensure that the work retains a global perspective and relevance.

The outcome will be a comprehensive and critical view of the research 'landscape', not only to inform a WKC policy brief based on what is known and unknown in this field, but also to guide future in-depth systematic reviews and analyses of what should be measured when determining the equity of service coverage among older people. The proposed work will enable the WKC to determine the scope, complexity, strengths and weaknesses of the conceptual evidence in the measurement of equity and service coverage for older people.

The work will be conducted and reported in accordance with accepted methods for conducting scoping reviews (Arksey & O'Malley, 2005, Levac et al, 2010); this bid and the subsequent report will be structured according to the elements of the PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist.

REVIEW QUESTIONS

For the purposes of this proposal, the work centres on the following review question:

How is equity in service coverage for older people conceptualised in the literature?

We plan to undertake an iterative process whereby the final questions and project scope will be discussed and agreed in partnership with the WKC.

METHODS

Protocol and registration: A protocol for the review, once agreed with the WKC, will be registered and published with the [CRD PROSPERO database](#).

Inclusion and exclusion criteria: Provisionally, dependent on consultation with the WKC, eligible studies in the review are likely to conceptualise equity of health service coverage generally, within which older people will represent one of a number of relevant groups, including those shaped by gender, income, education, race or ethnicity. For this reason, the inclusion criteria will not limit this review only to studies relating specifically to older people (aged 50 years or older, as 'old age' is highly context and country specific, e.g. Brinda, 2016), but will incorporate wider populations that include this group. The inclusion criteria will be specified according to a strategy for identifying frameworks and theories (BeHeMoTH) (Booth & Carroll, 2015).

- *Behaviour of interest:* Conceptualisation of terms and factors that should be measured in any assessment of equity/disparity of service coverage for older people (compared to others and within this group).
- *Health context:* Any country, any service, any condition.
- *Exclusions:* Conceptualisations of equity exploring health outcomes only; quantitative studies measuring equity of access.
- *Models & Theories:* Any relevant framework, model or theories.

There will be no search limitations of date or language. We have language capacity for English, French and Spanish (AB), but relevant translation software can be used as required.

Information sources: The review will draw upon the widest international diversity of databases to identify relevant published and unpublished (grey) literature: CINAHL (Ovid); MEDLINE (Ovid); PsycINFO (Ovid); Social Science Citation Index (SSCI) (Web of Science); Global Index Medicus, BIREME, LILACs, and SCIELO. We will also draw upon the Cochrane EPOC list of LMIC database sources to select other databases. We will search the reference lists of all the included studies and any key references (i.e. relevant systematic reviews). In addition, a citation search will be performed on Google Scholar and SSCI for key included articles.

Search: We will tailor search strategies for each database. The search will combine thesaurus and free-text terms for equity/disparity (a range of relevant terms was identified by Salway [2017]), coverage, and older people. The final searches will be constructed and run by AB, a highly experienced information specialist, in consultation with the funder and project team, and reference management will be performed by AB. We will use Publish or Perish software to interrogate Google Scholar and Microsoft Academic Search for grey literature (Gusenbauer & Haddaway, 2019; Haddaway, 2015).

The final search strategy and use of a validated filter for equity (Prady 2018, Hosking 2019) will be agreed in partnership with WKC. Experts will also be approached to help identify relevant theories (e.g. WKC, Expert Advisory Group, Cochrane Equity Methods Group).

Preliminary scoping searches in MEDLINE, combining MeSH terms for equity with terms for coverage/access/utilization, and terms for frameworks, models or theories, found 1477 studies of relevant publications. Typical examples might include: Orkin (2019), Brooks (2017), Levesque (2013), Goddard & Smith (2001). A similar scoping search in CINAHL combining only subject headings for equity with terms for coverage/access/utilization retrieved 734 citations.

Selection of sources of evidence: Two reviewers (KS, CC) will independently screen 10% of the sample of the titles and abstracts of citations retrieved by the searches and compare results to ensure accuracy and clarity of the application of the inclusion criteria. Two reviewers (KS, CC) will then each screen 50% of the remaining titles and abstracts to identify articles that satisfy the inclusion criteria (above). Full texts of all potentially relevant citations will be retrieved. Two reviewers will independently make a judgement on inclusion of the full papers (CC, AB); disagreements will be resolved by discussion and, if necessary, consultation with a third team member (SS).

Data items and Data charting process: We will import all records identified into one EndNote database and remove duplicates. A data extraction form will be developed and piloted on three studies by two reviewers (KS, CC). Revisions will be made as required, in the event of problems with accuracy of interpretation or the demands of the included studies.

We will record: first study author; date of publication; language; country of study; setting (public, private); definitions of the key concepts of equity, access, need and coverage; each theory or framework's listed domains – and their definitions, if provided - of factors affecting equity of service coverage (and that need to be measured).

All data charting will be conducted independently by two reviewers (KS,CC) and any inconsistencies will be resolved by discussion and, if necessary, consultation with a third reviewer (AB).

Critical appraisal: Unlike conventional systematic review, scoping reviews do not necessarily include appraisal of included evidence. However, it can usefully include a process of systematically examining research evidence to assess its validity, results, and relevance. In this case, there is no appropriate tool for an evaluation of frameworks, concepts or models. Consequently, critical appraisal will consist of a structured critique by the Expert Advisory Group of the approaches to conceptualisation, such as the evidential and theoretical basis of each included model or framework. The output will summarise the strengths and weaknesses of all approaches used.

Synthesis of results: The principle of synthesis in scoping review is the collation, summary and report of the results (Arksey & O'Malley, 2005). In this case, a meta-framework will be produced based on how equity in service coverage has been conceptualised, i.e. what is meant by equity, access and need, and what should be taken into account in any measurement. The reported individual elements of each model or theory will be tabulated, e.g., gender, age, income, education, race and ethnicity [including migrant/minority status], level and type of need and patient preferences. Common and distinct elements between different conceptualisations will be identified, and a meta-framework representing *all* potentially relevant factors will be produced. Team members have been involved in such work previously (i.e. Maden, 2018, Carroll, 2013). The result will be a meta-framework summary of how measurement of equity in service coverage has been conceptualised, i.e. what should be measured and why. The face validity of this framework will be checked by the Expert Advisory Group. In the event that there are at least 10-15 models, frameworks or theories that are older-age specific, then the more general conceptualisations (in which [older] age is only a factor) can be noted and listed, but not synthesised.

Possible inclusion of Japanese data: As noted above, the team has language capacity for English, French and Spanish (AB). Additionally, WKC will seek out a qualified Japanese research team to adapt the agreed protocol into Japanese and use it to independently carry out a review in Japanese under the technical guidance of the WKC responsible officer. Should this materialize, the results of this Japanese review will be provided to the team for integration with the broader set of results. In the case a suitable Japanese counterpart is not identified in a timely manner, the team will proceed according to plan without the Japanese data.



Findings: This scoping review will therefore describe:

- What *should* be measured when looking at equity of service coverage both for and among older people.

DELIVERABLES

- An initial 1-page project brief that describes the background, goals, methods and expected outputs, for publication on the WKC website.
- A protocol for the review, once agreed, to be registered with the [CRD PROSPERO database](#).
- Interim reports to be submitted at specified points (see Timeline below).
- A technical paper in journal manuscript format which, once agreed with the WKC, will be published in a relevant Open Access journal.
- A draft policy brief to be finalized in collaboration with the WKC.
- A 1-page final project brief that updates the background, goals and methods of the study and reports on results and implications of the study, for publication on the WKC website.

TIMELINE (Based on a start date of 1 April 2020)

Month (2020)	Task
April	- Complete initial project brief for WKC website (Deliverable #1) by 10 April -Complete scoping of synthesis and protocol with: -WHO Kobe Centre, including other WHO colleagues -Expert Advisory Group meeting 1
May	- Research protocol produced and published (Deliverable #2) by 1 May -Search -Study selection: Identifying sources of evidence
June	- Submit interim project report summarising included studies (Deliverable #3) by 1 June -Data items and Data Charting process
July	-Scoping synthesis (creating the meta-framework) - Submit interim project report summarising meta-framework (Deliverable #4) by 31 July -Expert Advisory Group meeting 2 (including face validity check of meta-framework)
August	-Complete synthesis: Strengths and weaknesses (including possible gaps) in the conceptualisation of equity in service coverage for older people
September	- Submit final technical paper, draft policy brief, and final/updated project brief for WKC website, and financial report (Deliverable #5) by 30 September

The work will be carried out at the host institution, the School of Health and Related Research (ScHARR), at the University of Sheffield, UK.

Anticipated or actual start date: 01/04/2020

Anticipated completion date: 30/09/2020



Annex 3: Vendor Information Form

Company Information to be provided by the Vendor submitting the proposal			
UNGM Vendor ID Number: <i>If available – Refer to WHO website for registration process*</i>			
Legal Company Name: <i>(Not trade name or DBA name)</i>			
Company Contact:			
Address:			
City:		State:	
Country:		Zip:	
Telephone Number:		Fax Number:	
Email Address:		Company Website:	
<u>Corporate information:</u>			
Company mission statement			
Service commitment to customers and measurements used <i>(if available)</i>			
Organization structure (include description of those parts of your organization that would be involved in the performance of the work)			
Relevant experience (how could your expertise contribute to WHO's needs for the purpose of this RFP) – <i>Please attach reference and contact details</i>			
Staffing information			

* <http://www.who.int/about/finances-accountability/procurement/en/>


Annex 4: Budget Form

1. Project budget by type of expenditure item	
Items of Expenditures	Amount (Indicate currency)
Personnel	
Supplies	
Travel	
Meetings	
Data collection/analysis	
Communication	
Other expenditures	
Total estimated budget:	

Details should be provided below in 2. Budget justification.



Unit Name HQ/HEP/WKC

2. Budget justification
<i>Justify each budget line by explaining how the planned cost relates to the planned activities, and how the cost figures were calculated in relation to those activities. Specifically, show an itemized breakdown of each cost figure (e.g. cost per unit; daily rate and number of days to be worked for each project staff member, etc.)</i>
Personnel Enter text here
Supplies Enter text here
Travel Enter text here
Meetings Enter text here
Data collection/analysis Enter text here
Communication Enter text here
Other expenditures Enter text here

Annex 5: Contractual Provisions

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth below (with the successful bidder referred to below as the “Contractor”):

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below).

In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other persons engaged by the Contractor to perform any services under the Contract.

Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.

For purposes of the Contract, the term “WHO Policies” means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iii) the WHO Code of Conduct for responsible Research; (iv) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (v) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: <http://www.who.int/about/finances-accountability/procurement/en/> for the UN Supplier Code of Conduct and at <http://www.who.int/about/ethics/en/> for the other WHO Policies.

2. **Zero tolerance for sexual exploitation and abuse.** WHO has zero tolerance towards sexual exploitation and abuse. In this regard, and without limiting any other provisions contained herein:

(i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response by any of its employees and any other persons engaged by it to perform any services under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the contractor becomes aware; and

(ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; and (ii) promptly report to WHO, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms

Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.

4. **Anti-Terrorism and UN Sanctions; Fraud and Corruption**. The Contractor warrants for the entire duration of the Contract that:

- i. it is not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;
- ii. it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and
- iii. the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

5. **Breach of essential terms**. The Contractor acknowledges and agrees that each of the provisions of paragraphs 1, 2, 3 and 4 above constitutes an essential term of the Contract, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

- i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or
- ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

WHO shall be entitled to report any violation of such provisions to WHO's governing bodies, other UN agencies, and/or donors.

6. **Use of WHO Name and Emblem**. Without WHO's prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor's relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

7. **Assurances regarding procurement**. If the option for payment of a maximum amount applies, to the extent the Contractor is required to purchase any goods and/or services in connection with its performance of the Contract, the Contractor shall ensure that such goods and/or services shall be procured in accordance with

the principle of best value for money. "Best value for money" means the responsive offer that is the best combination of technical specifications, quality and price.

8. **Audit.** WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract.

The Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

- i. the Contractor's books, records and systems (including all relevant financial and operational information) relating to the Contract; and
- ii. reasonable access to the Contractor's premises and personnel.

The Contractor shall provide satisfactory explanations to all queries arising in connection with the aforementioned audit and access rights.

WHO may request the Contractor to provide complementary information about the work performed under the Contract that is reasonably available, including the findings and results of an audit (internal or external) conducted by the Contractor and related to the work performed under the Contract.

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor's name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO's Information Disclosure Policy and shall be consistent with the terms of the Contract.