1. Background and purpose

The WHO Kobe Centre (WKC) is part of the WHO Headquarters Universal Health Coverage (UHC) and Health Systems Cluster. The WKC’s objective is to carry out research on innovations that promote UHC in light of population ageing. The endpoint of such research is to accelerate UHC to promote long and healthy lives and prevent health-related financial hardship. Based in Kobe, Japan, the Centre has a global function supported through a public/private partnership represented by the Kobe Group. As part of WHO, the Centre has the mandate to support its 194 Member States in generating evidence and promoting learning and innovation across the WHO, and particularly in countries. The WKC’s innovation mandate promotes evaluation of innovations that can accelerate Universal Health Coverage (UHC).

The WKC proposes to work with the Western Pacific Regional (WPRO) and country offices to identify, document and evaluate innovations to accelerate the attainment of UHC. Specifically, we aim to systematically collect information on innovations in community engagement for service delivery; synthesize the evidence and factors for successful implementation; and identify the most promising innovations and their components for further evaluation and replication across different settings.

Based on WPRO priorities, the work initially focuses on innovations related to community engagement in health and the interaction between the community and the primary health care system to attain higher access and better quality of care and quality of life. The main health outcomes we are interested in are the prevention and control of hypertension and diabetes. The target countries are: Cambodia, China, Viet Nam, Mongolia, Philippines, Japan and Singapore and several of the Pacific Island Nations.

Timeline for Activities:

Month 1 – 2: Developing the framework for research (i.e., define scope of innovations) and identify innovations that have already been evaluated in the selected countries.

Month 3 – 6: Identify promising innovations for further evaluation based on soundness of design and evidence of impact elsewhere. Identify elements to enable generalizability, scale up nationally and replication in other countries.

Month 7 – 9: Design evaluation frameworks and data collection strategies for promising innovations, taking into consideration factors related to generalizability, scale up nationally and replication in other settings.

2. Work to be performed
Task 1: Developing the conceptual framework for research and scope, and identifying innovations that have already been evaluated (June–August 2019)

Specific activities:

1.1. Develop the conceptual framework for mapping innovations based on literature review, project documents, and parameters relevant to countries. The framework should include the preconditions essential for implementation, and outcomes to be evaluated. The outcomes to be evaluated should be linked with the prevention and control of hypertension and diabetes, to include measures of utilization, quality of care, quality of life, and health outcomes.

1.2. Identify innovations underway in the targeted countries based on the framework developed that are conceptually sound.

1.3. Identify innovations that have been formally evaluated including those innovations that have been evaluated in other settings and have been demonstrated to have positive impact in other settings based on rigorous evidence.

Outputs (August 2019)

- Report describing the conceptual framework.
- Mapping of innovations based on the conceptual framework and parameters outlined.
- Concise brief for posting on a knowledge hub online with clear description of outputs (1.1-1.2)

Task 2. Identify promising innovations for further evaluation, determining elements and factors related to generalizability, scale up nationally and replication in other countries (September – November 2019)

Specific activities

2.1. Identify the most promising and conceptually sound innovations that should be prioritised for further evaluation/research.

2.2. Analyze in detail the factors related to generalizability, scale up and broader replication, including factors related to the health systems, regulatory and governance environment, and other elements (see template in Annex 1). Identify other factors that can determine scale up and replication.

2.3. Identify and exclude those that have been evaluated in other settings as obsolete, ineffective, harmful, or have other negative unintended consequences.

Outputs (November 2019)

- Report of the most promising innovations identified.
- Completion of template in Annex 1 for each innovation
- Report about those innovations excluded and the justification.

Task 3: Design evaluations for identified promising innovations (December 2019– March 2020)

2.1. For those innovations that are the most promising, design evaluations that would provide evidence of impact, based on varying levels of confidence (from observational to non-observational studies)

2.2. For each evaluation, identify existing data, additional data collection requirements and cost of the evaluation.

Outputs (March 2020)

- Evaluation designs for each innovation
- For each, data collection requirements and cost of implementation.

3. Technical Supervision
The selected Consultant will work under the supervision of WKC’s technical officer, in consultation with
WPRO Health Systems division and the Head and staff of the relevant country offices.

4. **Timeline (indicative)**
   Start date: 21/06/2019  End date: 20/03/2020

5. **Work effort**

<table>
<thead>
<tr>
<th>Approx. 9 Months (Please note that one month = 20 days)</th>
<th>□ And</th>
<th>□ Or</th>
<th>Days</th>
</tr>
</thead>
</table>

6. **Location of work**: WHO Western Pacific Region

7. **Required qualifications**

   **Education:**
   Masters degrees in health sciences, public health, health development, health economics or related areas.
   Training in evaluation methodologies.

   **Experience:**
   5 years of work experience in low and middle-income settings, 7 or more years preferred.

   **Technical skills and knowledge:**
   Demonstrated skills in concise technical writing, and a strong publication record.

   **Language requirements:**
   Required: English – reading, writing and spoken at expert level

8. **Travel**
   The Consultant is expected to travel, including for taking up assignment. Ad hoc travel will be organized and
   scheduled while the consultant is on mission.

9. **Requirements for submission of bid**
   The consultant is expected to submit a bid with the following information:

   a) Cover letter describing how the applicant meets the qualifications
   b) Detailed curriculum vitae
   c) Names and contacts of three referees
   d) Proposed activities and revised timeline for carrying out the work
   e) The number of days required to complete the activities
   f) Detailed budget, including fees for carrying out the work, visa expenses

   **Expenses covered by WHO that should not be included in the budget**
• All travel arrangements will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO.
• While on mission under the terms of this consultancy, the Consultant will not receive any subsistence allowance in line with the instructions applicable locally
• Visas requirements: it is the Consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed. The cost of the visa should be included in the financial proposal.
• While on mission under the terms of this consultancy, a compulsory insurance will be provided. Voluntary complementary coverage may be purchased directly from the insurance company, prior to commencement of the contractual period.
• The consultant may use as a base the WHO Western Pacific Regional Office, Manila, Philippines, who will offer desk space, computer use and administrative supplies.

10. Evaluation of submissions

Each submission will be evaluated based on the following criteria

    a) Experience (40%)
    b) Educational qualifications (20%)
    c) Ability to complete the work within the timeline specified (20%)
    d) Budget (20%)

11. Deadline for submission of proposals

The deadline for submission of the proposals is **31st May 2019, 18:00 Japan Standard Time**.

Please send submissions to **wkc-adm@who.int** (Please note that files exceeding 10 GB will be rejected by our server).
Annex 1: Template

Template for each innovation

<table>
<thead>
<tr>
<th>Question</th>
</tr>
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<tbody>
<tr>
<td>What problem is the innovation trying to address?</td>
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<tr>
<td>How is it designed?</td>
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<tr>
<td>What are the health system requirements?</td>
</tr>
<tr>
<td>What are the community requirements and inputs?</td>
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<tr>
<td>What is the nature of the partnership between the health system and the community?</td>
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<tr>
<td>Who might benefit?</td>
</tr>
<tr>
<td>What does it cost?</td>
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<tr>
<td>What is the evidence for impact?</td>
</tr>
<tr>
<td>Implication for scale up in country</td>
</tr>
<tr>
<td>Implication for scale up elsewhere</td>
</tr>
<tr>
<td>Safety and Ethical consideration</td>
</tr>
<tr>
<td>Patient Perspectives</td>
</tr>
</tbody>
</table>