

**WHO 'PREPARING FOR TREATMENT' PROGRAMME**  
**Programme Guidance for Competitive Award(s)**

**Call for Tenders to WHO**

*This is an open call - all interested eligible entities are invited to submit a tender proposal to the WHO*

**Letters of Intent Due: 10 August**  
**Tender Proposal Due: 31 August 2004**

**A. Programme Overview**

To further contribute to the realization of the target of 3 million people on antiretroviral treatment (ART) by the end of 2005 ('3 by 5'), The World Health Organization (WHO) will dedicate up to US \$1,000,000 (one million) to a new initiative to support community-based HIV/AIDS treatment preparedness activities at country level.

This document describes the scope of work envisaged under the 'Preparing for Treatment Programme' and invites interested parties to submit tenders to design and operate the programme. This Call for Tenders is being circulated through more than one hundred '3 by 5' global partners<sup>1</sup> of WHO. However, any organization which is located within a WHO Member State and has the capacity, networks and interest in the work is invited to submit its proposal.

**B. Background to '3 by 5'**

According to the UNAIDS/WHO global estimate there are between 32.7 - 39.8 million people living with HIV. With 5.5 million requiring access to antiretroviral therapy in order to survive, about 7 percent have access to antiretroviral medications. In sub-Saharan Africa, the HIV burden is the greatest (21.6 - 25.7) and where up to 70 percent of those living with HIV/AIDS live, only 150,000 of 3.8 million people are receiving ART.

In September 2003, the failure to deliver life prolonging drugs to millions of people in need was declared "a global health emergency" by WHO/UNAIDS. On World AIDS Day 2003 (December 1), the WHO/UNAIDS launched '3 by 5' - a global target to bring three million people living with AIDS into antiretroviral treatment by the end of 2005. This target is a vital step towards the ultimate goal of providing universal access to AIDS treatment for all those who need it.

The WHO, as the world's health agency, has taken leadership in this effort through providing treatment guidelines and other scientific and medical guidance materials, mobilizing technical assistance at country level and developing training curricula for health care providers.

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<sup>1</sup> '3 by 5' global partners are those organizations and groups participating in the WHO '3 by 5' Global Partners' Meeting, held 11-12 May 2004.

## C. Treatment Preparedness Defined

**Treatment preparedness** is a term that refers to the community's (persons living with HIV/AIDS) readiness to begin treatment. Being prepared for treatment includes the following components:

1. *Treatment literacy*: The possession of knowledge, skills and attitudes based on sound scientific evidence to actively participate in one's own treatment decisions and to contribute to the training of other HIV+ people and their advocates. Treatment literacy is crucial to:

- understand both physical implications of treatment and the effects of HIV on the body, as well as, emotional and spiritual impact of illness
- make informed choices about treatment modalities, such as ART
- ensure effective adherence through community and family support
- understand the links between treatment, prevention and care as necessary components of a continuum of care
- combat stigma and discrimination by dispelling myths about HIV/AIDS
- encourage proactive HIV antibody testing and assessment of risk
- counter false claims by under-trained healthcare workers

2. *Organising civil society*: People living with HIV/AIDS (PLWHA) and their advocates must build structures to enable them to meaningfully participate in decisions regarding the distribution of resources for HIV programmes. Successful civil society organizations use scientific evidence and human rights principles to:

- advocate for treatment locally for themselves and others living with HIV
- support advocacy to ensure treatment accessibility and long-term commitment to sustaining it
- ensure PLWHA representation in all aspects of HIV programme and policy development at local, regional and country levels
- insist on treatment access that particularly attracts women and other marginalized members of society in numbers reflecting the actual demographic of those needing treatment
- secure adequate funding for HIV treatment programmes to ensure affordability of treatment
- fight corruption both locally and nationally, which draws away resources from treatment
- combat stigma and discrimination through advocacy activities

Many of these principles were initially outlined at the inaugural International Treatment Preparedness Summit in Cape Town, South Africa, in March 2003 and are now enunciated by the WHO as fundamental principles needed for effective mobilization of affected communities in scaling up to treatment and readiness to receive it.

## D. Additional Background

Education is essential

Treatment preparedness holds that PLWHA are programme educated with essential access to needed information and have reasonable expertise to become effective adherents to and advocates for treatment. Additionally, treatment preparedness also means cultivating the community of PLWHA to be supportive of the psycho-social needs and those of advocates who will work to sustain treatment and prevention over the long-term.

To do this work, information which is culturally and linguistically appropriate must be disseminated widely. Skills developments as well as task and role definition are needed at the community-level to ensure that adequate preparedness and long-term support make treatment possible and helpful.

#### Building a body of evidence

A critical outcome of this tender is building a body of evidence to document and assess the efficacy of PLWHA involvement in treatment activities. There is growing anecdotal confirmation of the contribution of community-based organizations' work in treatment. There is an indication that, either through formal or informal systems, community organizations and individuals are positively playing a part in the health outcomes of PLWHA.

Unfortunately, the lack of scientific substantiation of the positive involvement of PLWHA and those affected has hindered the acceptance of these activities as valid components in the process of scaling up treatment. For this reason, quantitative and qualitative data need to be introduced into the monitoring and evaluation component of community-based treatment interventions.

Some qualitative data includes measurements of:

- quality of life
- number of new enrollees into treatment, and
- number of persons adhering to treatment

Qualitative descriptions are necessary to describe parameters that are not measurable and are required to systematize and standardize the collection of evidence that is not based on data collection. Community assessment strategies would include collection and analysis of experiential data with regard to community receptivity to treatment preparedness; integration of PLWHA into community health care systems (where they exist) or into clinics and health care centres, and experiences of PLWHA and those who care for them of their acceptance of and adherence to treatment.

Together, quantitative and qualitative documentation of community-based treatment interventions is necessary to:

- document best practices
- ensure replicability of treatment interventions
- learn from mistakes
- gather defensible evidence to demonstrate the role of PLWHA and the affected in scaling up treatment to donors and governments

### The role of trained community health workers

Another possible outgrowth of community-based treatment preparedness and the expansion of treatment literacy among PLWHA could be the development of a cadre of persons who would become certified community health workers.

It is increasingly clear that training of community health workers is key to the success of '3 by 5' and the scale up of treatment. People living with HIV/AIDS have many opportunities to contribute to this effort in a variety of roles such as: one-to-one treatment supporters, caregivers and members of the clinical team in health care facilities. In order to contribute to the response to HIV in a particular community and take on these roles, it is important that such persons are adequately trained in the necessary scientific knowledge and skills.

The HIV/AIDS Department at WHO convened a consensus meeting on "Training and Certification" in June 2004, which brought together representatives from organizations providing training to doctors, nurses, counsellors and community health workers to discuss core competencies required to provide ART. Consensus was reached that defining competencies as a set of specific tasks was useful for reviewing the quality of existing training materials, developing additional training materials, designing assessments and identifying potential expanded roles for the community.

The concept of certification of community health workers was welcomed by the meeting participants as a way to standardize treatment outcomes, provide an incentive for persons living with HIV/AIDS to enter into training activities and to formally acknowledge their role in the health sector response to HIV/AIDS.

### Summary

WHO is committed to treatment preparedness to help meeting the '3 by 5' target as a crucial step toward ensuring universal access to treatment and care. Without a well informed literate community, treatment may not be as successful as it could be, even where it is accessible. Likewise, without a motivated civil society, sustaining treatment over the long haul may become increasingly difficult.

## **E. Programme Objectives**

The objective of the 'Preparing for Treatment Programme' is to support and expand national and - where appropriate - sub-national community-driven HIV/AIDS treatment preparedness efforts to support the scale up of national ART programmes and achieving the '3 by 5' target.

This will be done through a process of disbursing peer reviewed grants or allocations to community-based and other appropriate organizations through regional disbursement mechanisms within the six WHO regions. A detailed understanding and location of countries, areas and territories included in the WHO regions is found at the [www.who.int](http://www.who.int) website.

The successful tendering organization(s) will develop and operate the programme in collaboration with WHO HQ and regional offices.

## **F. Scope of Work**

The scope of work of the programme should ideally involve activities to be performed at the following levels:

### ***Country***

- Develop education and training programmes within HIV-affected communities for HIV treatment literacy, treatment advocacy, and for support to utilize treatment effectively (e.g. overcoming stigma, recruiting and maintaining adherence support, developing service linkage and coordination) which is gender sensitive, culturally and linguistically appropriate to the local setting and which provides sustainable ongoing support for continuous learning.
- An accounting of the number of persons trained and those receiving treatment as the result of the 'Preparing for Treatment' programme.

***Regional and/or sub-regional level*** (the successful tenderer in partnership with regional level networks and programmes)

- Develop and undertake a process of distribution of financial resources either through a PLWHA-led peer review process of awarding of grants to support national and sub-national efforts of treatment preparedness, or other equally demonstrated effective means of PLWHA reviewers.

### ***Global level***

- Develop a process to fund proposed strategies, including the development of grant making or other equally demonstrated effective means to ensure best practices proposed and reviewed by PLWHA peers.
- Grant making includes: development of communication mechanisms to disseminate information about in country community-based small grants program, drafting and distribution of Requests for Proposals (RFPs), development of selection criteria, a peer review process for grant selection.
- Ensure responsible and accountable grant distribution.
- In collaboration with WHO, develop and implement methods to monitor and evaluate grants and the effectiveness of funded programs.
- In collaboration with WHO HQ and Regional Offices, develop and implement plans to support regionally-based networks to assist grantees and potential grantees in technical assistance, information dissemination for HIV treatment information, and support collaboration for program development, advocacy approaches, and linkages to care and prevention services for HIV and other health/development needs (e.g. TB, Malaria, drug treatment, housing, nutrition/food programs).

## **G. Tendering Organizations**

### Who may apply?

The tenderer (applicant) may be a single organization or consortium of organizations. In the case of a consortium, the tender proposal must be accompanied by copies of letters of intent from each participating organizations signed by responsible officers of each of the consortium members describing their respective roles and responsibilities in the programme.

WHO may in its discretion enter negotiations with one or more tenderer(s) concerning the performance of different elements of the programme and the awarding of funds.

## **H. Contents of Tender Proposal**

The tender proposal should address the following elements in the following order:

### **1. Statement of the problem and proposed intervention(s)**

To ensure understanding of the global and local concerns facing people living with HIV/AIDS and the demands on health systems for treatment access, it is critical for the tender proposal to define carefully, both the problem and the proposed interventions to address the problem, including: structural issues in national responses, demographic and gender presentation in treatment access and uptake of treatment.

### **2. Understanding of the target populations**

Not only are there issues of treatment and access, but the populations involved may have specific needs, concerns and capacities. The tender proposal must describe the likely recipients of the training for treatment preparedness, in terms of: national or regional demographic representation; gender considerations; readiness for treatment education; logistical concerns (urban-rural); structural considerations (how a community or nation is organized or not to offer treatment); programme education literacy (determining level of understanding of biological and medicinal information affecting the treatment of PLWHA), and readiness of communities for advocacy and community organizing.

### **3. Uniform methodology**

Whatever approaches or interventions are used to institute or sustain treatment preparedness, there must be a clear and concise understanding and where possible, documented experience and methodologies offered in preparing persons for treatment. The tenderer is requested to identify and define the methodology for such a developmental process so that the process or processes can be evaluated.

### **4. Demonstrated willingness to work with WHO in developing community-level evaluative guidelines**

Because this is a new approach, the WHO is committed to establishing evaluation guidelines which have been developed with a cross-section of representatives from the PLWHA community to ensure measurability, effectiveness and replicability of the programme. The selected contractor must accept to work in accordance with the ensuing guidelines.

**5. Operational features of the 'Preparing for Treatment Programme' at country level, including:**

- A summary statement describing how the proposed operational features will lead to the fulfilment of the objective described in Section E - Programme Objective).
- The structure of the programme, including mechanisms for distribution of funds to participating agencies or communities at country level. This could include peer review of grant requests, or other mechanisms to ensure transparency and reasonable access to resources by all parts of the PLWHA community in a given country.
- An understanding of the challenges posed in preparing persons for treatment in terms of staffing needed and skills sets or training required to accomplish this task.
- Work Plan describing how the intended work is to be carried out, which includes:
  - Mechanisms to demonstrate and ensure appropriate community ownership of and participation in the programme of treatment preparedness, including peer review and evaluation of grants.
  - Mechanisms to demonstrate and ensure accountability and due diligence in the use of grant funds and effectiveness of programme.
  - Mechanisms to avoid conflicts of interest.
  - Mechanisms for conflict mediation where protests over process or funding or programme efficacy arise.
  - Acceptance of monitoring, evaluation and reporting procedures consistent with WHO standards between WHO, the tenderer and the country level or regional entity supporting activity at country level.
  - Mechanisms, if any, to provide technical support in the development of funding mechanisms or proposal development in country community-based work.
  - A detailed budget, including administrative costs (not to exceed 20% of the overall programme budget), and costs estimated both by percentages and actual amounts at local, country or sub-regional and WHO regional levels.
  - Timelines for programme development, implementation and final reporting by December 31, 2005

**6. Capacity and experience of the tenderer, including**

- Documented track record in HIV/AIDS, and also in any of the areas of public health, international development, community development and/or related fields.
- Demonstration of the tenderer's commitment to realization of the '3 by 5' target
- An understanding of the issues related to the scale up and delivery of antiretroviral treatment in resource limited settings, in particular, the needs and role of people living with HIV/AIDS.
- Substantial experience in the distribution and management of small grants, preferably including proven methodologies for peer review processes.
- Demonstrated capacity for innovation and effective problem-solving
- Capacity for and documented experience with effective multisectoral collaboration, including with UN agencies and/or cosponsors.
- Existence of or capacity to rapidly develop mechanisms for financial and managerial oversight and evaluation of the Preparing for Treatment Programme.

### **7. Logistical concerns for managing a global programme**

There may be constraints on the global level by the tenderer of the proposal. For examples, the tender might want to discuss considerations as to how far one organization or a consortium of organizations might be able to effectively reach at the regional, sub-regional and country level might be considered. Other opportunities which may challenge the tenderer will be ongoing oversight, monitoring in and requisite data collection and evaluation for WHO HQ and Regional Offices. How the tenderer will establish communication between the grant making bodies at regional level and with the programme at country level must be addressed.

### **8. Financial capacity of the tendering organization or consortium, including**

- Financial reserve to operate a programme up to 90 days without additional funding, from WHO
- Efforts to develop long-term sustainability of the programme
- Financial monitoring and auditing procedures in place
- Substantiated audit for the previous two years (2002, 2003) of the tendering organization or consortium fiscal agent
- Electronic and manual banking systems to ensure fast and efficient receipt of resources and expeditious delivery to sub-grantees of the same in manner in which records are generated to oversee movement of funds

### **9. Identification and biographies of proposed tenderer staff**

Recent resumes and a short written biography of each staff person, either in place or being proposed on this project by the tenderer should be included. This is to ensure staff capacity and gender sensitivity as well as cultural and linguistic appropriateness of the staff in working with culturally and socially diverse communities. Additionally, GIPA (Greater Involvement of People Living with AIDS) must be addressed in the staffing by the tenderer.

### **10. Description of the physical location of tenderer, including**

- Office space (number of offices or open plan desks) and staffing level
- Telephone and Internet capacity
- Office equipment- copiers, lockable file cabinets, desks, office materials, etc.
- Access to supporting services: travel agents, banks, airports, taxis, trains
- Relative times to travel to locations across the globe for meetings or interventions Europe, Eastern Europe, South and Central Americas, Africa (East West South Central), Southeast Asia, India, China

### **11. Budget and Budget Narrative**

A. An EXCEL Spread Sheet line item Budget should be presented for the Activity Period of 1 October 2004 - 31 December 2005.

B. The Budget should be accompanied by a Budget Narrative which includes,

- Budget justification - how each item supports the achievement of the objective.
- Personnel costs - salaries of each staff member by name, the percent of full time equivalency given to the cost of this programme, and annual salary (actual).

- Indirect Administrative Costs - those costs which cannot be readily identified in a specific line item, but are necessary to the operation of the organization or consortium.
- Fringe benefits - health care insurance, taxes, life insurance, retirement, tuition reimbursement, etc.
- Travel - list estimated costs of travel (local and long distance) mileage and taxi rates for ground travel, air fares for staff travel and recipients for meetings and activities and accommodation costs.
- Supplies - what is needed to carry out the tasks of the project, such as: training materials printing and distribution costs, translation and interpretation of documents, CD Rom, and Internet tools and documents.
- Equipment - what is needed at country and community level to ensure that the task can be done?
- Subcontracts - assuming either a grants programme or contract programme of service to ensure training at local level, all subcontracts and budgets should be standardized. Provide clear explanation of purpose of each contract and how costs were estimated, and specific deliverables.
- Other - state all costs which do not fit elsewhere into this category and provide explanations of each cost.

## **12. Project Abstract**

On no more than 2 pages, briefly describe the project-programme in terms of its goals, target population, overall methodology, proposed interventions, and evaluation/data collection activities.

Because the abstract is often distributed to WHO Member States and UNAIDS Co-sponsors, please prepare this document so that it is clear, concise and without references to other parts of the application. It must include brief description of proposed grant project, including needs to be addressed, the proposed services and populations to be served.

At the top of the abstract please include the following:

- Project Title
- Tenderer/Applicant Name
- Principal Staff person in charge of administering the programme
- Physical and Mailing Address
- Contact numbers- telephone: voice, fax
- Email Address
- Website address

At the conclusion of the abstract, please include an Appendix, listing participating agencies, organizations, communities with contact details of principal's responsible fiscal and organizational leadership.

## **13. Appendices Requirements**

Appendix A. Tables, charts, etc, that supplement the narrative

Appendix B. Job descriptions for Key personnel. Please keep to one page

Appendix C. Biographical sketches and resumes of for persons occupying key positions

Appendix D. Letters of Agreement or/and Descriptions of Proposed or Existing Contracts specific to this project. This would also include letters of intent for consortium applicants.

**\*\*Failure to provide such documentation could cause the tender proposal to be invalid as determination of eligibility entity for the WHO Contract is in fact the verifiability of information.**

Appendix E. Project organizational chart (organogram) provide on a one-page figure that depicts organizational structure of the project, including subcontractors and other significant collaborators.

Appendix F. Other relevant documents, including Letters of Support, which are dated, that indicates commitment to this particular project/programme (e.g. in-kind services, financial support, staff, space, equipment, supplies, technical assistance, etc.).

## **I. Application Process**

### ***A. Notification of Intent to Apply***

To enable the WHO HQ staff to prepare for appropriate and efficient review of applications, a letter must identify the applicant organization or consortium, its intent to apply, and briefly describe the proposal to be submitted. An applicant is eligible to apply even if no letter of intent is submitted. Receipt of Letters of Intent will be acknowledged. Applicants may file by email or in hard copy to:

Dr. Antonio Gerbase  
External Relations Officer  
World Health Organization  
HTM/HIV/PEC  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland

Or by Email: [gerbasea@who.int](mailto:gerbasea@who.int)

### ***B. Application Due Date***

The due date for this application to be presented, in its entirety, under this tender announcement is **Tuesday, 31 August 2004.**

Applications will be considered as meeting this deadline if they either:

- 1) Are postmarked or E-marked on or before the due date and received in time for the Independent Review Process, or
- 2) Are received on or before the due date.

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the national postal service of the country of origin. Private metered postmarks will NOT be accepted as proof of timely mailing.

## **J. Funding Levels**

The amount of this tender is for US \$1,000,000 (one million) to be administered over a period of 15 months (1 October 2004 - 31 December 2005). All budgets and requests must reflect both the accurate budgetary time line and the limits of the amount being offered by WHO at this time.

## **K. Paper Submission**

If you choose to submit a paper copy, please send the original and three (3) copies of the application to:

Dr. Antonio Gerbase  
External Relations Officer  
World Health Organization  
HTM/HIV/PEC  
20, Avenue Appia  
Ch-1211 Geneva 27  
Switzerland  
Telephone: 41 22 791 44 59

## **L. Electronic Submissions**

WHO will accept electronic submissions of the tender proposal via Email at:

[3by5help@who.int](mailto:3by5help@who.int)

## **M. Review Scoring Values**

The following are used to review and rate tender proposals. Tenderers should carefully review these scoring values, in relation to the Programme Requirements, to ensure that their tender address each item in Section H.

Reviewers will use only the information contained in the tender proposal. Therefore it is critical that you write clearly and be specific in every detail. You should assume that the reviewers know nothing about your organization and the work that you do. The scoring follows the Guidance through Section H, item-for-item. Ratings will be based on the adequacy of responses and creativity of concept as well as verifiability of experience of the tenderer.

### **A. Programme Understanding (15 points)**

This would include a reasonable discussion of 1) Statement of the problem, 2) Understanding of target populations and other demographic considerations, 3) Uniform methodology, 4) Demonstrated willingness to work with WHO in developing community-level evaluation guidelines  
See Section H, Items 1-4

**B. *Operational Features of the programme at country level*** (20 points)  
See Section H, Item 5

**C. *Overall professional and experiential capacity and experience of tenderer*** (20 points)  
See Section H, Item 6

**D. *Logistical, financial and physical capacity of tenderer*** (15 points)  
See Section H, Items 7, 8, 10

**E. *Staffing and professional experience of tenderer*** (5 points)  
See Section H, Item 9

**F. *Budget narrative and justifications*** (15 points)  
See Section H, Item 11

**G. *Overall presentation of tender proposal, completeness, attention to details and form*** (10 points)  
See Section H, Items 12, 13

## **N. Award Administration Information**

The organization or agency or consortium to be funded will be notified officially by post or email from the WHO HQ on or before 15 October 2004. Those tendering proposals which are not funded will receive a letter by 1 November 2004.

WHO reserves the right to select a contractor on the basis of the Organization's particular objectives and needs and may select a contractor of its choice, even if it has not submitted the lowest offer. WHO also reserves the right not to accept any of the proposals received. An unsuccessful bidder shall have no claim whatsoever for any kind of compensation.

The project will be carried out on the basis of an agreement provided by WHO. If the conditions therein are not acceptable by the selected contractor, then WHO reserves the right to select another contractor willing to accept the conditions.

## **O. Reporting Requirements**

The successful tenderer under this programme must:

- Comply with audit requirements of the WHO
- Submit quarterly financial reports identifying cash expenditures against authorized funds for the tender. Failure to submit the report may result in the inability to access funds,
- Submit financial status reports within 90 days of the conclusion of the performance period ( 30 March 2006)
- Submit activity summary reports on 15 January 2005, 15 May 2005, 15 September 2005, 15 January 2006.

Submit other reports as requested by WHO in collaboration with project staff and Department of HIV/AIDS.

## **P. For additional information please contact**

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HTM/HIV/PEC  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland  
Telephone: 41 22 791 44 59  
[gerbasea@who.int](mailto:gerbasea@who.int)

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