

REQUEST FOR PROPOSALS

Issue Date: 8th November, 2011
Closing Date / Time: 25th November, 2011, 17:00 CEST

Request for Proposal: Taking forward the Global Strategy for Women's and Children's Health in countries of the Asia-Pacific region: options for action.

1. Objective

The objective of this exercise is to develop evidence-based recommendations on how to develop and use implementation options/scenarios to take forward the Global Strategy for Women's and Children's Health in countries of the Asia-Pacific region.

2. Deliverables

Based on a review of evidence and multi-stakeholder interviews, the deliverables will be:

1. A final report that includes:

- a) *Synthesis of evidence and key resources.* Overview from the evidence review and interviews on how countries have developed and used investment and implementation options/scenarios to optimize health investments and impact. Related examples include the Wanless Report scenarios for the UK Department of Health¹ and USAID-supported RAPID scenarios for family planning and reproductive health.²

Key resources to help develop country investment and implementation scenarios for reproductive, maternal, newborn and child health (RMNCH) include: national plans and budgets; the Global Strategy for Maternal, Newborn and Child Health – background papers;³ Countdown to 2015 country profiles;⁴ the Asia-Pacific investment case for maternal, newborn and child health;⁵ and country analyses related to the Lives Saved Tool (LiST); Joint Assessment of National Strategies (JANS);⁶ success factors in progressing towards MDGs 4 and 5, implementation constraints, etc.⁷

- b) *An implementation scenario 'template'.* This template will include key issues to be included in country investment and implementation options/scenarios to improve RMNCH. There may need to be more than one template based on a categorization of options by types of health systems.
- c) *Roadmaps.* Recommendations on process, or roadmaps, to develop country-specific investment and implementation scenarios. This will include prioritization of countries in the

1 Securing good health for the whole population. 2004.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426

2 USAID. Health Policy Initiative, RAPID. <http://www.healthpolicyinitiative.com/index.cfm?id=topicsRapid>

3 Global Strategy for Women's and Children's Health. 2010. Background papers.

http://www.who.int/pmnch/activities/jointactionplan/201009_globalstrategy_backgrounddocs/en/index.html

4 Countdown to 2015. Decade Report (2000-2010): Taking Stock of Maternal, Newborn and Child Survival. 2010.

5 Investing in Maternal, Newborn and Child Health: The Case for Asia and the Pacific. 2007.

6 Joint Assessment of National Strategies http://www.internationalhealthpartnership.net/en/about/j_1253621551

7 Resources from University of Queensland, World Bank, UNICEF, PMNCH and others

Asia-Pacific that are most in need of such input and leveraging regional resources, including to share learning across countries on 'what works and why'. Recommendations would draw on evidence synthesis and analyses such as the Alliance for Health Policy and Systems Research report on: *Responding to requests on health systems from policy makers in Asian countries*.⁸

2. Presentation and discussion of the report at a multi-stakeholder Asia-Pacific consultation or workshop planned in April 2012.

3. Requirements/Competencies

Bidders for this contract must demonstrate the following qualifications:

- Analysing and synthesising evidence on health systems' investments and implementation;
- Setting up evidence-support mechanisms for ministries or departments of finance, health and for development agencies;
- Communicating policy options and messages with a variety of audiences including policy-makers, researchers, program managers, civil society and other stakeholders;
- Experience working with governments in the Asia-Pacific region.

4. Activity Duration

The expected duration of the contract will commence December 5th 2011 to March 31st, 2012. It is anticipated that this work would require between 75 and 110 person days, depending on the combination of lead analysts, senior advisors and other technical and administrative staff involved.

5. Instructions to Bidders

The application will be a short concept note (not more than 4 pages in total) that includes the following elements:

- Short institutional profile/s and biographies of the anticipated team members;
- A brief description of the proposed project approach or methods
- Estimated and itemized budget summary
- Contact details of the lead analyst.

6. Background

Significant progress has been made towards the Millennium Development Goals (MDGs), for example, to reduce extreme poverty (MDG 1).⁹ However, there is insufficient progress worldwide towards MDGs 4 and 5 (to reduce child and maternal mortality and promote reproductive health).¹⁰ Table 1 summarizes progress related to MDGs 4 and 5 in countries of the Asia-Pacific Region.

⁸ Alliance for Health Policy and Systems Research. 2007. Responding to requests on health systems from policy makers in Asian countries <http://www.who.int/alliance-hpsr/TR1Healy.pdf>

⁹ United Nations. The Millennium Development Goals Report 2010

¹⁰ Countdown to 2015. Decade Report (2000-2010): Taking Stock of Maternal, Newborn and Child Survival. 2010.

Table 1. Selected Asia-Pacific countries' progress in relation to MDGs 4 and 5¹¹

Country	Under-five deaths per 1,000 live births	Progress on MDG 4 (on-track, insufficient progress, off-track)	Maternal deaths per 100,000 live births	Progress on MDG 5a (on-track, insufficient progress, off-track)	% of children under five who are stunted	Related commitments towards UNSG Global Strategy
Low income countries¹²						
1. Afghanistan	199	Off-track	1,400	Off-track	59%	11
2. Bangladesh	52	On-track	340	Off-track	43%	16
3. Cambodia	88	Off-track	290	Off-track	42%	4
4. Korea, DPR	33	Off-track	250	Off-track	45%	0
5. Lao PDR	59	On-track	580	Off-track	48%	5
6. Myanmar	71	Off-track	240	Off-track	47%	4
7. Nepal	48	On-track	380	Off-track	49%	11
8. Pakistan	87	Off-track	260	Off-track	42%	12
9. Papua New Guinea	68	Off-track	250	Off-track	43%	3
10. Solomon Islands	36	On-track	100	Off-track	33%	0
11. Viet Nam	24	On-track	56	On-track	31%	3
Lower-middle income countries						
12. Bhutan	79	N/A	200	On-track	38%	1
13. India	66	On-track	230	Off-track	29%	24
14. Indonesia	39	Off-track	240	Off-track	48%	4
15. Philippines	33	On-track	94	Off-track	18%	2
16. Timor Leste	56	Off-track	370	Off-track	29%	2
Upper-middle income countries						
17. China	19	On-track	38	On-track	15%	7

Countries in the Asia-Pacific region range from the most populous in the world – China, India and Indonesia – to those with relatively small populations, such as Cambodia and Lao People's Democratic Republic.¹³ There are a range of economies with high-income countries such as Australia, New Zealand and Japan, and low-income countries including Bangladesh and the Solomon Islands. This is also a geographically vast and diverse region, from the mountainous regions of Pakistan and Nepal to the Pacific Islands. Despite much of the region's rapid economic growth, many countries

¹¹ Countries are considered to be 'on track' to achieve MDG4 if there is an annual decrease of newborn and child mortality rates of at least -4.0%. They are 'on track' for MDG 5a with annual decrease in the maternal mortality ratio of at least -5.5%.

¹² Table adapted from PMNCH 2011 report on: Analysing Commitments to Advance the Global Strategy for Women's and Children's Health. Countries grouped by income according to World Bank classifications. Available at: http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Upper_middle_income

¹³ Investing in Maternal, Newborn and Child Health: The Case for Asia and the Pacific. 2007.

still have high rates of maternal and child mortality (Table 1).

To catalyze worldwide progress towards MDG 4 and 5, Secretary-General Ban Ki-moon launched the Global Strategy for Women's and Children's Health in September 2010, as part of the Every Woman Every Child effort.¹⁴ To take forward the Global Strategy, over 130 stakeholders from different constituency groups have made financial, policy and service-delivery commitments. Countries in the Asia-Pacific region have made significant investments in essential RMNCH programs and adopted innovative approaches to implementation, including the use of conditional cash transfers and mobile technologies to promote reproductive, maternal, newborn and child health (RMNCH).

There is extensive evidence on essential RMNCH interventions.¹⁵ There is also evidence supporting the investment case for RMNCH, including as relates to countries in the Asia-Pacific region.¹⁶ There is less evidence on country-specific implementation strategies that would help maximise returns on investments and optimize outcomes for women's and children's health.

Countries have context-specific needs and resources and one-size investment and implementation approaches will not fit all. While some countries have been able to accelerate progress, others have not been able to do so. What is required now is country-specific investment and implementation strategies to accelerate progress, building on what is known, and sharing learning across countries on 'what works and why'. This project will contribute towards ongoing efforts aimed at addressing knowledge gap.

7. About PMNCH

The Partnership for Maternal, Newborn & Child Health (www.pmnch.org), hosted by the World Health Organization, is a partnership of over 400 organizations from seven constituencies: governments; UN and multilateral organizations; donors and foundations; non-governmental organizations; healthcare professional associations; academic, research and training institutions; and the private sector. The vision of the Partnership is the achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health. PMNCH will work towards this goal by supporting the alignment of Partners' strategic directions and catalysing collective action to promote universal access to essential interventions for women's and children's health.

Please apply by email only to:

Dr. Carole Presern
Director
The Partnership for Maternal, Newborn & Child Health
Email: pmnch@who.int

Questions, if any, may be directed to the same email address.

¹⁴ Every Woman, Every Child. <http://www.everywomaneverychild.org/>

¹⁵ PMNCH Consensus on Essential RMNCH Interventions. Forthcoming, 2011.

¹⁶ Investing in Maternal, Newborn and Child Health: The Case for Asia and the Pacific. 2007.