

**REQUEST FOR PROPOSALS (RFP)
INVITATION NOTICE
RFP No TGF-17-143**

**Evaluations of Global Fund investments in Focused Countries
(the “Project”)**

RFP Information Table	
Issue Date:	09 October 2017
Deadline for Questions:	18 October 2017
Response to Questions:	23 October 2017
RFP Closing Date:	03 November 2017
RFP Closing Time:	5 pm (Geneva Time)
Proposal and Questions Submission Address:	The Global Fund Sourcing Application: https://access.theglobalfund.org/

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) now invites proposals for the above-captioned Project.

2. This RFP contains the following attachments and annexes:

- Attachment A - Statement of Work
- Attachment B - Evaluation Criteria
- Attachment C - Proposal Requirements & General Information
- Attachment D - Conflict of Interest Guidance and Declaration Form
- Attachment E - Categorization of Focused Countries and Tailored Evaluation Approaches
- Attachment F - The Global Fund Terms And Conditions of Purchase of Services
- Attachment G – Planning template

3. This RFP is in line with, and subject to, the Global Fund’s **Procurement Regulations (2015, as amended from time to time)**, which may be found at <https://www.theglobalfund.org/en/business-opportunities/>. The following are integral parts of this RFP:

a. The **Global Fund Solicitation Rules (2015, as amended from time to time)**, which may be found at: <https://www.theglobalfund.org/en/business-opportunities/>;

b. The **Policy on Ethics and Conflict of Interest for Global Fund Institutions (2002, as amended from time to time)**, which may be found at: <https://www.theglobalfund.org/en/policies-guidelines-templates/governance-policies/>;

c. The **Code of Conduct for Suppliers (2009, as amended from time to time)**, which may be found at: <https://www.theglobalfund.org/en/policies-guidelines-templates/governance-policies/>;

d. The **Sanctions Panel Procedures Relating to the Code of Conduct for Suppliers (2014, as amended from time to time)**, which may be found at <https://www.theglobalfund.org/en/policies-guidelines-templates/governance-policies/>; and

e. The **Global Fund Terms and Conditions of Purchase of Goods and Services (2014, as amended from time to time)**, which will also be an integral part of any contract resulting from this solicitation, and which may be found at <https://www.theglobalfund.org/en/business-opportunities/>.

Submitting a proposal in response to this RFP constitutes an acceptance of the terms indicated herein and of the terms of each of these documents, including the Global Fund Terms and Conditions of Purchase of Goods and Services, and the Global Fund reserves the right to reject the proposal of any entity, as the case may be, that fails or refuses to comply with, or accept, such terms.

4. This RFP shall not be construed as a contract or a commitment of any kind. This RFP in no way obligates the Global Fund to award a contract, nor does it commit the Global Fund to pay any costs or expenses incurred in the preparation or submission of proposals.

The Global Fund Sourcing Application

1. For audit and efficiency purposes, this RFP process is being managed electronically, and bidders are required to submit their proposals in the following URL for Sourcing Application: <https://access.theglobalfund.org/>.
2. Please use the attached Guidance Notes – “SUPPLIER INSTRUCTION – How to respond to a Request For Quotation (RFQ’s)”
3. Proposals must be submitted in TGF Sourcing Application, and received by the Global Fund by the RFP Closing Time and at the RFP Closing Date, all as indicated in the above RFP Information Table.
4. In the event that you do not have a Supplier Id in TGF Sourcing Application, please send an email with sufficient notice to **Manon.vanRijswijk@theglobalfund.org** with the following title in the subject:

“TGF-17-143” - Request for login user ID creation in TGF Sourcing / iSupplier portal – “Put your organization name”.
5. Unless otherwise indicated, proposals shall be submitted in pdf and should be divided in two separate folders, one containing your cost proposal and one containing your technical proposal.
The subject line of your attachment must be labelled as follows:
 - TGF-17-143 - Your name – technical proposal
 - TGF-17-143 - Your name – cost proposal
6. All communications with regard to this RFP shall be in writing and sent through the Global Fund Sourcing Application platform using the online discussion as indicated in the above RFP Information Table.
7. Any communication between a Bidder and the Global Fund regarding this RFP, which is not through the designated channel (<https://access.theglobalfund.org/>), may invalidate such Bidder’s proposal to this RFP.

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ATTACHMENT A STATEMENT OF WORK

I. BACKGROUND

During the Differentiation for Impact (D4I) process in 2016, the Global Fund divided countries eligible for Global Fund support into three groups: High Impact, Core and Focused. For greater efficiency and enhanced impact, investments in the 3 groups of countries are now managed in a differentiated manner, with major resources allocated to the High Impact portfolios and streamlined processes put in place for management of investments in Focused portfolios. As of 2017, there are 25 High Impact countries, 30 Core countries and 68 Focused countries.

Through this Request for Proposals (RFP), the Global Fund intends to commission evaluations of Global Fund investments in Focused countries. These evaluations will be used to gauge the extent of progress towards the intended programmatic goals, guide future investment decisions and ongoing program improvement efforts at different levels and inform grant management decisions (e.g., grant revisions or changes in implementation arrangements, where there is need).

These evaluations are part of the Global Fund's Framework for Data Use for Action and Improvement.

II. AIM AND OBJECTIVES

The overall aim of these evaluations is to assess the effectiveness and impact of Global Fund investments in Focused countries, and the extent to which these investments have helped countries prepare for a sustained response to the three diseases over time.

Specific objectives include:

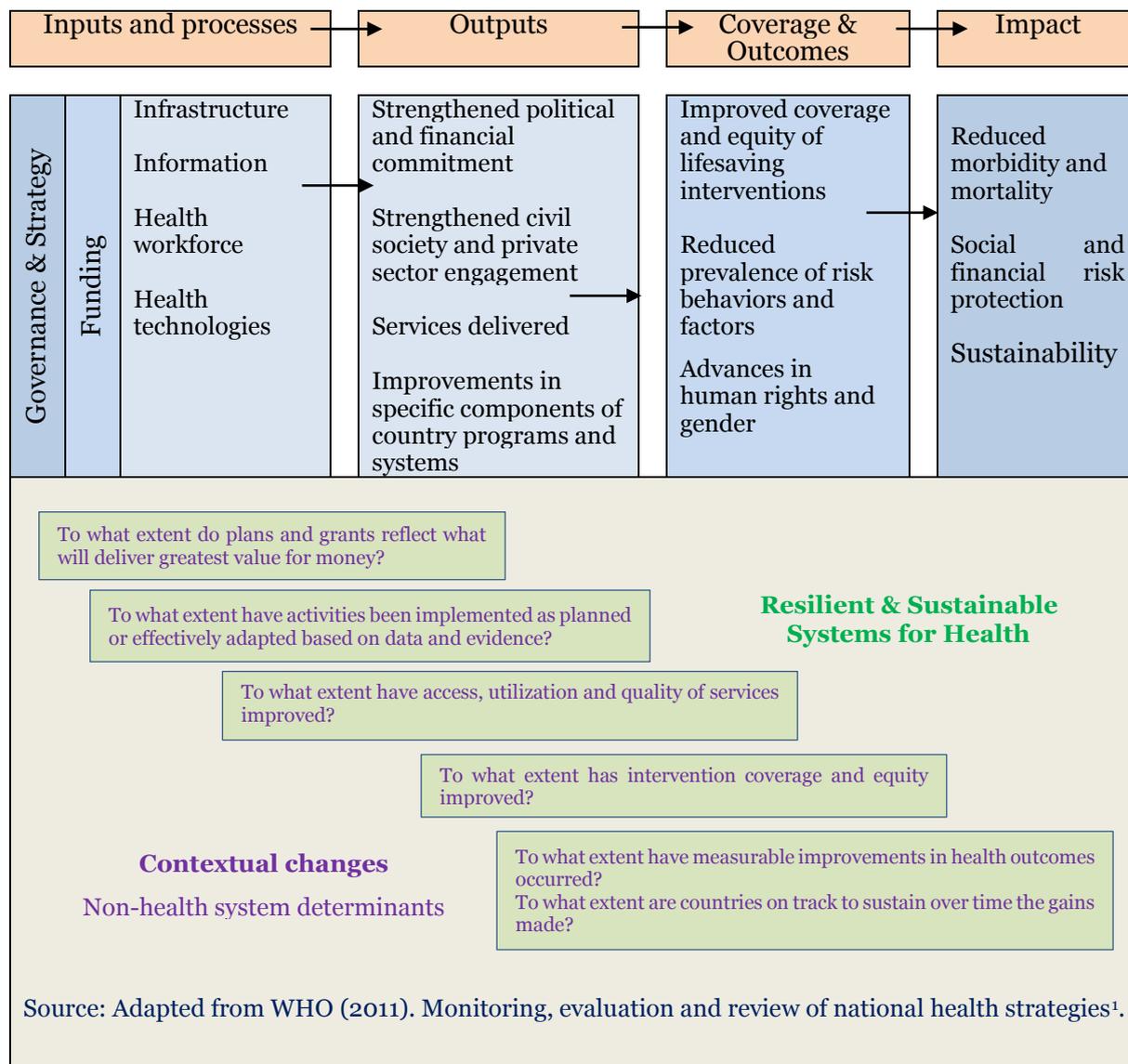
1. To evaluate, the extent to which and how, the Global Fund grants have helped enable countries to achieve a) the goals and objectives described in their national disease strategic plans and overall health sector strategy, and b) the goals and objectives agreed in the grant agreements;
2. To assess the extent to which service delivery systems (health facility and community) deliver quality services;
3. To assess the extent to which country data systems generate, report and use quality data;
4. To assess the extent to which Global Fund investments have helped countries prepare financially and programmatically for a sustained response to the three diseases;
5. To support countries to use the findings from the evaluations to help inform investment decisions and efforts to improve the quality, efficiency and sustainability of the response to the three diseases.

The evaluations should focus primarily on the current funding cycle, while taking into consideration previous Global Fund investments and country contextual developments in earlier years wherever relevant to help interpret and explain what is happening in the current cycle.

III. EVALUATION FRAMEWORK AND QUESTIONS

The evaluations of Global Fund investments in Focused countries should cover as much of the results chain as possible, in order to establish a plausible causal relationship between investments, results and impact, following the evaluation framework as shown in Figure 1.

Figure 1. Evaluation framework and key questions to be addressed across the results chain



The main unit of interest is the portfolio of Global Fund investments in each country, in the context of national and in some cases sub-national programs that the investments support. Within the group of Focused countries included in this RFP there is considerable variation in disease burden, size of Global Fund investment, the intervention mix financed by the Global Fund, country health system and program characteristics and overall country context. It is critical that the evaluations account for this variation and tailor the focus and approach accordingly. The high level framework above therefore needs to be adapted and tailored to different country contexts.

¹ Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability. Geneva, World Health Organization, 2011.

The high level evaluation questions to be addressed in all countries are:

- **Effective strategic investment.** To what extent have Global Fund grants been strategically invested in national disease strategies? To what extent have they helped achieve the national strategic objectives?
- **Impact.** To what extent - and how - have the Global Fund investments contributed to helping countries achieve impact in the response to HIV, tuberculosis and malaria?
- **Sustainability.** To what extent – and how - have the Global Fund investments contributed to helping countries build up in-country systems and mechanisms for a response to HIV, tuberculosis and malaria that can be effectively sustained over time?

The following represents an indicative list of questions that should be addressed under each of the high level questions described above—these should be adapted in consultation with country and Global Fund stakeholders on a country-by-country basis, based on context and need.

Effective strategic investment

- To what extent have the Global Fund grants been designed strategically to maximize outcomes in an efficient and sustainable manner? To what extent have the grants been implemented as designed, or effectively adapted over time based on data and evidence? To what extent have they contributed towards achieving the strategic objectives of the country?
- To what extent have the Global Fund grants helped strengthen in-country capacity to deliver quality services?
- To what extent have the Global Fund grants helped strengthen in-country data systems and mechanisms to generate, report and use quality data?
- To what extent does the country have robust mechanisms in place for verifying that services delivered and data that are generated and reported meet internationally agreed quality standards?

Impact

- To what extent have measurable health outcomes improved at national and sub-national levels?
- To what extent, and in what ways, has the Global Fund contributed to observed and estimated improvements in health outcomes?
- To what extent are the improvements in health outcomes shared in an equitable manner across different stratifiers of interest, as relevant to national and sub-national context?

Sustainability

- To what extent have the Global Fund investments helped facilitate the creation or improvement of a mechanism or policy to ensure adequate domestic funding for sustained response to the three diseases?
- To what extent have the Global Fund investments helped countries prepare programmatically for sustained response to the three diseases?
- What factors are most critical to address in helping ensure that improvements in systems and outcomes are likely to be sustained by the country over time in its ongoing response to the three diseases?

IV. SCOPE OF WORK

- a) Concept: A tailored evaluation approach

Given the diversity of the Focused countries, they were further categorized into three groups for the purposes of helping tailor the evaluation approach to country context and need. As the

breadth of the Global Fund investment and relative severity of the disease burden increases, so does the depth of the evaluation. When the Global Fund investment narrows down to certain programmatic components, the evaluation becomes targeted.

In all Focused countries, the evaluation will focus on the Global Fund investments in the context of the national program (or programs) that the investments are supporting. In Group I countries, which have the largest relative disease burden and investment size among the Focused countries, the evaluations will cover the entire national program (or multiple relevant programs) in depth. Where possible, these evaluations should leverage and help strengthen existing national program review processes. In Group II countries, the evaluations will target in a more focused manner those program components directly supported by the Global Fund grants. In Group III countries, which have the smallest relative disease burden and investment size among the Focused countries, only secondary data analysis will be performed, without an additional in-country evaluation component. If the findings from one or more countries in Group III indicate that in-country work is needed in order to complete the evaluation in a satisfactory manner, this will be discussed and decided on a case by case basis. Details on grouping of Focused countries and tentative country-specific plans are described in Attachment E.

In principle, evaluations for all disease programs in a country should be conducted jointly for synergies and efficiency. Such joint evaluations will enable identification of and addressing common transversal issues cutting across different disease areas.

Focused countries in Challenging Operating Environments (COE), namely Iraq, Jordan, Lebanon, Syria and Yemen, are included in one multi-country grant (Middle East Response). The evaluation of this multi-country grant will be conducted separately and is therefore outside the scope of this RFP.

b) Scope of Work by country groupings

The Scope of Work for the evaluations to be conducted in each of the three groups of Focused countries are as follows.

A. Group I: Comprehensive evaluation of national disease programs in which the Global Fund is investing

Following guidelines from WHO and other technical partners, the Supplier should implement the independent evaluations of national disease programs supported by the Global Fund, by coordinating with Ministries of Health, NGOs and local partners. At a minimum, the Supplier will:

- Map all data sources, including data from surveys, surveillance, case reporting, program reporting and other routine systems; assess the availability, accessibility and quality of these data, including options for disaggregation;
- Review published results and estimates of disease morbidity and mortality that are available to assess the level of, and trends in, disease burden (nationally and sub-nationally in key regions and districts and among sub-populations, in particular Key Populations);
- Review available data on program scale up, intervention coverage and access to services;
- Assess quality of program monitoring and review processes and existing quality assurance mechanism and level of implementation;

- Examine weak and strong links of the results chain, i.e. the effect a particular link of the chain has had on the subsequent link(s) of that chain, following the program design;
- Review data to determine the extent to which changes in disease burden can be explained by programmatic efforts or other factors;
- Analyze new policies, structural factors, programmatic efforts or interventions linked with disease program but lying outside the health sector that may have contributed to impacts, for example, national policies on key populations, social unrest, insecurity, population movements;
- Assess program components for which there is evidence to accelerate, revise, stop or add to improve program impact;
- Provide recommendations to improve the national program design, implementation and quality, while clearly indicating how specifically the Global Fund grant(s) can most effectively enable the national disease program to achieve sustained impact.

B. Group II: Targeted evaluations of specific program components in which the Global Fund is investing

Following the relevant sections in the guidelines from WHO and other technical partners, the Supplier should implement the independent targeted program evaluations for program components directly supported by the Global Fund grants, a desk review of secondary data for the national disease program, by coordinating with Ministries of Health, NGOs and local partners, and by visiting service sites. At a minimum, the Supplier will:

- Define the evaluation scope jointly with the Country Team (CT) and Principal Recipient (PR). The scope of the evaluation can be focused on specific group(s) or geographic location(s) or specific intervention(s) in a country, based on the Global Fund grant focus, for example, key populations for entire country or for grant focused areas;
- Conduct Secondary Data Analysis, covering the entire national disease program;
- Review the design, implementation and progress of the Global Fund grant(s) in the current or immediate previous funding cycle;
- Map all data sources for the specific scope; assess the availability, accessibility and quality, including options for disaggregation;
- Assess quality of program monitoring, review processes and existing quality assurance mechanism, level of implementation, and assurance findings;
- Review available data on program scale up, intervention coverage and access to services;
- Examine links of the results chain for specific programmatic component(s), following the grant design;
- Provide recommendations specifically on how the Global Fund grants supports the design, reprogramming and measurement of the national disease program, especially for programmatic or cross-cutting components funded by the Global Fund grant(s).

C. Group III: Secondary data analysis conducted remotely, without additional in-country evaluation work

Following relevant guidelines from WHO and other technical partners, and the program design of a national program and national strategies, the Supplier should conduct independent remote secondary data analysis for the disease program, with a particular focus

on specific Global Fund-supported components, by coordinating with relevant in-country and regional stakeholders and local partners. At a minimum, the Supplier will:

- Review the design, implementation and progress of the Global Fund grant(s) in the current funding cycle, while considering the broader context of Global Fund investments in earlier funding cycles and other country level changes that have occurred over time;
- Map all existing data and information from all relevant sources;
- Collect all relevant policy and other contextual documents;
- Lay out an analysis plan based on defined scope of work;
- Analyze programmatic (such as treatment or prevention) and cross-cutting (such as health system, procurement and supply management (PSM), information systems, contextual factors) components and link them along the results-chain if applicable;
- Assess quality of program monitoring, review processes and existing quality assurance mechanism, level of implementation, and assurance findings;
- Recommendations for investment focus, program design and implementation, in relation to the Global Fund grant(s) and the broader program as relevant;
- Provide recommendation whether additional programmatic assurance or a targeted program evaluation is needed, based on the assessment of the rigor of data and source material used for the secondary analysis.

The following table summarizes the objectives, scope, primary evaluation questions and use of evaluation findings for different evaluation approaches.

	Group I: National program evaluations	Group II: Targeted evaluations of specific components	Group III: Secondary data analysis
Objectives	To evaluate the effectiveness and impact of the Global Fund investments in national disease programs To evaluate the extent to which – and how - the Global Fund investments have prepared the country for a sustained response	To evaluate the effectiveness and impact of the Global Fund investments in specific program component(s) To evaluate the extent to which – and how - the Global Fund investments have prepared the country for a sustained response	To evaluate the effectiveness and impact of the Global Fund investments in specific program components; and To evaluate the extent to which – and how - the Global Fund investments have prepared the country for a sustained response
Scope	All relevant components in the national disease program	Specific program components funded by the Global Fund grant(s) in the context of broad national disease programs	Specific program component(s) supported by the Global Fund grant(s) in the context of broad national disease program
Methods	Desk review of all existing data and information, remotely		
	In-country visits to evaluate comprehensively all relevant programmatic and cross-cutting components of the national disease program	In-country visits to evaluate specific targeted programmatic/cross-cutting component(s) supported by the Global Fund grant(s)	
Use	Inform the development of grant management policies and guidance;		

	Inform decisions on programmatic modifications for improvement in program quality and efficiency; Inform the determination whether the ongoing support represents a good strategic investment; Learn lessons for other countries in similar settings.		
	Inform the funding request, program implementation and/or the reprogramming Inform the impact assessment	Inform the funding request, program implementation, and/or the reprogramming	Inform whether additional programmatic assurance or a targeted program evaluation is needed Contribute to the transition readiness and sustainability assessment

V. DELIVERABLES AND TIMELINES

a) Deliverables

For the country- or sub-region-specific evaluations, the timeline and deliverables for evaluations shall be discussed and agreed between relevant regional teams and selected Supplier(s). The Supplier(s) shall submit the followings:

- **Inception report**, including country-specific protocol, with general evaluations in this RFP and tailored questions based on the in-country context and needs
- **Final report by country**, with clear assessment of impact and prioritized recommendations, up to 25 pages
- **Synthesis reports** by programmatic/cross-cutting areas by the region or sub-region applied, up to 20 pages per report; selection of programmatic/cross-cutting areas is subject to the discussion with regional teams at the Global Fund Secretariat
- User-friendly **evaluation-specific summary document** (3-5 pages), and **slides** (10-15) for dissemination at the country and regional levels.

b) Work plan and indicative timeline

The Supplier is expected to be able to start work starting from November 2017 onwards. The Attachment E gives the expected timelines to implement the evaluations in each region and sub-region. When applying to a region /sub-region the supplier needs to be able to comply with the timelines and expected volume of activities planned.

The period is evaluation-specific as indicated in the following table for November 2017 to March 2020.

Evaluations	Indicative days
Evaluations of national disease program supported by the Global Fund	75
Targeted program evaluation	55
Secondary data analysis	20

There will be about 40 national disease program evaluations, 35 targeted program evaluations, and 20 secondary data analyses to March 2020, with details in Attachment E.

VI. SPECIFIC REQUIREMENTS/SKILLS

The Supplier shall form a team with the following expertise for all evaluations in a specific region or sub-region(s) in a specific region.

The potential Supplier(s) shall have demonstrated track of experience and expertise in the following areas,

- Postgraduate education in public health/epidemiology/international development or equivalent;
- More than 10 years of experience in evaluation design and implementation of at least one of the following disease programs: HIV, tuberculosis and/ or malaria; and in cross-cutting health system and contextual areas in developing countries;
- Extensive experience working in or supporting strategic planning, program management, monitoring, evaluation or program design in low- and middle-income countries;
- Proven track record of mixed-methods (quantitative and qualitative) analytical skills: to collect, clean, analyze, summarize and interpret complex epidemiological and programmatic data and qualitative information, especially of the three diseases;
- Proven track record on cost-effectiveness, impact and efficiency analysis for health services, especially for HIV, TB and Malaria programs;
- Rich experience working in an international environment and with multi-disciplinary teams, and experience of dealing in a culturally appropriate manner with a range of stakeholders, from high level government officials to community members;
- Familiarity with epidemiological patterns of HIV, tuberculosis and malaria in the specific region(s) or sub-region(s);
- Sensitivity to the region-/sub-region-specific policy, culture, religion, legal and other contextual issues;
- Excellent capacity to produce high quality documents/reports in English, and fluency in other languages spoken in specific country/sub-region/region, such as Arabic, French, Russian, Spanish, etc.

VII. CONDITIONS

a) Expected roles and responsibilities

The implementation of the evaluations will be done in coordination with the national disease programs or relevant entities in each of the countries. This is important to ensure local needs are met and appropriate access is granted to the programs. The Supplier is expected to have significant experience in the region/sub-region/country concerned. This experience should include knowledge of local languages given the need for review documents in local languages, conducting interviews and focus group discussions, etc.

The Supplier will work closely with the Global Fund relevant teams, including Monitoring Evaluation and Country Analysis (MECA), regional teams and country teams. The individuals specified will also approve the budget, timelines, deliverables, etc.

In general, the Supplier can apply for several regions or one region or one sub-region. However, if one region or one sub-region is selected, the Supplier is expected to apply for all evaluations applicable to the region or sub-region, and to submit a technical proposal with the detailed

methodology for all evaluations in that region or sub-region and a cost proposal (Attachment E). Please refer to the attached planning template in Excel.

b) Logistical aspects

The Contractor is expected to work remotely with travels to assigned regions/sub-regions/countries and to Geneva as required.

c) Period of Consultancy

The Global Fund intends to award multiple contracts with the successful Service Providers. The contracts are expected to start in November 2017. The duration of the contracts will be evaluation activity-specific.

**ATTACHMENT B:
EVALUATION CRITERIA**

The Global Fund will assess the extent to which proposals submitted in response to this RFP meet the evaluation criteria described herein and in accordance with the Global Fund Solicitation Rules.

In assessing each proposal, the Global Fund will take into consideration technical factors, expertise and qualification as well as cost factors. A two-stage procedure will be utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being considered; the cost evaluation is only undertaken for technical submissions that score above the minimum.

The score assigned to each proposal will be of guidance in determining which proposal would provide the greatest value to the Global Fund. However, the Global Fund reserves the right not to employ raw scores in determining best value where it considers, in its sole discretion, that this would not be appropriate.

The evaluation criteria are divided into technical and cost factors. In assessing the supplier(s) proposal, the Global Fund allocates greater importance to technical factors than to cost factors and thus the evaluation is split 70% for technical factors, and 30% for cost. However cost is carefully looked at and shall be a determining factor in the final decision.

A. TECHNICAL EVALUATION CRITERIA

A minimum technical score of 70% out of a maximum of 100% is required to pass the technical evaluation. A proposal which fails to achieve the minimum technical threshold will not be considered further.

Category	Weighting
<p>a. Technical Approach to the three specific evaluations</p> <ul style="list-style-type: none"> • Understanding of the objective and scope of work: The extent to which the proposal demonstrates responsiveness to the nature and scope of the work being undertaken (see Attachment A) and the environment in which the work must be performed. • Approach and tools: The appropriateness and relevance of the proposed approaches and methodologies. • Innovative suggestions: The extent to which the applicant proposes innovation in methodologies or any other elements of the work. 	40
<p>b. Past experience and capabilities</p> <ul style="list-style-type: none"> • The extent to which the proposal demonstrates experience in the areas indicated in attachment A. • The extent to which the proposal demonstrates the necessary past experience to manage and complete quality and timely deliverables. 	30
<p>c. Qualifications and Expertise of the proposed key experts</p> <ul style="list-style-type: none"> • The extent to which the applicants demonstrate to have sufficient human capacity to undertake the project with the necessary education, training and technical knowledge as outlined in Attachment A. 	30

B. COST EVALUATION CRITERIA

When at least 70% out of 100% has been scored for technical content a review of the cost proposals will be conducted.

The Cost proposal will be evaluated in terms of best value to the Global Fund, price and other factors considered. Cost proposals shall be submitted in Unites States dollars.

The cost evaluation covers the proposed rates, level of effort (LoE) associated with the required deliverables and the overall cost.

ATTACHMENT C
PROPOSAL REQUIREMENTS & GENERAL INFORMATIONS

I. PROPOSAL REQUIREMENTS

The proposal should be concisely presented and structured, and should explain in detail your availability, ability, capacity and resources to provide the requested services. Proposals that are incomplete or not responsive to these criteria may not be considered in the review process. All proposals must be submitted in English and can be in MS-Word or MS Power Point including applicable schedules where defined.

Cost proposal and technical proposal must be submitted as two separate documents:

Organization Name – technical proposal – TGF-17-143

Organization Name – cost proposal – TGF-17-143

a. Technical Proposal

The supplier is required to produce a **proposal** (for all countries in the region or sub-region the supplier is applying) not exceeding 20 pages including:

- Understanding and background of the topic under review;
- Proposed team composition, responsibilities and structure;
- A detailed evaluation protocol, with methodology and timeline, indication of evaluation(s) and region(s) or sub-region(s) (Attachment E).

The following documents should be attached to the proposal:

- CV (resumes) not exceeding 5 pages for each team member focusing on work experience and qualifications which correspond directly to the requirements set out in the scope of work, educational qualifications, language qualifications (English is mandatory and other UN languages are an asset), publications, etc. (see Attachment B: Evaluation Criteria);
- Supplier past performance document (not exceeding 5 pages) providing information on three recent contracts executed within the last five years which are similar in nature to the technical requirements of this solicitation including the place and period of performance, information regarding client and contact details, description of work and lessons learnt;
- Conflict of Interest: Bidders shall complete Attachment D, Conflict of Interest Declaration Form.
- In addition, potential suppliers may add any other documents they see relevant to clarify their expertise in conducting this work.

The Global Fund reserves the right to contact any persons listed in your past performance document in order to gain a better understanding of the supplier's past performance in delivering similar services to former clients.

b. Cost Proposal

Proposals will be evaluated in terms of best value to the Global Fund, price and other factors considered.

The cost component must cover all the services requested in the scope of work and must be in United States Dollars. The cost tables and accompanying notes must show the composition of all cost elements, including fees and profits.

Please follow the structure of the below cost template when preparing your proposal:

Cost breakdown of professional fees

Consultant Name	Resource and Expertise / or	Role or	Level of Effort (“LoE”) in days	Daily Rate in USD	Total Cost in USD

Cost breakdown of other expenses

Other Direct Costs if applicable	Total Cost in USD
Total Cost in USD	

Notes:

1. All proposed daily rates shall be inclusive of profit or fees and shall be fixed for the period of the contract,
2. Travel expenses will be negotiated and agreed separately by the Global Fund, in accordance with its [Travel and Expense regulations](#).

II. PROPOSAL SUBMISSION AND COMMUNICATIONS

Proposal submissions and all communication shall be through the Global Fund Sourcing Application.

The full proposal must be submitted no later than **the date and time indicated in the RFP information table on page 1 of this RFP**. Prior to submission, remember to allowing sufficient time for the creation of a supplier ID.

III. SPECIFIC INSTRUCTIONS

a. Period of validity

Proposals should be valid for a period of 90 days from the closing date of their receipt.

b. Modifications to Proposal

No further additions to, or modifications on submitted proposals shall be allowed unless it is proven to be a bona fide typographical error or omission and that it may have material impact on the evaluation process. Such additions or modifications may only be effected with prior, written, approval from The Global Fund.

c. Tender expenses

Suppliers are solely responsible for their own expenses or losses, if any, in preparing and submitting an offer to this Request for Proposal. This would include any costs incurred during functional demonstrations and subsequent meetings and negotiations.

d. Currency and language to be used

All costs in the pricing spreadsheets must be in USD only (for proposal). The currency of the contract will be in USD. All communication in respect to this RFP shall be in English.

IV. GENERAL INFORMATION

The Global Fund may, at its discretion, change the closing date, cancel the RFP, or revise the terms of reference, by issuing an amendment to this solicitation. All amendments to this RFP will be posted on the Global Fund website <https://www.theglobalfund.org/en/business-opportunities/>

It is the Supplier's responsibility to consult the Global Fund's website to ensure that they are aware of amendments to this RFP.

The Global Fund may (a) reject any or all proposals, (b) accept for award a proposal other than the lowest cost proposal, (c) accept more than one proposal, (d) accept alternate proposals, (e) accept part of a proposal, (f) waive informalities and minor irregularities in proposals received, and (g) cancel this RFP.

The Global Fund may award one or more contracts on the basis of initial proposals received, without discussions or negotiations. Therefore, each initial proposal should contain the Supplier's best terms from a cost and technical standpoint. The Global Fund reserves the right (but is not under obligation to do so) to enter into discussions with one or more Suppliers in order to obtain clarifications or additional detail, to suggest refinements in the technical proposal or other aspects of the proposal, or negotiate the cost proposal.

The Global Fund will be under no obligation to reveal, or discuss with any Suppliers, how a proposal was assessed, or to provide any other information relative to the selection process. Suppliers whose proposals are not selected will be notified in writing of this fact, and shall have no claim whatsoever for any kind of compensation.

This RFP shall not be construed as a contract or a commitment of any kind. This request for proposals in no way obligates the Global Fund to award a contract, nor does it commit the Global Fund to pay any cost incurred in the preparation of the proposal.

In addition to the written proposal, the Global Fund may request bidders to make oral presentations in English or to participate in a pre-proposal conference. The date, time, and place for such (if any) will be communicated to all eligible bidders. Any statement or presentation made during these meetings shall not in any way amend or modify the Global Fund RFP Invitation Notice solicitation.

Information obtained through oral presentations will be considered in the overall evaluation process.

ATTACHMENT D
CONFLICT OF INTEREST GUIDANCE AND DECLARATION FORM

A conflict of interest may arise when a party has interests that could improperly influence that party's performance of official duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations. For purposes of this RFP, a conflict of interest may arise when a Supplier, any of its affiliates or any of its sub-contractors, has interests (which may be financial, organizational, personal, reputational or otherwise), or it is reasonable to foresee that such an interest would arise, that would or may appear to make it difficult for the Supplier to fulfil its obligations in providing services to the Global Fund in an objective, independent and professional manner. While a conflict of interest may arise due to a variety of factors, in the context of the work anticipated to be performed under this RFP, as examples, a conflict of interest could arise with respect to a particular country covered in the tender if (i) the Supplier, or an affiliate or sub-contractor of the Supplier, is or, during the last three years, has been involved in the design of or provided advice with respect to such country's national health facilities or systems; (ii) the Supplier, or an affiliate or sub-contractor of the Supplier, is providing or, during the last three years, has provided audit services or otherwise provided advice with respect to such country's national health facilities or systems; or (iii) the Supplier, or an affiliate or sub-contractor of the Supplier, is acting as a Global Fund Local Fund Agent in such country.

For country-specific RFPs the following declaration will be requested:

Proforma Declaration of the Absence of Conflict of Interest

Conflict of Interest Declaration Relating to Expert Assignment

On behalf of the Supplier listed below, I hereby declare that:

1. The Supplier has read and understood the Conflict of Interest rules set forth in the Agreement between the Supplier and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Agreement"), including the definition of "conflict of interest" contained therein, namely:

A situation in which the Supplier, any of its Affiliates, or any of its Sub-Contractors, if any, has interests (financial, organizational, personal, reputational, or otherwise) that would or may appear to make it difficult for the entity to fulfil its obligations in providing requested services to the Global Fund in an objective, independent, and professional manner, or a situation in which it is reasonable to foresee that such an interest would arise.

2. For the arrangement described in Box 1 below, the information checked in Box 2 below is true and correct:

Box 1

Name(s) of Expert(s):	
Role(s) of Expert(s):	

Country/ Countries:	

Box 2 (please check one, as appropriate)

<input type="checkbox"/>	No Conflict of Interest exists on the part of the Supplier or any Affiliate or Sub-Contractor of the Supplier for the arrangement described in Box 1.
<input type="checkbox"/>	A Conflict of Interest exists on the part of the Supplier, an Affiliate, and/ or a Sub-Contractor of the Supplier for the arrangement described in Box 1 <u>and</u> The Supplier has declared and disclosed that Conflict of Interest to the Global Fund.

[Signature Follows.]

SUPPLIER: _____

Signed: _____

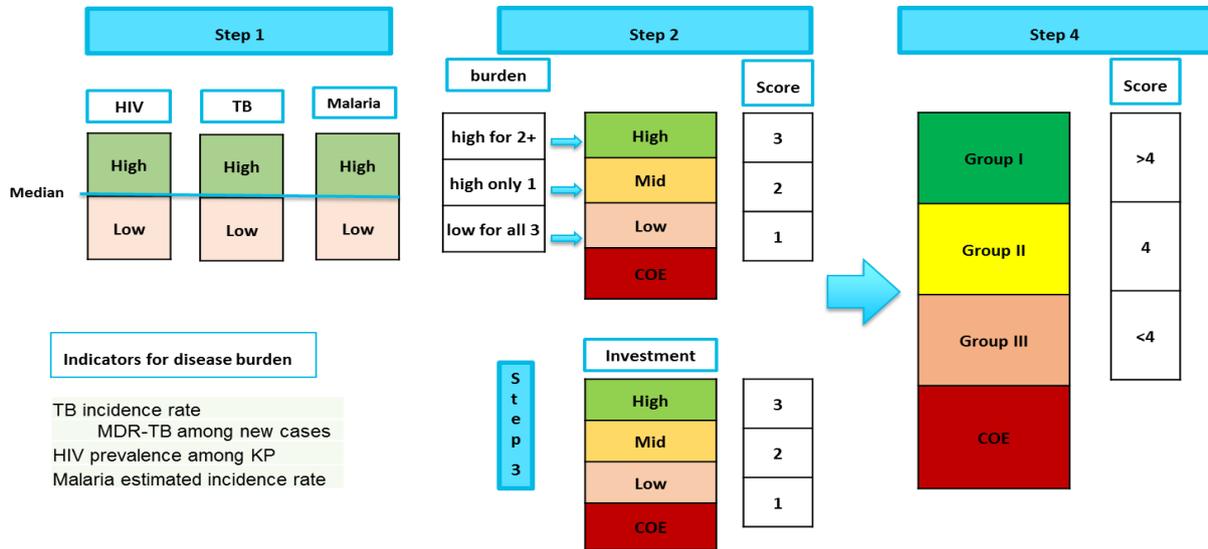
Name: _____

Title: _____

Date: _____

ATTACHMENT E CATEGORIZATION OF FOCUSED COUNTRIES AND TAILORED EVALUATION APPROACHES

Focused countries are categorized into three groups following a stepwise approach as depicted below.



At the first step, all Focused countries were divided into two groups, in reference to the median, as high prevalence and low prevalence, according to the magnitude of each disease as measured by TB incidence rate, HIV prevalence among key populations and malaria incidence rate respectively. This was followed by the second step where countries with high prevalence for two or three diseases were grouped as ‘high burden’ and given score of 3. While countries that have high prevalence for only one disease were grouped as ‘medium burden’ and given score of 2. Countries that fall under the low prevalence groups for all the three diseases were grouped as ‘low burden’ and given a score of 1. The third step focused on investment, and countries were divided into three groups based on the total allocation during 2014-2016. Terciles were used as reference points. Those above the third (largest) tercile were grouped as ‘high investment’, those between second and third tercile as ‘medium investment’, while those under the first (smallest) tercile as ‘low investment’. The high, medium and low investment countries were assigned a score of 3, 2 and 1 respectively.

The final step summarized the whole process using a metrics of disease burden and investment. Accordingly, countries with high disease burden and high investment were categorized as ‘Group I countries’. Numerically Group I include those whose total score was 5 or 6. Countries with low disease burden and low investment were categorized as ‘Group III countries’. Group III countries have a total score less than 2 or 3. The remaining group encompasses those countries that fall between the two extremes and named as ‘Group II countries’ and their total score was 4.

The approach also takes into consideration width and breadth of the grants in the national disease program. When the grants cover majority of the program components in the national disease program, the country is categorized as Group I. When the grants covers only one or a few program areas, the country is categorized as Group II. Countries, with low burden and low grant investments, and disease components in Transitions, are categorized as Group III.

The result of the categorization is described in the following table, together with the evaluation approaches.

Group	Countries	Criteria	Evaluation approach
I	Belarus, Bolivia, Botswana, Dominican Republic, El Salvador, Gambia, Georgia, Honduras, Korea DPR, Kyrgyzstan, Lao PDR, Mauritania, Moldova, Morocco, Nicaragua, Peru, Tajikistan, Timor-Leste, Uzbekistan	<ul style="list-style-type: none"> • Prevalence or incidence above median level for at least two diseases, and • Global Fund investment in the highest tercile • Grants cover majority program areas of the national disease program 	Evaluation of the Global Fund investments in National Disease Programs
II	Azerbaijan, Cape Verde, Colombia, Cuba, Djibouti, Ecuador, Guyana, Iran, Jamaica, Kazakhstan, Malaysia, Mongolia, Montenegro, Paraguay, Romania, Sao Tome and Principe, Solomon Islands, Sri Lanka, Tunisia, Turkmenistan	<ul style="list-style-type: none"> • Prevalence or incidence above median level for at least one disease, and • Global Fund investment in the highest or middle tercile <p>Or</p> <ul style="list-style-type: none"> • Prevalence or incidence above median level for only one disease, and • Global Fund investment in the highest tercile <p>And</p> <ul style="list-style-type: none"> • Grants cover only one or a few program areas 	Targeted Program Evaluation for the Global Fund investments in specific program areas
III	Albania, Algeria, Armenia, Belize, Bhutan, Bosnia and Herzegovina, Bulgaria, Comoros, Costa Rica, Gabon, Kosovo, Mauritius, Panama, Serbia, Suriname	<ul style="list-style-type: none"> • Prevalence or incidence below median level for all Diseases, and • Global Fund investment in the lowest tercile; <p>And</p> <ul style="list-style-type: none"> • disease components in Transitions 	Secondary Data Analysis for all relevant program components

The tentative country specific plans are shown in the following table.

Region	Sub-region	Country	2017	2018	2019	2020
Central Africa	Sub-Saharan Africa	Cabo Verde			H2, T2, M2	
		Gabon		T3		
		Sao Tome and Principe			H2, T2, M2	
Eastern Europe & Central Asia	Eastern Europe	Albania			H3*, T3*	
	Eastern Europe	Armenia			H3, T2	
	Eastern Europe	Azerbaijan			T2, H2	
	Eastern Europe	Belarus		H1, T1		
	Eastern Europe	Bulgaria			T3*	
	Eastern Europe	Georgia		H1, T1		
	Central Asia	Kazakhstan			H2, T2	
	Eastern Europe	Kosovo			H3, T3	
	Central Asia	Kyrgyzstan			H1, T1	
	Eastern Europe	Moldova			H1, T1	
	Eastern Europe	Montenegro			H2	
	Eastern Europe	Romania			T2	
	Eastern Europe	Serbia			H3	
	Central Asia	Tajikistan			H1, T1	
	Central Asia	Turkmenistan			T3*	
Central Asia	Uzbekistan			H1, T1		
Latin America & Caribbean	Central America	Belize			H3*, T3*	
	South America	Bolivia		H1, T1, M1		
	South America	Colombia		H2		
	Central America	Costa Rica		H3		
	Caribbean	Cuba		H3*		
	Caribbean	Dominican Republic		H1	T3*	
	South America	Ecuador		H2		
	Central America	El Salvador		H1, T1	M1	
	South America	Guyana		M2	H2, T2	
	Central America	Honduras		H1, T1	M1	
	Caribbean	Jamaica		H2		
	Central America	Nicaragua		H1, T1	M1	
	Central America	Panama			H3, T3*	
	South America	Paraguay			H2, T3*, M3*	
	South America	Peru			H1, T1	
South America	Suriname			T3*		
Middle East & North Africa	MENA	Algeria			H3*	
	MENA	Djibouti			H2, M2	
	MENA	Mauritania	H1, T1, M1			
	MENA	Morocco			H1, T1	
	MENA	Tunisia	H2			
South East Africa	Sub-Saharan Africa	Botswana		H1, T1	M3*	
	Sub-Saharan Africa	Comoros		H3, M3		
	Sub-Saharan Africa	Mauritius		H3		
South East Asia	Asia	Bhutan			H3, T3	M3
	Asia	DPRK			M2, T2	
	Asia	Iran			H2	
	Asia	Laos			H1, M1	T1
	Asia	Malaysia	H2			
	Asia	Mongolia			H2	T2
	Pacific	Mult. Western Pacific**			H2	
	Pacific	Solomon Islands			T2, M2	
	Pacific	Sri Lanka			H1, T1, M3*	
Pacific	Timor-Leste			T1, H1	M2	
West Africa	Sub-Saharan Africa	Gambia		H1, T1	M1	

H=HIV, T= Tuberculosis, M= Malaria; 1= national program evaluation, 2=targeted program evaluation, 3= secondary data analysis; *= disease component in Transition and receiving the final allocation of Transition Funding; **=Cook Island, Fiji, Kiribati, Nauru, Niue, Palau, Marshall Island, Samoa, Tonga, Tuvalu and Vanuat