**Specification**

Global Health Fellowship Scheme to develop African leaders in Global Health Security

**Purpose**

Public Health England (PHE) is seeking to commission a 12-month Global Health fellowship programme to develop, train and mentor a cohort of up to five African leaders in public health, specifically in global health security. The fellowship scheme will enable participants to develop skills in leadership, networking and diplomacy, and to create effective public health policy in their countries and wider regions.

This work will form a component of PHE’s International Health Regulations (IHR) Strengthening Programme which looks to support partner countries to develop strong national and supra-national health protection systems.

As such, recruitment to the fellowship scheme must be from PHE’s partner countries in Africa (Nigeria, Ethiopia and Sierra Leone) or supra-national bodies with a role in global health security in Africa.

**Background**

Public Health England (PHE) is supporting the international effort to improve global health security, through a 5-year programme to strengthen IHR compliance by working with national and regional organisations in five countries in Africa and Asia.

The aims of this programme are to:

* Strengthen global agencies and the regional institutions and mechanisms responsible for supporting IHR implementation
* Supporting countries towards IHR implementation over the five year term of the project
* Supporting the development and strengthening of National Public Health Institutes (NPHIs) in the target countries to help fulfil national IHR responsibilities
* Co-developing strategies for long-term sustainability, adequate funding and technical support for the identified countries

Key to achieving these aims is the commitment to strengthening the public health capacity, and workforce, in partner countries. As such, PHE is seeking to commission a 12-month fellowship programme to develop, train and mentor the next-generation of public health leaders in Nigeria, Ethiopia and Sierra Leone.

The specific objectives of the fellowship programme are to:

1. Enable fellows to develop skills in:
	1. Policy analysis, policy and strategy development and implementation
	2. Influencing national, regional and global health actors, and understanding global health diplomacy
	3. Effective leadership and management skills
2. Expose fellows to global health research with relevance to the global health security agenda and international health regulations
3. Enable fellows to establish a network of peers, mentors and senior experts to support their training and development as public health leaders
4. Enable fellows to create effective national and global public health policy change in their country and region

Ultimately, achieving these objectives will strengthen the public health workforce capacity in key organisations and partners of the PHE IHR Strengthening Programme.

**Outline of work**

The tenderer will need to establish a fellowship programme that includes, but is not limited to, the following key elements:

1. Designing and creating marketing materials to advertise the programme to potential participants
2. Recruiting and selecting a cohort of fellows from eligible countries or institutions through a competitive process
3. Administrating and managing the fellowship programme
4. Identifying and selecting public and global health experts to act as mentors to the Fellows throughout the programme
5. Generating course materials and identifying training opportunities for fellows
6. Organising logistical activities, such as booking of flights and accommodation, procurement of visas and letters of invitation
7. Creating any necessary documentation pertinent to the fellowship, such as letters to the fellows’ employers and references
8. Providing the fellows with professional guidance on publications and academic support for research projects
9. Managing and disbursing the funds used to design, organise and run the fellowship and report on the use of such to funders
10. Drafting and finalising contractual arrangements with partner institutions and providers of services
11. Working with fellows and their employers to ensure timelines and the activities of the fellowship are mutually agreeable and beneficial
12. Gathering feedback and evaluations of the fellowship from stakeholders, fellows and any other relevant institutions and experts
13. Maintaining relationships with the fellows after the fellowship and developing alumni opportunities

In selecting fellows, the following eligibility criteria will apply:

1. Currently employed in either:
	1. A national public sector organisation in Nigeria, Ethiopia or Sierra Leone with a role related to global health security, international health regulations or public health

**OR**

* 1. A regional public health organisationwith a role in global health security, international health regulations or public health
1. Experience in working on Global Health Security -related projects as a component of their fellowship training
2. Willing to make a contractual commitment to remain with their source employer or in relevant and related public sector employment throughout duration of fellowship and for a period of two years subsequent to the fellowship

Examples of eligible employing organisations include:

1. National Public Health Institutes (NPHIs):
2. Federal or state ministries of health
3. Academic and research public health institutionsRegional public health bodies and organisations:

**Expertise required**

The organisation required to deliver this output will need experience of running a Global Health Fellowship Programme and have a dedicated programme management team with unique institutional connections to key political and global health networks. This organisation will need to give Global Health Fellows unfettered access to a cadre of global health specialists who will act as mentors and are central to successful delivery of the programme. These mentors will have extensive knowledge of policy analysis, leadership development, global health research and experience in negotiating/influencing at senior government levels. Alongside technical expertise, the appointed organisation will also require experience in negotiating/influencing at senior government levels and be well-connected to political and global health networks.

**Deliverables**

Key deliverables and outputs include:

1. Recruitment, training and development of up to five global health fellows from eligible countries or organisations
2. Coordination of an IHR-based programme of research and policy development for the duration of the Global Health Fellowship
3. Conducting monitoring and evaluation of progress for the selected Fellows for the duration of the fellowship programme

**Immediate requirements**

Upon contract award, the supplier will collaborate with the PHE IHR Strengthening Programme team to:

* Upon appointment, develop and refine work plan and materials, and plan to ensure outputs can be delivered in line with aims of the service and in a timely manner
* PHE IHR Strengthening Programme team will work with the supplier to ensure the recruitment process targets eligible countries and institutions and identifies suitable candidates
* Following this initial period of collaboration, the supplier will assume responsibility of the project and will report directly to PHE’s IHR Strengthening Programme team.
* The supplier will provide the PHE IHR Strengthening Programme team with a documented, detailed protocol, setting out how the project will be run, including a detailed timeline highlighting key milestones and deliverables. The supplier will also present the protocol to the team, incorporating feedback as appropriate
* The supplier will provide ethical assurance, data-flow maps detailing data movement procedures, and provide assurances that any data-sharing activity is carried out in a legal and secure way. The supplier must adhere to the Data Protection Act (1998), the Freedom of Information Act (2000) and be compliant with the forthcoming implementation of the General Data Protection Regulation.

Data collection and deliverables for the project will be phased, and will take place in three waves after the initial invitation to tender:

|  |  |
| --- | --- |
| **Date** | **Action or deliverable** |
| **February – March 2018** | Tenderers to submit supporting documents including plans, budget and risk register – as outlined below in the application processPHE to evaluate tenders, score and award contractPHE to conduct interviews on readiness, set-up and implementation with successful supplier |
| **April – August 2018** | Supplier to recruit candidates to schemePHE to approve eligibility criteria for selection of candidates  |
| **September 2018 – January 2019**  | Interim internal report |
| **June 2019**  | Final report |
| **Ongoing** | Regular progress updates at intervals to be agreed with the IHR Strengthening Programme Manager.  |

The precise timing for the provision of the first, interim and final confidential reports, and the consolidated report, will be agreed between the supplier and the PHE IHR Strengthening Programme team after contract award.

**Dissemination of findings**

We will expect the suppliers to participate in external dissemination of the findings, including through events and through publication of articles.

The consolidated report will be published on gov.uk. The report should be written in the PHE house style for publication on gov.uk.

**Risk Management**

Applicants should submit, as part of their application, a summary explaining what they believe will be the key risks to delivering this project, and what contingencies they will put in place to deal with them.

A risk is defined as any factor which may delay, disrupt or prevent the full achievement of a project objective. All risks should be identified. The summary should include an assessment of each risk, together with a rating of the risks likelihood and its impact on a project objective (using a high, medium or low classification for both). The risk assessment should also identify appropriate actions that would reduce or eliminate each risk, or its impact.

**Stakeholder involvement**

The provider will undertake direct engagement with stakeholders as appropriate, including but not limited to the key partners listed above. The provider is expected to submit as part of their application their mechanism for engaging with key stakeholders from a range of sectors, including eligible employing organisations.

**Contract Period**

The contract will begin on 20ht March 2018 and will continue until the final report is published in June 2019 as per the commissioning timetable above.

Based on the findings from the interim reports, the successful tenderer may be offered the opportunity to extend the contract for an additional academic cycle at a comparable cost

**Contact Point(s)**

It is expected that the supplier will appoint a named, suitably qualified lead manager who will be the main point of contact with the PHE IHR Strengthening Programme team.

The key contact points at PHE will be Anna Osei-Kofi, or in her absence, Emmeline Buckley. All members of the PHE IHR Strengthening Programme team will endeavour to make themselves available for telephone or face to face informal discussions or formal meetings throughout the project lifetime. PHE can facilitate discussions with other topic experts from within PHE and other key partners.

**Costs**

The provider will need to give a detailed breakdown of their costs. Please note that applicants will need to demonstrate value for money.

The overall contract value will not exceed £180,000 (excluding VAT).

**Application Process**

Applications should be submitted electronically and include the following documentation:

* + Supporting statement setting out and establishing suitability to undertake the project, including evidence of previous relevant work.
	+ Outline evaluation plan, communications plan & methodology including evaluation logic model, timescales and stakeholder engagement plan. This should also include an outline of working with the project partners.
	+ Budget (including breakdown of spend)
	+ Risk mapping and associated risk register
	+ Project team CVs

Word count (excluding project team CVs) is a max of 4,000 words.

Applications will be reviewed by a PHE panel and candidates will be informed electronically of the result.

If two applications are scored identically, then both applicants will be invited to present to a panel drawn from the PHE Global Public Health Division to decide the outcome.

**Selection Criteria**

Criteria used by members of the PHE panel to assess applications for funding from the project include:

1. **RELEVANCE** of the proposed project plan and evaluation methodology to the aims and objectives of the project
2. **QUALITY** of the work plan and proposed management arrangements
3. **STRENGTH** of the project team
4. **IMPACT** of the proposed work
5. **VALUE** for money (justification of the proposed costs)

**Commissioning Timetable**

It is anticipated that commissioning of this project will occur to the following approximate timetable:

|  |  |
| --- | --- |
| **Date** | **Action** |
| 16th February 2018 | Issue of invitation to tender via BRAVO |
| 9th March 2018 | Deadline for receipt of applications |
| 16th March 2018 | Notification of outcome of applications review |
| 20th March 2018 | Award of contract |