

# Request for Application #2020-060

## Digital Health Applied Leadership Program (DHALP)

### I. Summary of Deadlines

The expected schedule for this application is outlined in the following table. Note that PATH reserves the right to modify this schedule as needed. All parties will be notified simultaneously of any changes through a modification posted on [Digital Square's website](#).

Release of Request for Application	October 30, 2020
Submission of fact-finding questions due	November 11, 2020 at 5pm EDT
Response to all submitted fact-finding questions posted to Digital Square's website	November 17, 2020
<b>Applications due</b>	November 30, 2020 at 5pm EST
Applicants notified of decision	January 4, 2021

### II. PATH Statement of Business

PATH is the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health. Learn more at [www.path.org](http://www.path.org).

### III. Project Background and Proposed Timeline

#### A. Project Background

Digital Square brings the leading digital health experts together to partner with countries, around the world, strengthening digital health systems. In pursuit of our Mission: **connect health leaders with the resources necessary for digital transformation**, Digital Square offers a new way to invest in digital health—providing a space where countries and members of the global community can gather

to think big and do good, together. By convening government officials, technological innovators, donor and implementation partners, and others across borders and boundaries in the Digital Square, we can grow possibility into reality by focusing on our common goal: **connecting the world for better health**.

Digital Square's work supports three result areas:

1. **Alignment and Co-investment:** Digital Square helps to identify promising investment opportunities and provides operational support to streamline procurement.
2. **Global goods:** Digital Square promotes the development, adoption, and reuse of global goods, and helps increase their availability, adaptability, and maturity.
3. **Regional and Country Systems:** Digital Square helps elevate country priorities and strengthen regional and national capacity.

Digital Square and our donors are working to support a vision for a **Digital Health Applied Leadership Program (DHALP)** that prepares country governing bodies in low- and middle-income countries to successfully lead and execute digital health transformation initiatives to strengthen the health system.

Governments across sub-Saharan Africa, South and South-East Asia, and Latin America have committed to strengthening their health systems using digital technologies, in service of improving health outcomes. Strengthening digital health capacity across all levels of the health workforce is key to the scale-up of impactful, affordable digital health systems. However, to our knowledge no program currently exists that focuses on holistically providing lifelong learning and strengthening the professional and institutional capacity of digital health governing bodies and their members in our target regions.

Furthermore, current strategy, leadership, and management initiatives provide limited (if any) focused and standardized capacity strengthening for digital health leaders and implementers, who confront unprecedented challenges in terms of governing new human rights issues on digital platforms, new security issues, and a host of other challenges requiring specific leadership and management competencies. The reverse is also often true: digital health training initiatives provide limited strategy, leadership, and management components.

**“The current model of [digital health] training and learning is not effective.”**

**“[Digital health capacity building] is truly a space that a lot of donors and organizations are struggling with.”**

**“People across different tiers and ministries don't talk to each other.”**

Taken from interviews with 60+ stakeholders from country governments, donor agencies, education providers and other digital health stakeholders.

A new approach is needed that will lead to responsible investment in scaling of digital health interventions with the appropriate digital leadership capacity and help drive health systems strengthening in countries. The Digital Health Applied Leadership Program (DHALP) responds to this challenge. The DHALP aims to develop and sustain digital health leaders with fit for purpose and adaptable digital health leadership skills meeting today's global health needs through lifelong learning offerings. The DHALP aims to support the WHO resolution on digital health and its corresponding draft global strategy on digital health. Through this Request for Applications (RfA), Digital Square seeks a subrecipient organization or consortium that can establish, manage, and grow the DHALP.

## **History**

The impetus for the DHALP was the ground-breaking World Health Organization (WHO) Africa region (AFRO) and International Telecommunications Union (ITU) digital health training workshop in Lesotho in November 2018. This workshop brought members from 12 countries together over 10 days to learn about digital health concepts and principles, strategy, and governance. It stimulated recognition by many stakeholders of the current fragmentation and inconsistency in digital health training courses and the need for a comprehensive harmonized digital health curriculum that addresses both leadership development and technical concepts. Thus the concept of the DHALP was born and co-created through a six-month consultation process funded by the Bill & Melinda Gates Foundation (BMGF), which culminated at the “Digital Health Leadership Capacity-Building: A global approach” meeting at Wilton Park in November 2019. This three-day meeting included representatives from 17 low- and middle-income country governments, the WHO, investors, and educators. Following this meeting, the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Bill & Melinda Gates Foundation asked Digital Square to coordinate investments into the DHALP to select a strong consortium of partners to carry the work forward, and to provide institutional capacity strengthening support to the winning consortium, if necessary. Further consultation with a focus on sub-Saharan Africa, South and South-East Asia was conducted between June and September funded by the Patrick J. McGovern Foundation (PJMF), USAID and the President’s Emergency Plan for AIDS Relief (PEPFAR).

## **The Opportunity**

The DHALP responds to demands from countries for greater support in digital health and leadership capacity building as well as the draft WHO global strategy on digital health. It also responds to the critical need to build cadres of well-informed, effective leaders to help countries implement digital health systems, as identified in the WHO Draft Global Strategy on Digital Health and other global and regional strategies. The DHALP will provide lifelong learning opportunities in digital health. It will not only be transformative for individual careers, but also enable key decision-makers in country governments to confidently execute high-impact, affordable digital transformation strategies for the health system. A stronger, more successful digital transformation will ultimately improve the quality and reach of health services and strengthen community engagement and well-being.

The vision for the DHALP is a blended-learning program to prepare digital health leaders and members of country governing bodies to successfully lead and execute digital health transformation initiatives to strengthen the health system. A flexible, interactive and modular approach to learning, the DHALP comprises of core courses (and, in subsequent phases, additional elective online courses and workshops), an in-person “graduation” workshop at the end of the Program, with support throughout from learning facilitators and coaches. The model is designed to facilitate learners to progress effectively through the Program, with opportunities for reflection and application of new knowledge and skills in their day-to-day work. Learners will join peer groups of 6-8 individuals and participate in regularly scheduled virtual meetings with their coach, to share their experiences and learn from each other as well as receive guidance and advice on any challenges relating to the Program. Learning facilitators will interact with the learners on a weekly basis during the online courses.

Given the source and amount of funds raised to date, the DHALP program has been divided into two phases. Phase 1 will be an 18-month period of delivering already-developed online courses and workshops, focusing on strengthening African digital health leaders including Francophone Africa. During this time, fundraising for the broader vision for DHALP, including digital health leaders in Asia, South and South East Asia, will continue to be implemented as Phase 2. Phase 2, subject to funding,

will open opportunities to offer the program in other regions, as well as enrolling more learners from additional countries in sub-Saharan Africa and offering a wider range of courses.

For this application, we require that Applicants submit a detailed proposal for Phase 1 and a high-level two-page concept note for Phase 2 roll-out in sub-Saharan Africa (not yet funded and contingent upon funding availability and satisfactory performance), with an estimated timeline and budget (in addition to the two page concept note). If funding is secured for the DHALP in Asia, South and South East Asia, this may be subject to a new RfA.

The graphic below illustrates: the components for Phase 1 of the DHALP program, focused on online courses and virtual workshops:

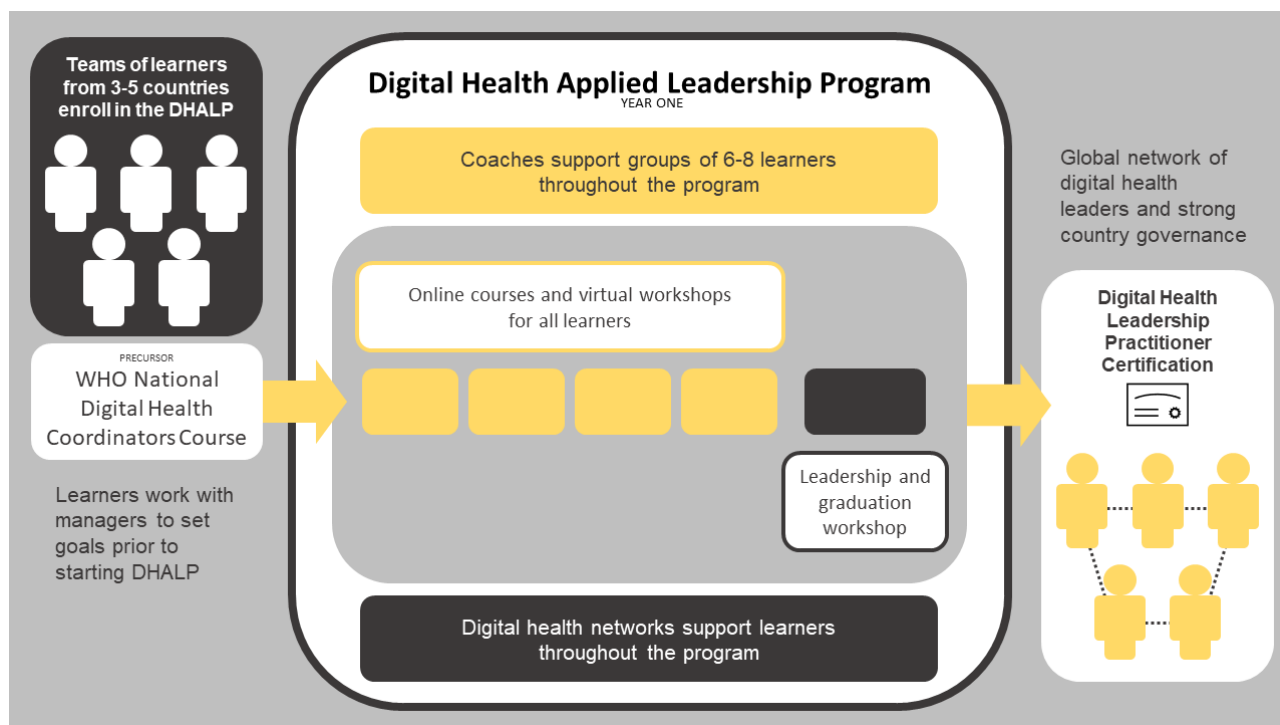


Figure 1 - Year 1 of the Digital Health Applied Leadership Program

When learners enroll in the program, during the orientation they will work with their team and/or their manager to agree on a team-based practical challenge or project that they will work on during the program and the goals that they intend to accomplish by the end of the program. They will draw on the challenge/project during the courses and in the intervening periods. They will be putting their new knowledge and skills into practice and reflecting on progress in their coaching sessions.

The graphic below illustrates the components for the long-term vision, called Phase 2, with the addition of in-person workshops and elective courses:

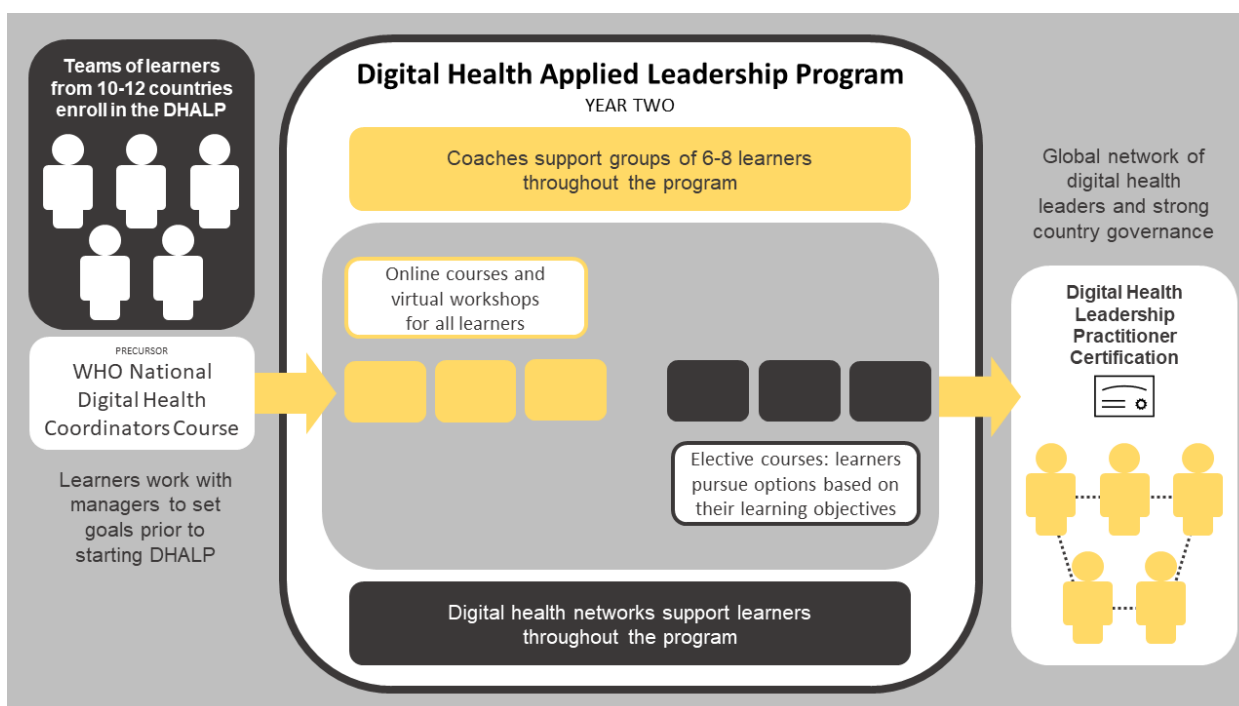


Figure 2 – Long-term vision for the Digital Health Applied Leadership Program

Depending on the course of the COVID-19 pandemic and international travel restrictions, the approach in subsequent phases may evolve over time to include in-person core courses, interactions, and workshops. In addition to existing courses, new content also may be added in response to learner demand and global trends in digital transformation of health systems.

To ensure increased program adoption, continuity, sustainability and alignment with the WHO global strategy, PATH requests the applicant to work closely with the WHO and ITU to ensure alignment with existing efforts, coordination, and potential to leverage existing tools and learning mechanisms, such as the WHO Academy and ITU academy, including WHO collaborating centers.

PATH requests the Applicant to submit a full proposal for Phase 1 (See Scope section for details) that they will implement within a ceiling of \$1,000,000 and in approximately 18 months, along with a detailed implementation timeline and budget. Additionally, we request that the Applicant provide a high-level concept note for the work described under Phase 2, along with an estimated timeline and high-level budget (for an additional two-year implementation scenario). Neither PATH nor its donors are making funding commitments at this time for Phase 2, which is not yet funded, and is contingent upon availability of funds and/or satisfactory performance.

PATH seeks an Africa-based organization or consortium to manage and implement Phase 1, as the Phase 1 funding is intended for strengthening digital health leadership in Africa. The aspiration for DHALP is to become a global program adapted for needs in different regions, so potentially regional hubs will emerge to run the DHALP in other regions (for example, in Asia).

## B. Proposed Project Timeline

PATH anticipates that the implementation period will be approximately **18 months, from February 2021 to July 2022**, including start-up and monitoring and evaluation time, with possible extension contingent upon availability of funds and satisfactory performance. As part of Digital Square's due

diligence, we will conduct pre-award evaluations of all shortlisted candidates. We will use our recipient pre-award survey, informed by USAID's non-US organization pre-award survey (NUPAS), and other industry-wide standards customized for Digital Square. In addition to project-specific deliverables based on individual scopes of work, PATH will require applicants to provide, at minimum, quarterly narratives and financial reports to support their work.

## IV. Scope of Work and Deliverables

### Overview

This RfA requests that Applicants respond in detail to **Phase 1 – delivering DHALP as an online 18-month program, including:**

- Development of competency framework for the DHALP, drawing on the UHC and Digital Health Competency Framework developed by WHO
- Gender-inclusive recruitment and enrollment of 30-40 learners from sub-Saharan Africa
- Support for English-speaking learners from 1-2 countries who express interest
- Support for French-speaking learners from Guinea, DRC, and potentially 1-2 other countries who have expressed interest
- A kick-off orientation meeting to welcome all the participants (learners, coaches, facilitators) to orient them to the DHALP and confirm learners' goals have been set with their managers.
- The delivery of four online courses, completed in partnership with WHO, USAID, TechChange, World Bank, and others.
- Applicant will manage subawards with the course developers, including TechChange for the course "Digital Health: Planning National Systems". Information about the TechChange course is available as Appendix 1.
- Coordination and facilitation of one final leadership workshop and graduation ceremony at the end of the Program
- Organization of learners into coaching groups
- Recruitment, engagement, and support of coaches who will hold regular virtual sessions with the learners
- Coordination and delivery of individual certificates of completion for each online course, in partnership with WHO

We anticipate that the **overall time commitment for the learners** will be as follows, over the course of 4-6 months:

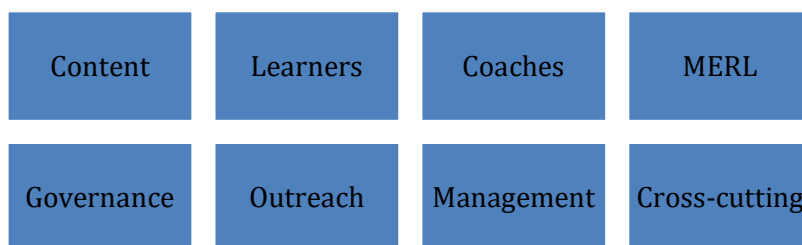
- Goal setting, orientation, pre-reads, virtual meetings with the teams/coaches etc.: 1 day
- First workshop: 4 days
- Three online courses; each will require about 24-30 hours to complete paced at approximately 4-6 hours per week
- Coaching: up to 2 hours monthly
- Final workshop: 2 days

Learners will have to complete the workshop, three courses, and participate in at least 80% of the coaching sessions to be awarded the DHALP Certificate.

The total onboarding and learning commitment is 18-20 days plus approximately 18 -22 hours of coaching.

In addition, we require the Applicants to provide a high-level two page concept note for a **Phase 2 – delivering on a broader vision for DHALP in Sub-Saharan Africa for two additional years** (not yet funded and contingent upon funding availability and satisfactory performance) including an estimated budget and timeline (separate from two-page requirement). Details are in section 9 below.

The work to be completed is grouped into the following workstreams:



1. Training Content
2. Learner recruitment, engagement, and support
3. Coaches: recruitment, engagement, and support
4. Monitoring, Evaluation, Research and Learning (MERL)
5. Governance
6. Outreach
7. Program Management
8. Cross-cutting and Other Activities

Applicants may apply for all workstreams or form a consortium with one organization leading as the prime recipient and the other consortium members as sub-partners, each taking responsibility for different workstreams.

### **1. Workstream 1: Training Content**

The DHALP is focused on health systems strengthening, with an approach that is focused on how digital health investments can strengthen health systems. The curriculum, coaching, and peer engagement throughout the program will largely anchor off of WHO normative guidance on digital interventions for health systems strengthening, such as the [Classification of Digital Health Interventions](#) and the [WHO Guidelines: Recommendations on Digital Interventions for HSS](#).

Phase 1 will be an online modular program with online courses and workshop materials. In the first year, course materials and a subset of courses have already been selected based on input from WHO, USAID, UNICEF, and others. One final course has yet to be selected and will depend on the priority learning needs identified through an ongoing consultation process.

The virtual workshop, courses, and materials selected for Phase 1 are as follows:

1. **Facilitated virtual course on Digital Health, developed for WHO by TechChange, with support from USAID.** This content builds on training provided at the WHO AFRO and ITU Lesotho and Benin workshops, with enhancements from the global community to create a

virtual, ~30-hour course currently available in English. Targeted to be available in French by summer 2021.

2. **Self-serve access to foundational WHO AFRO and ITU materials from their workshop series “Digital Health: Planning National Systems”.** WHO and ITU are creating self-paced online learning courses based on the inaugural delivery of digital health learning content at the 2018 Lesotho and Benin workshops. This content which will be open source and available for anyone to access. The DHALP host institution and/or consortium should think critically about how these materials can support DHALP learners.
3. **A self-paced online Health Data Science course** supported by learning facilitators and online tutors (equivalent to approximately 20 hours of study).
4. **Additional content** (e.g. specialized electives, leadership development courses, etc.) to be determined by the DHALP host institution and/or consortium through a consultation process with the target audience. Applicants may propose course based on the applicant’s current understanding of learner needs and priorities. The course must be an existing course that already complies with WHO normative guidance or will require only minor adaptations that can be completed within the budget constraints.
5. **A 2-day leadership, reflection, and goal-setting workshop** for all learners. This will come at the end of the program and close with a graduation ceremony and reception.

The following is a list of responsibilities and activities to be performed in Phase 1 to support training course content. The responsibilities in Phase 1 will be lighter given the first phase will be solely online and using existing, already-developed materials:

- **Competency Framework Design** – A competency framework defines the skills, knowledge and attitudes in digital health expected to be achieved in different roles and position levels in digital health. In Phase 1, the Applicant or relevant consortium member should collaborate with WHO and draw from their UHC Competency Framework team and the Digital Health Capacity Strengthening Competency Framework.
- **Content Selection and Review** – In Phase 1, a process should be developed for the selection of additional courses. This process can additionally inform content selection for Phase 2 and evaluation for fit with the needs of the DHALP. A review of course content and materials will be required to ensure there are no missed opportunities to include content around gender and digital health. If feasible within budget constraints, the course developer will be required to make changes as needed.
- **Quality Assurance (QA)** – The goal of quality assurance is to ensure that all courses and workshops in the Program adhere to best learning practice. Similarly, in Phase 1, a QA framework and process should be developed.
- **Content Standardization** – In Phase 1, a process should be defined for harmonizing terminology, concepts and references to global standards and guidance and ensuring consistency across all courses and workshops
- **Tests and Certification** –The applicant will develop criteria to earn the “Digital Health Leadership Practitioner” certificate, issued in coordination with the WHO to all who complete all courses with a pre-determined minimum grade and predetermined attendance level for of the coaching sessions.



### ***Deliverables for Workstream 1 – Training Content:***

1. Oversee successful delivery of every online course by the course developer, the applicant, consortium member or other partners.
2. Successful leadership and graduation workshop.

## **2. Workstream 2: Learners**

The following is a list of responsibilities and activities to be performed to support the selection and engagement of learners:

- **Learner Recruitment** – Recruitment of the first cohort of learners.

In Phase 1 we envision enrolling approximately 40 learners. Governments will be encouraged to enroll teams of learners to go through the Program together, with the goal of supporting institutional learning. These teams could comprise mid-senior level staff from ministries of health, ministries of information and communication technology/telecommunications, academia, and other government and local institutions involved in digital health systems. A team-based approach will ensure that the new knowledge and skills acquired by learners are infused throughout governing bodies, a health ministry, across other government departments and institutions, and throughout the digital health ecosystem more broadly. This coordinated approach will significantly increase the chances of low- and middle-income countries achieving and sustaining their digital transformation goals.

The Applicant must design a gender-inclusive recruitment strategy with specific activities to ensure a gender-balanced enrollment (with the goal to enroll at least 40% women or non-cisgender<sup>1</sup> men; where this is not possible, for example lack of potential candidates, the rationale should be provided for the Steering Committee).

In addition to encouraging governments to support team enrollment on the DHALP, groups or individuals from donor and non-governmental organizations, as well as from the private sector, may also be included in the program. The goal is to achieve at least 60% participation from governments. Given annual government work-planning, some thought must be given to how governments would incorporate the DHALP into existing activities, as well as how to ensure government buy-in and continuity beyond Phase 1's 18-month duration.

- **Community Management** – In Phase 1 the DHALP will encourage peer learning and national and regional community engagement between learners, such as encouraging existing regional networks to offer webinars on topics being covered in the Phase 1 courses. The applicant must also indicate how they will practically partner with the local and regional health informatics associations in implementing the DHALP.

The management of the community must include actions to ensure there are no gender barriers to participation in the community and include measures to prevent and deal with potential harassment.

The applicant should also begin planning to create an alumni network.

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<sup>1</sup> Definition of cisgender: One who exclusively identifies as their sex assigned at birth. Source: <https://www.edi.nih.gov/people/sep/lgbti/safezone/terminology> accessed October 26, 2020.

The applicant must describe their learner recruitment approach and selection criteria and ensure that it is a fair, unbiased process.

***Deliverables for Workstream 2 – Learners:***

1. Enrollment of approximately 40 learners in DHALP with the aim of at least 40% women or non-cisgender men.
2. Successful completion of the DHALP program by 80% of the learners (including at least 80% participation in the coaching sessions).
3. Active and engaged learners in peer learning groups.
4. Creation of an alumni network plan.
5. Successful recruitment and engagement of Learning Facilitators, as relevant to individual and broader coursework.

**3. *Workstream 3: Coaches***

The following is a list of responsibilities and activities to be performed to support the selection and management oversight of coaches:

- Recruitment
- Supervision
- Training to ensure standardized coaching approaches
- Support for Coaches throughout the Program
- Coach Certification

In response to this RfA, the applicant must describe their proposed coach recruitment approach and selection criteria and demonstrate how they will ensure that it is a fair and unbiased process. The Applicant should also describe how they plan to train and supervise the coaches, standardize coaching practices, and certify coaches.

***Deliverables for Workstream 3 - Coaches:***

1. Recruitment of the required number of coaches to support cohorts of 6-8 students per coach; aim for at least 40% of the coaches to be women or non-cisgender men.
2. Coaching sessions held monthly at minimum with peer groups of 6-8 individuals.

**4. *Workstream 4: MERL***

The following is a list of responsibilities and activities to be performed for the monitoring, evaluation, research and learning activities:

- M&E Indicators
- Measures of Success
- Research

The MERL workstream will define M&E indicators and measures of success of the DHALP, which will likely require defining the M&E indicators and measures of success of the learners. The latter will be undertaken in partnership with the content delivery organizations since they are likely to have their own success metrics. The MERL plan should define the successes that can be expected in the short, medium, and long term. It should also examine the aspects of DHALP that were most helpful to

learners and any factors to external to DHALP that supported the learning. Metrics will include both quantitative and qualitative data.

The indicators and success measures can be derived from the anticipated outcomes of the DHALP, though it is important to note that not all anticipated outcomes will be measurable in the first 18 months:

**Anticipated longer-term outcomes (these are not the expected indicators or measures)**

At an **individual level**, learners who complete all aspects of the Program will have acquired relevant, practical skills and knowledge and had an opportunity to apply these in practice. They will have progressed against the goals they set at the start of the Program and identified new professional goals for the next 12 months and beyond. In addition to the technical knowledge and skills acquired, learners will be equipped with an understanding of how to build inclusive teams, articulate a strategy, advocate for resources, and collaborate effectively across departments as well as with donors and other partners. Through coaching and peer-learning, learners will come away with more confidence and motivation in their work. Learners will be awarded certificates of completion for each individual course and workshop and upon completion of the full Program, they will receive a Digital Health Leader Practitioner Certificate.

At the **country level**, over the duration of the Program, teams of learners will have the opportunity to co-create and execute a digital initiative, such as strengthening a national health data governance policy, a health financing strategy, or digital health workforce development initiative. Following the completion of the DHALP, it is anticipated that the country teams will establish and/or strengthen the governance structures necessary to drive technically robust, country-owned digital transformation initiatives.

At the **global level**, the DHALP learners will emerge as a global network of digital health leaders, supporting each other via ongoing peer-to-peer learning. This network of practitioners will more confidently and persuasively advocate for the policies and support needed from multilateral institutions, donors, and the private sector. Ultimately this Program will help enable countries to drive digital transformation, through coordinated, effective leadership.

The Applicant should describe their MERL plan and plan to adapt and learn as the work progresses in Phase 1, as we are operating in an unpredictable environment, adaptability and agility will be needed.

***Deliverables for Workstream 4 - MERL:***

1. Creation of a Theory of Change.
2. Creation of a MERL plan including a set of M&E Indicators.
3. Development of Measures of Success.

**5. Workstream 5: Governance**

A strong DHALP governance structure must be established and operational to engage the right set of stakeholders throughout the DHALP and build the DHALP into a high quality, credible program.

The following is a list of responsibilities and activities to be established as part of the governance activities in phase 1:

- Develop Guiding Principles.

- Establish a Steering Committee with members from WHO, ITU, relevant Government Ministries, academia, implementers, technology experts, donors, etc.

The applicant may wish to propose other structures to support the governance of the program such as a quality assurance working group. These do not need to be established in Year 1; however, these and similar working groups could have an important role to play as the DHALP expands in terms of curriculum and reach.

The Applicant should describe their approach to setting up and operationalizing this governance structure.

#### ***Deliverables for Workstream 5 - Governance:***

1. Development of Guiding Principles.
2. Establishment of a Steering Committee.
3. Terms of reference for the Steering Committee.

### **6. Workstream 6: Outreach**

For the DHALP to be sustained, it will be critical to raise awareness of the program and its successes, communicate the value of the DHALP, and manage relationships with stakeholders such as ministries of health, WHO and donors. Actively working to secure additional funding for Year 2 and proposed revenue generation going forward will also be critical (for example through student fees, which may or may not be funded by sponsors). Graduates of the program are also a key constituent as they can be the best “ambassadors” for the program; the program team is encouraged to consider how to recognize alumni career accomplishments going forward as well as how alumni can be advocates for the program, future coaches or future learning facilitators.

Below is an illustrative (not exhaustive) list of outreach activities that the successful Applicant is expected to perform:

- Advocacy and Communications about the DHALP
- Marketing
- Key Stakeholder (e.g. MoH, WHO) Relationship Management
- Fundraising
- Community of Practice Engagement
- Post-graduate/Alumni Engagement

Digital Square will collaborate with the successful Applicant as appropriate to advance DHALP.

#### ***Deliverables for Workstream 6 - Outreach:***

1. One-pagers, FAQs, other marketing, fundraising and communications collateral in English and French.
2. Webinars and other mechanisms to engage with alumni, donors, development partners, ministries of health and other government bodies in other countries.

## **7. Workstream 7: Program Management**

Overall management of the DHALP includes the following responsibilities:

- Human and Material Resources Management
- Accounting and Financial Management
- Records Management
- Donor Reporting, likely requiring quarterly and annual reports
- Travel and Procurement
- Compliance with donor and government regulations

The aim of Digital Square, the DHALP investors, and stakeholders is for the DHALP to become a self-sustaining enterprise as soon as feasible. To that end, one of the deliverables of this workstream is a revenue-generation or business plan that will illustrate how and when the DHALP might become a self-sustaining program.

If the Applicant desires technical assistance from Digital Square in any aspect of execution of the DHALP, please describe the kind of technical assistance and approximate level of effort. As an early step in the Program, we will request that the Applicant do a self-assessment on areas for knowledge and institutional support.

### ***Deliverables for Workstream 7 – Program Management:***

1. Accurate monthly progress and monthly financial reports.
2. Quarterly and annual reports.
3. Revenue generation/business plan including a target funding amount to raise for Phase 2 and to eventually become self-sustaining (with the aim of enrolling learners onto the Phase 2 DHALP within 6 months of graduation of learners from Phase 1).

## **8. Workstream 8: Cross-Cutting and Other Activities**

### Diversity, Equity, and Inclusion

We are passionate about building a more diverse and inclusive digital health community. Please share in your application two to three concrete ideas that will help ensure that the DHALP is well-represented across regions and gender amongst the learner body, learning facilitators and coaches. While sex/gender is our primary interest, other aspects of diversity, equity and inclusion (DEI) are important and are welcome: age, sex, gender identity, ability, status, race, class, ethnicity, sexual orientation, migratory status, etc.

### Francophone Africa

We have received interest in the DHALP from Francophone African countries. Course content will require translation and the winning Applicant must have the French-speaking staff and trainer capacity in place to help guide the Francophone cohort. In your application, please describe your approach to providing support to Francophone Africa.

## **9. Phase 2**

As a part of this application, we require that Applicants provide a high-level two-page concept note for a **Phase 2 – delivering on a broader vision for DHALP for two additional years** (not yet funded)

and contingent upon funding availability and satisfactory performance), with an estimated timeline and budget (separate from two page requirement). Phase 2 is not completely defined, but likely will involve the following:

- Continuation of Phase 1 components for subsequent cohorts of DHALP learners (one new cohort of at least 50-60 learners per year).
- Adaptive management process for incorporating Phase 1 learnings into Phase 2.
- Provision to incorporate additional courses and workshops, in-person and/or online in both years.
- Content Selection and Review – Once the DHALP team has been established in Phase 1, training providers may propose courses to be included in the DHALP or courses that may rotate out and others rotate in. The Applicant and relevant governing bodies will oversee the selection and evaluation of courses and content fit for the needs of the DHALP and conformance with WHO guidance and the WHO digital health competency framework.
- Quality Assurance (QA) – ensure that all courses and workshops in the Program adhere to best learning practice.
- Content Standardization – ensure that terminology, concepts, and references to global standards and guidance are consistent across all courses and workshops.
- Addition of potential government (i.e. internal) credit or continuing professional development (CPD) points for completion of the DHALP.
- Community Management – long-term, the DHALP aims to establish a global network of practitioners who can continue learning from each other and exchanging experiences long after the completion of the Program. In Phase 2 and onwards there is expected to be a higher touch community engagement plan designed and implemented. The Applicant will develop a community management approach that will engage learners and make them feel supported.
- MERL – continued measurement of learner progress toward the outcomes, especially at the country and global level as more longitudinal data becomes available starting in Phase 2.
- Governance – a more robust governance structure will be needed in Phase 2 and beyond as the DHALP expands to offer more courses and in more geographies, such as:
  - Form Advisory Groups
    - The purpose is to leverage experts to advise and participate in content selection, QA/review, standardization, etc.
    - Members will come from WHO, ITU, Africa CDC, MOH, MoICT, academia, implementers, technology experts, donors, regional networks, etc.
  - Form Task Force Groups to work for a limited time on discrete issues

## V. Application Requirements - Cost

As stated in section III, PATH requests Applicants to submit a proposal for Phase 1 that they will implement within a budget ceiling of \$1,000,000 in approximately 18 months and provide a detailed timeline and budget as instructed below. Applicants must also provide a high-level concept note (up to two (2) pages), estimated timeline, and high-level budget to implement the Phase 2 work.

Neither PATH nor its donors is making funding commitments at this time for future phases of work. Should more funds become available through PATH, Digital Square, the donors, and the selected applicant (based on satisfactory performance) will co-create the scope to deliver Phase 2.

Applicants should provide a detailed explanation of costing and describe the reasonableness of each proposed cost in the budget narrative.

PATH will evaluate the quoted prices and hourly rates. No analysis will be performed on quotes determined as non-responsive or if the technical quote is determined to be technically unacceptable. The price/business evaluation will be conducted in accordance with the quoted utility-based solution

and proposed labor categories, their rates, and Evaluation Matrix. PATH will conduct an analysis to determine if all quoted prices are reasonable. This evaluation is conducted with the expectation of adequate price competition and will rely heavily on market forces to determine whether proposed prices are fair and reasonable. The comparison of proposed prices in response to this solicitation is the preferred and intended price analysis technique.

PATH will also compare the proposed prices to historical prices paid for the same or similar services and the independent government cost estimate. Other techniques and procedures may be used to ensure quoted prices are fair and reasonable. A cost realism analysis will be performed to determine whether the quoted Level of Effort is realistic for the work to be performed, reflects a clear understanding of the requirements, and is consistent with the unique methods of performance set forth in the company's technical quote.

### C. Required Elements

The Cost Application must include a budget narrative, detailing the cost and cost basis applied in generating the application. The Cost Application must also include a detailed budget that is itemized along the cost categories defined below. This detailed budget should be submitted in an unlocked Excel spreadsheet and must include the following information:

1. Personnel. At minimum, the budget should detail:
  - a. All proposed staff/positions with daily rates.
  - b. Total number of days in total level of effort according to key staff.
2. Itemization of all other costs (e.g., agency costs, service tax, administrative costs, supplies, translation costs, etc.).
3. Estimated schedule of other anticipated expenses (travel, sub awardee resources, supplies, outside resources, etc.).
4. Details of all subcontracted work including proposed consultants as well as proposed sub awardees.

The Cost Application shall begin with a summary budget detailing costs in the following categories:

Description	Total Cost (USD)
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Other Direct Costs	
Contractual	
Consultants	
<b>Total Direct Costs</b>	

Indirect Costs	
<b>Total Project Costs</b>	

#### D. Special Note on Indirect Costs

Indirect costs are overhead expenses incurred as a result of the project but not easily identified with the project's activities. These are administrative expenses that are related to overall general operations and are shared among projects and/or functions. Examples include executive oversight, existing facilities costs, accounting, grants management, legal expenses, utilities, and technology support.

If your organization includes indirect costs in the budget, you must provide a Negotiated Indirect Cost Rate Agreement with the US Government or three years of audited financials to PATH to validate the use of this rate.

## VI. Application Requirements – Technical

PATH requests Applicants submit a proposal for a scope that they will implement within 18 months and provide a detailed timeline as instructed below.

Provide a narrative on your technical approach to accomplish the scope of work identified in section IV, including:

1. Description of technical approach which includes:
  - a. Problem statement and solution approach.
  - b. A description of how your solution will accomplish each of the subtasks in this application.
  - c. A description of how your solution will scale to growing needs of users across the globe.
  - d. Notional roadmap for your solution, aligned to the subtasks in this application.
  - e. Potential obstacles and plans to overcome them. Examples may include:
    - i. Spending large amounts of money within the given timeframe.
    - ii. Working with certain donor requirements.
2. Timeline to meet the deliverables.
3. Identification of major internal and external resources.
4. Profile of relevant corporate qualifications including type of corporate entity. If the Applicant is a public (government) institution, the Applicant is advised that additional certifications regarding the division of government and project-funded labor and institution approval of engagement in the DHALP project activities is required.
5. Profile of relevant experience and examples of related work.
6. Staffing plan accompanied by Curriculum Vitae (CV) for key technical positions.
7. List of certifications possessed by each key technical personnel.
8. Number of years in business.
9. Annual revenue.

If your company has more than one location, please indicate these qualifications for the site that is responding.



## VII. Additional Attachments

1. Illustrative Work Plan. An illustrative eighteen (18) month work plan timeline should be included in the Annex. The illustrative work plan should describe specific interventions (activities) planned for the relevant tasks and should include a timeline providing target dates for achievement of milestones and illustrative results.
2. Resumes and Letters of Commitment for all proposed key personnel. A complete and current resume must be submitted for each key personnel position, detailing the requisite qualifications and experience of the individual. Qualifications, experience, and skills shall be placed in chronological order starting with most recent information.
3. Staffing Plan. Applicants shall include a staffing plan, including specific position titles and the approximate level of participation for each position (percentage of Full Time Equivalent (FTE) and period).
4. Third tier-subawardee agreements, contracts, or commitments. Applicants may submit any agreements, contracts, or commitments it has with any potential third tier-subawardee.
5. Past Performance Information Sheets. Provide past performance information sheets for the most recent and relevant agreements/contracts for work similar to that described in Section IV. Sheets must reference contact names, job titles, mailing addresses, phone numbers, e-mail addresses, and a description of the performance to include: funder; summary of scope of work or complexity/diversity of tasks; primary location(s) of work; term of performance; skills/expertise required; dollar value; and payment type, i.e., fixed-price, cost reimbursement, etc.
6. Awards. Include any information on quality awards or certifications that indicate exceptional capacity to provide the service or product described in the scope of work.

## VIII. Application Evaluation Criteria

The following is a list of significant criteria against which applications will be assessed.

1. Technical Approach that conforms to all the components listed in Section VI above **(25 points)**
  - a. Description of technical approach.
  - b. Timeline to meet the deliverables.
  - c. Identification of major internal and external resources.
  - d. Qualifications.
  - e. Profile of relevant experience and examples of related work.
  - f. Staffing plan accompanied by CVs for key technical positions.
  - g. List of certifications possessed by each key technical personnel.
  - h. Number of years in business.
2. Experience and background in digital health in Africa for Phase 1, reflecting understanding of the capacity needs and challenges for digital health leaders, to be validated by past performance references. **(15 points)**
3. Experience working with and existing relationships with WHO, ITU, African Ministries of Health, Education, and ICT/Telecoms, donors, investors, private sector, and other stakeholders in the digital health space, to be validated by past performance references. Preference is for an entity with a presence in Africa for Phase 1. **(15 points)**
4. Demonstrated agility in program execution and responses to changes in the external environment. **(5 points)**

5. Proposed approach ensures that the intersection of gender and digital health is considered in course content and delivery. **(5 points)**
6. Demonstrated ability to work in other geographies effectively or draw on partnerships/networks to expand into other geographies. **(10 points)**
7. Costs - as detailed in Section V. **(25 points)**

A multi-stakeholder technical evaluation committee will review applications and recommend finalists for a final technical evaluation consisting of a presentation and questions and answers. The final scope of work will be updated to include the findings of the technical evaluation committee.

Note: PATH reserves the right to include additional criteria.

## IX. Instructions and Deadlines for Responding

### A. PATH contacts

Program Contact: Kendra Givens, [kgivens@path.org](mailto:kgivens@path.org)

Procurement Contact: Jessica Nguyen; [jenguyen@path.org](mailto:jenguyen@path.org)

### B. Applications Due: **November 30, 2020 at 5pm EDT**

Completed applications should be submitted by email to the contacts listed above. The subject line of the email should read: "RfA # 2020-060 - (Applicant name)"

We advise that you send files in commonly recognized MS formats. We will not accept responsibility for resolving technical transmission problems with applications.

### C. Fact-Finding Questions

Questions regarding this solicitation will be accepted via email to *both* contacts listed above through **November 11, 2020 at 5pm EDT**. Responses to all submitted fact-finding questions will be posted to Digital Square's website on **November 17, 2020**. Please note that responses will not be confidential except in cases where proprietary information is involved. Inquiries after this date cannot be accommodated.

### D. Conclusion of Process

Applicants will be notified of the decision by **January 4, 2021**. Final award is subject to the terms and conditions included in this solicitation, as well as successful final negotiations of all applicable terms and conditions affecting this work.

## X. Terms and Conditions of the Solicitation

### A. Notice of non-binding solicitation

PATH reserves the right to reject all bids received in response to this solicitation and is in no way bound to accept any application. The applications submitted through this RfA process are the responsibility of the submitter and do not necessarily reflect the views of the United States Government or PATH.

## B. Confidentiality

All information provided by PATH as part of this solicitation must be treated as confidential. In the event that any information is inappropriately released, PATH will seek appropriate remedies as allowed. Applications, discussions, and all information received in response to this solicitation will be held as strictly confidential, except as otherwise noted.

## C. Conflict of interest disclosure

Applicants bidding on PATH business must disclose, to the procurement contact listed in the RfA, any actual or potential conflicts of interest. Conflicts of interest could be present if there is a personal relationship with a PATH staff member that constitutes a significant financial interest, board memberships, other employment, and ownership or rights in intellectual property that may be in conflict with the supplier's obligations to PATH. Suppliers and PATH are protected when actual or perceived conflicts of interest are disclosed. When necessary, PATH will create a management plan that provides mitigation of potential risks presented by the disclosed conflict of interest.

## D. Communication

All communications regarding this solicitation shall be directed to appropriate parties at PATH indicated in Section IX. A. Contacting third parties involved in the project, the review panel, or any other party may be considered a conflict of interest and could result in disqualification of the application.

## E. Acceptance

Acceptance of an application does not imply acceptance of its terms and conditions. PATH reserves the option to negotiate on the final terms and conditions. We additionally reserve the right to negotiate the substance of the finalists' applications, as well as the option of accepting partial components of an application if appropriate.

## F. Right to final negotiations

PATH reserves the option to negotiate on the final costs and final scope of work, and also reserves the option to limit or include third parties at PATH's sole and full discretion in such negotiations.

## G. Third-party limitations

PATH does not represent, warrant, or act as an agent for any third party as a result of this solicitation. This solicitation does not authorize any third party to bind or commit PATH in any way without our express written consent.

## H. Application Validity

Applications submitted under this request shall be valid for 90 days from the date the application is due. The validity period shall be stated in the application submitted to PATH.

## Appendix 1 – Summary of TechChange course “Digital Health: Planning National Systems”

### Course Description

Over the past 15 years, countries have implemented a wide range of promising digital health interventions. Country governments have increasingly realized that in order to have scalable, sustainable, and interoperable digital health systems, a government-led, coordinated approach is required.

The course, *Digital Health: Planning National Systems*, is designed to empower ministry leadership with the technical concepts and planning tools necessary to steer and orient national digital health stakeholders.

The curriculum has been developed by USAID, Digital Square, and TechChange and is based on content compiled by the World Health Organization (WHO) and the International Telecommunications Union (ITU). It features critical technical concepts, existing best practices, and pragmatic methods, all framed according to the national planning cycle that Ministry of Health officials manage.

### Goal

The overall goal of the training is to equip participants with the skills needed to adopt a “system-based approach” to integrated and scalable digital health implementation so that they can achieve the SDGs in their countries.

### Modality

The course will be delivered virtually. This course guides participants through a series of eight modules for developing a national approach to using digital tools for better health outcomes. Each module includes a mix of lectures and interactive activities encouraging participants to immediately apply technical concepts and planning methods.

The course is designed to provide a comprehensive overview of key concepts and skills preparing participants for further, in-depth study on specific topics introduced in the course as well as utilize existing WHO and ITU planning toolkits.

### Audience

The course is best suited for leader and managers from health, ICT, and finance ministries who work in Digital Health (eHealth, mHealth, HIS, CHIS, etc.). It would also be applicable for in-country stakeholders who work with these ministries such as donors, multi-laterals and UN agencies, and large implementing NGOs to ensure conceptual and planning alignment.

### Objectives

At the conclusion of the course, participants will be able to:

1. Develop a holistic, systems-level approach to digital health and be able to define and critique trade-offs among investments and activities.
2. Demonstrate a range of technical skills related to digital health systems strengthening including landscaping the enabling environment, structuring partnerships, and developing costing models to enable implementation of national digital health systems.

3. Utilize relevant WHO and ITU toolkits, and Global Goods software to support implementation of digital health activities.
4. Lead a national digital health planning process and make connections to specific health challenges and opportunities in-country.
5. Design a plan for a robust digital health enterprise architecture that is scalable, sustainable, and interoperable.
6. Develop increased self-efficacy and leadership abilities to address a range of health systems challenges and coordinate national digital health initiatives.