TERMS OF REFERENCE FOR THE EXTERNAL EVALUATION OF ACT-A

Background

The Access to Covid-19 Tools Accelerator (ACT-A) was launched in April 2020, three months after the Director-General of the World Health Organization (WHO) had declared Covid-19, as a Public Health Emergency of International Concern. It was launched by the Director-General of the WHO, Dr Tedros Ghebreyesus, alongside the United Nations Secretary-General, Antonio Guterres, President Macron of France, Chancellor Merkel of Germany, Prime Minister Sanchez of Spain, President von der Leyen of the European Commission, Prime Minister Conte of Italy, President Kagame of Rwanda, Bill Gates, as well as the President of South Africa, Ramaphosa.

Subsequently, the ACT-Accelerator Facilitation Council was launched on 10 September 2020. The co-hosts of ACT-A are the WHO and the European Commission, and the co-chairs of the Council are Norway and South Africa. The Council is comprised of 33 countries and Civil Society Organisations, which serve a governance role.

ACT-A's aim was to accelerate development, production, and equitable access to Covid-19 tests, treatments, vaccines, and personal protective equipment (PPE) and ensure health systems are ready to enable implementation of countermeasures. It brought together governments, academia, industry, civil society, philanthropic and global health organisations to end the pandemic[1].

The ACT-A was the first global initiative of its kind, in response to need for unprecedented global collaboration and resource mobilization, to mitigate the Covid-19 pandemic, through the accelerated development, production and equitable access to new Covid-19 tools.

After 18 months of operation, an ACT-A mid-term review was conducted. Results indicated the need for expanding the governance structure to involve more member states and partners mainly from low and lower middle –income countries[2]. The Independent Panel on Pandemic Preparedness and Response (IPPPR) also covered ACT-A in its main report and in one of their back-ground papers published in May 2021.

As the pandemic transitions into an endemic state and since the ACT-A Facilitation Council (FC) will end its work in September 2022, there is need to reflect on strengthening the international framework for pandemic preparedness response[3]. A pre-negotiated end-to-end platform to enhance global equitable access to Medical CounterMeasures (MCMs) could be one important element of such a system. Therefore, the ACT-A FC will commission an independent, timely evaluation of ACT-A and its activities, identifying lessons learnt that will be of use in establishing a future global pandemic preparedness response to enhance global health security.

The co-chairs (Norway and South Africa) have invited six countries and four civil society representatives to join in co-designing and co-leading the independent evaluation. These countries are Brazil, Canada, Germany, India, Nigeria, and Sweden. Together, they will form

[1] The founding global health organisations are the Bill & Melinda Gates Foundation, CEPI, ~~FIND~~, GAVI, The Global Fund, Unitaid, Wellcome, WHO, and the World Bank. Following the ACT-A launch, UNICEF and PAHO became delivery partners for COVAX, the vaccines pillar of ACT-A.
[2] A detailed report: The ACT- Accelerator: *Two Years of Impact* was published on 26 April 2022.
[3] In addition to development of a potential pandemic treaty, updating IHR, reform of WHO and other ongoing processes

the Reference Group, overseeing the evaluation. The evaluation will be conducted by an Independent Evaluation Service Provider.

Objectives of the External Evaluation

The external evaluation of ACT-A will include the review of its activities, (set-up, structure, strategies, governance, financing), focusing on lessons learnt and way forward, with respect to

(a) Its mandate (relevance, feasibility, target setting) as a rapidly established global structure to coordinate the global response.
(b) Whether the ACT-A set-up and structure (e.g. Council, composition, mandates of bodies and forums, procedures, decision-making, governance mechanisms, including the role of decentralized governance through partner boards) were the optimal model for both internal and external coordination, cooperation and accountability (including equal representation across different constituencies and alignment with national strategies and priorities),
(c) Whether ACT-A ensured achievement of its objectives and commitments, especially providing equitable access to public health tools, including vaccines, diagnostics, therapeutics, PPE and health systems connector
(d) Resource mobilisation and financing, including timelines from budgeting to use of funds, allocation of finance and coordination of push and pull finance.
(e) Gaps and missed opportunities
(f) Way forward

Expected outcomes

In addition to a short inception report outlining the agreed scope, methodology, data collection tools and timeline, the expected outcome of this evaluation is an independent evidence-based evaluation report outlining the findings of the evaluation. The evaluation questions outlined below are expected to be answered by the evaluation[4]. The evaluation report shall include conclusions and clear recommendations and/or options for future processes (including timing, decision making, design, set up) based on the lessons learnt for future pandemic preparedness response. The independent evaluation will focus on collecting data, perspectives, views and feedback from a wide range of government, regional and global actors, and NGOs, seeking to explore outputs of the ACT-A partnership and represent the experiences of recipients.

- × This evaluation is not an impact evaluation of the global response to the Covid-19 pandemic;
- × Nor is it supposed to describe in detail all activities carried out by ACT-A;
- × The evaluation should not repeat the mid-term review or other existing, ongoing or planned reviews and evaluations (e.g. evaluation of COVAX commissioned by Gavi), but build upon them
- ✓ It should be a forward-looking evaluation, focusing on lessons learnt with regard to institutional and financing arrangements for pandemic response in the future.

Mandate:

1. Was the ACT-A mandate relevant, achievable and realistic? Was equity well defined and communicated?

[4] The Reference Group (see below) invites the Evaluation Service Provider to analyse these questions and provide suggestions for improvements of the questions and/or additional relevant questions.

2. Were the objectives and targets set appropriately, particularly with regards to equity and taking into consideration the speed with which implementation had to take place in a rapidly changing and dynamic environment, including the focus on 91+1 countries?

Set-up and structure, including governance and accountability

1. Was ACT-A appropriately structured and were there adequate procedures in place to ensure transparent, effective and efficient governance and coordination of the response across and within the four pillars?
2. Was the decision-making process clear, efficient? How was consultation, priority setting and accountability for decisions achieved throughout the existence of ACT-A?
3. What were the benefits and disadvantages of the mandates and operations of the Facilitation Council and the Steering Group (Prinicpals meeting), including with regards to decision-making?
4. To which extent were LICs and LMICs appropriately represented in ACT-A, throughout its existence?
5. Were civil society and communities meaningfully included in ACT-A governance (Facilitation Council, pillars, working groups), and how?
6. To which extent did ACT-A reduce transaction costs between agencies? What was the perceived added value of the ACT-A global platform compared to self-driven alliances between related agencies?
7. To which extent were the ACT-A global procurement and distribution platforms the most appropriate compared with a more decentralized approach and/or as a channel for donations?

Achievement of its objectives and commitments

1. To what extent did ACT-A achieve its objectives in relation to accelerate development, production, and equitable access to Covid-19 tests, treatments, vaccines, and personal protective equipment (PPE) and ensure health systems are ready to enable implementation of countermeasures?
2. To what extent did ACT-A manage to mobilise a coherent global response to the pandemic through advocacy and information sharing?
3. What were the key challenges faced with regards to operationalisation of ACT-A and its pillars in LICs and LMICs? What were the enhancing and limiting factors of the ACT-A pillars when it comes to work at country level to support a national response and build institutional capacities to implement it?
4. To which extent have external factors influenced ACT-A's ability to deliver on its mandate (e.g. WHO member states responses to Covid-19, movement of goods and commodities, geopolitical tensions, last mile challenges, market dynamics, manufacturers of medical countermeasures, academic, research and development sector, private sector, misinformation, disinformation, fake news and conspiracy theories)?

Resource mobilisation and financing

1. Was ACT-A adequately funded and at sufficient speed and the funding adequately allocated to achieve its objectives?
2. Have funding commitments and pledges translated into actual funding delivered and implemented. Has the funding been suffiently flexible in response to a dynamic situation?
3. To which extent did ACT-A generate additional funds? How much non-ODA funds were mobilized?
4. To which extent did ACT-A contribute to enhanced and better financing of global Covid-19 response measures?

5. What were the strengths and limitations of a decentralized resource mobilisation strategy led independently by each ACT-A partner? What were the consequences for funding allocation between pillars?
6. What were the strengths and limitations of the fair share approach to defining size of financing requests, as well as the role of private sector and philanthropic contributions?

Gaps and missed opportunities

1. What are the key structural issues of ACT-A that may have prevented it from fully achieving its mandate?
2. Should ACT-A have also been mandated to serve as a central financing pool – accepting funds and allocating across the partnership according to need (instead of indicating need to donors and tracking actual financial contracts and disbursements)?

Way forward

1. What are the main lessons/ learnings from ACT-A?
2. If such a model would be replicable, what improvements could be made, and what functions should be institutionalized permanently for a future pre-negotiated end-to-end platform for medical countermeasures, including enabling a broad and sufficient level of contributions?
3. How can the experiences and learnings from ACT-A with regards to collaboration and coordination between the relevant global health agencies also be used to inform other aspects of the global health architecture?

Suggested methodology

The method for data collection is expected to be multi-pronged to include document review, survey(s) and key informant interviews. The evaluation will include both qualitative and quantitative data and analysis[5].

While the scope of data collection and analysis, including the sources of the data, will be defined jointly by the evaluators and the Reference Group during the inception phase, data collection and analyses expected by this evaluation may cover funding commitment and disbursement timelins, as well as some global level analysis of quantitative data related to development, production, and delivery of Covid-19 tests, treatments, vaccines, and personal protective equipment (PPE) as per the objectives.

The document review may include published reports, (peer reviewed) literature and other relevant documentation, including data extracted from publicly accessible databases. Key informant interviews and surveys should be targeted to include a range of voices and perspectives, and may include:

- High Level officials of the ACT-A hosts and agencies participating in ACT-A (including WHO special envoys, current and previous ones)
- ACT-A Council Members (including co-chairs)
- Representatives of governments from low, middle and high-income, level countries (e.g. Ministries of Health, national procurement bodies,)
- Donors and financiers of ACT-A
- Civil society agencies who have advocated for and against the ACT-A arrangements and civil society platforms in countries receiving ACT-A commodities and support
- Academic experts

[5] Very extensive and in-depth quantitative data analysis is not expected during this evaluation, as other evaluations of mechanisms related to ACT-A (e.g. evaluation of COVAX) will cover this.

- Industry
- Other relevant informants

Although a final agreement on the type and respondents of surveys will be made during the inception phase, the following surveys are foreseen to ensure that a broad audience can be reached to provide relevant input:

1. A detailed survey for specific targeted respondents (see above list) with approximately 25-40 closed questions, some of them with open fields for further comments.
2. A broad online survey for government respondents (with approximately 3-10 closed questions and one open ended question to highlight major issues)
3. A broad online survey for Civil Society Organisation respondents (with approximately 3-10 closed questions and one open ended question to highlight major issues).

The Reference Group and other ACT-A stakeholders will ensure that the evaluators are provided with access to documents, informants and respondents, and will facilitate the necessary introductions to identified informants and respondents. Should evaluation findings present contrasting views, the opions of different stakeholder constituencies may be presented as part of the evaluation findings, without compromising confidentiality

The Evaluation Service Provider will develop the data collection tools, which will be included as Annexes to the Inception Report, to be reviewed and agreed upon by the Reference Group. The Reference Group will also facilitate access to relevant documents as well as informants.

Deliverables

Inception report, defining the agreed scope, methodology, data collection tools and work plan. A draft version of the inception report will be reviewed by the Reference Group, after which a final, agreed upon inception report will be submitted.
Evaluation report, including Context/Background, Objectives of the evaluation, Methodology, a coherent presentation of the Key Findings that are linked to Conclusions and Recommendations, including relevant Annexes. A draft version of the evaluation report will be reviewed by the Reference Group, after which a final, agreed upon evaluation report will be submitted.
A slide-deck for dissemination of the evaluation findings, conclusions and recommendations. The Evaluation Service Provider may be requested to present the evaluation findings, conclusions and recommendations to the Reference Group or to a wider audience.

Timeline

Launch of Terms of Reference and Request for Proposals	16 June 2022
Deadline for submitting questions of clarification to Norad (Reference Group)	20 June 2022
Response from Norad (Reference Group) to possible questions of clarifications to all bidders	22 June 2022
Deadline for submission of proposals	6 July 2022 (Close of Business)
Selection and contracting of Evaluation Service Provider	7 July 2022
Draft inception report	20 July 2022
Final inception report	25 July 2022
Draft evaluation report	30 September 2022
Final evaluation report	14 October 2022

Profile of the Evaluation Service Provider

To carry out this evaluation, we are seeking an Evaluation Service Provider who is established within a partnership or consultancy firm. The Evaluation Service Provider(s) will need to demonstrate presence and capacity to work with and across different regions (focus Africa, Asia and Latin America). The Evaluation Service Provider should have the following qualifications:

- Qualitative and quantitative data collection/analysis
- Thorough understanding of global health architecture and financing
- Demonstrate insight into ACT-A's complex range of stakeholders and the potentially high-profile and complex nature of this evaluation
- Experience of conducting evaluations, including experience with evaluation design and methods in global health initiative settings
- Excellent communication skills including writing and presentation skills
- Ability to meet tight deadlines with quality products
- No prior involvement with ACT-A

The Evaluation Service Provider is expected to propose a suitable team to carry out this evaluation in a short time frame. As a guidance, the Reference Group is looking for a team composed of a senior team leader and team members who combine thorough understanding of the bigger picture and political dynamics around ACT-A with strong methodological experience and robust analytical skills.

Team Leader

- 10-15 years of relevant experience in health and development, experience in working with bilateral and multilateral organizations as well as civil society, industry and philantropists, including cross-agency work experience at a political and strategic level
- Demonstrated experience in developing and delivering strategic recommendations at the executive level
- Advanced university degree or comparable training in public health, health policy and management, economics, health finance, medicine or a related area.
- Advanced experience in evaluating development programs and respective funding/delivery arrangements in the international health arena
- Professional proficiency in English, with clear and succinct writing as well as good interview and diplomatic skills

Team members

- Advanced experience (at least 7 years) in global health evaluation, with expertise in qualitative and quantitative methodology
- Experience in design of surveys
- Structured synthesis of information from a broad range of source materials
- Experience with qualitative and quantitative data collection and analysis
- Advanced university degree or comparable training in public health, health policy and management, economics, health finance, medicine or a related area
- Qualified members who are from and working in ACT-A receiving countries is desirable
- Professional proficiency in English, with clear and succinct writing. Other languages especially French, Spanish, Portuguese, Russian, and/or Arabic would be added advantage

Reference Group

The evaluation will be conducted by an independent Evaluation Service Provider and overseen by the co-chairs (Norway and South Africa) and six countries who have been approached / invited by the co-chairs as well as civil society (the Reference Group). These countries are Brazil, Canada, Germany, India, Nigeria, and Sweden.

The Reference Group will facilitate access to relevant documents as well as informants and will clear the deliverables of this evaluation.

Practical arrangements

Questions related to the Tender

Any questions related to the Terms of Reference or submission of the proposal shall be directed to the Contracting Authority Contact Person. The questions will be made anonymous, and the answers will be sent to all bidders who have registered their interest to submit a proposal. Questions must be sent by the deadline specified above. The Norad contact person for this procurement is Austen Davis (Austen.Davis@norad.no)

Submission of proposals

The submission should consist of a Technical Proposal including a methodology, detailed workplan and CVs of proposed personnel, and a Financial Proposal including the full proposed budget (including VAT and taxes). The Technical and Financial Proposal should be submitted as two separate documents, and in a searchable format.

Proposals should be submitted to Austen Davis by the deadline specified above. Proposals submitted by other means will be rejected.

The most economically advantageous proposal will be selected after an overall assessment of the award criteria.

Procedure

Norad intends to award the contract based on an assessment of the proposals as received before the deadline for submission. Dialogue may be conducted to provide clarifications if Norad should see the need.

Norad may choose to conduct negotiations if, after evaluating the proposals, it should deem negotiations desirable. Reduction of the number of bidders invited to negotiations will be made based on the award criteria. This procedure means that the bidders cannot expect to be invited to negotiate and must deliver their best offer within the deadline for submission of proposals.

Qualification Requirements

Norad has certain qualification requirements for all suppliers. The bidder shall fill in the self-declaration form in the letter of proposal.
The requirements as stated in the self-declaration form concern:

- legally established business
- payment of taxes and social contributions (tax certificate) – only the supplier proposed to contract the award shall be asked to submit the tax certificate
- declaration of good conduct

Budget

The maximum budget available for the evaluation is 1,500,000 NOK.