PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION
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REQUEST FOR PROPOSAL

RFP Title	Evaluating the Impact of PIHOA's Regional Laboratory Strengthening Initiative 2005 - 2020
Required Registration of Interest	All prospective respondents are required to register their interest in applying for this RFP via email to PIHOA's Deputy Director, Janet Camacho, at janetc@pihoa.org, and PIHOA's Programs and Operations Administrator, Cerina Mariano, at cerinam@pihoa.org. Changes or clarifications made on this RFP will be communicated with all prospective respondents through the registered point of contact.

I. PROPOSED TIMEFRAME

ACTIVITY	DATES
Release of RFP	December 13, 2021; Reissued January 11, 2022
Proposal Submission Deadline	Open until filled
Period of Performance	Upon contract execution to June 30, 2022

II. BACKGROUND

Established in 1986 by the chief health officials of the US-Affiliated Pacific Islands (USAPIs) of American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Federated States of Micronesia (FSM), Guam, Republic of the Marshall Islands (RMI), and the Republic of Palau (ROP), the Pacific Island Health Officers' Association (PIHOA) is a 501(c)3 headquartered in Honolulu, Hawaii, with a field office in Hagåtña, Guam. PIHOA's mission is to provide, through collective action and decision-making, a credible regional voice for health advocacy in and for the Pacific.

PIHOA is governed by the ministers/directors/secretaries of health of the six USAPIs, their deputies, the Chief Executive Officers of the local public hospitals (associates), and Pacific regional professional associations and development partners (affiliates). Based on the priorities and needs identified by the USAPI health leadership, PIHOA's Secretariat staff and consultants provide technical assistance to the USAPI health agencies in the following health systems strengthening areas: 1) health workforce development/human resources for health; 2) epidemiology and surveillance; 3) performance improvement; 4) laboratory services; 5) regional health policy and advocacy; 6) health security; and 7) leadership development.

The Challenge of the USAPI Laboratories

The USAPIs are resource-limited countries and US territories that have historically experienced significant challenges in developing and maintaining high-standard and comprehensive public health infrastructure and systems. They have in common a wide range of needs, including challenges around timely and cost-effective procurement and inventory management of lab equipment and supplies, developing and implementing standard lab practices, protocols and measures, reliance on external reference laboratories for higher-level diagnostic testing, under-trained/qualified staff and limited

staff retention, and inadequate local systems for timely specimen transport, especially in times of public health emergencies and outbreaks.

Financial resource constraints have and continue to prevent USAPI laboratories from purchasing screening tests kits for those infectious diseases that do not have any continuous, identified source of funding. These include diseases like Ebola, zika, chikungunya, dengue fever, leptospirosis, influenza, measles, rubella, cholera, typhoid and other emerging infectious diseases of unknown origin. This means that such conditions tend to prevail with intermittent or without any laboratory diagnosis and confirmation. HIV, Sexually Transmitted Diseases (STD - Chlamydia, syphilis) and tuberculosis (TB) have annual sustainable funding as part of the CDC cooperative agreements with the USAPIs.

Human resource and financial constraints are further compounded by large geographic distances, limited transport infrastructure, and high transport costs within the Pacific region that significantly impede the timely transport of specimens to outside reference labs in Hawaii, the US and Australia, for confirmatory and reference testing. Limited local diagnostic capacity and reliance on reference laboratories to meet all other diagnostic and confirmatory testing needs have challenged USAPI labs to establish and sustain high functioning lab-based epidemiological and public health surveillance processes and systems.

Though there have been significant improvements gained across all the USAPI labs over the last two decades, these shared challenges remain and continue to emphasize the need for a coordinated and harmonized jurisdiction-level and region-wide approach to upgrading USAPI lab capacities moving forward.

PIHOA Regional Laboratory Strengthening Initiative

In response to the critical need to address USAPI laboratory capacities and system development needs and priorities, the ***PIHOA Regional Lab Strengthening Initiative*** (RLSI) was established and endorsed by the USAPI chief health officers in 2003. The RLSI concept was first spearheaded by the then PIHOA CDC-assigned Regional Epidemiologist, Dr Michael O'Leary. In 2003, the following critical USAPI lab issues underpinning the need for a targeted regional laboratory strengthening and development approach were identified:

- Most laboratories in the USAPI are small clinical labs associated with the 10 public hospitals, plus a few private laboratories and one public health laboratory in Guam.
- Given the small size and limited capacities of the laboratories, it is not feasible to add most public health laboratory functions to the current local clinical work, nor is there currently an established regional mechanism for public health laboratory support.
- Public health laboratory functions lacking in most islands include confirmatory diagnosis of epidemic diseases, most tuberculosis and STD testing, HIV confirmatory testing, testing of environmental samples, and testing for agents of bioterrorism.
- Many smaller hospital laboratories are severely constrained in even their clinical work, by deficiencies in equipment, supplies, and financial and human resources.
- The improvement of front-line laboratory services, and the ability to provide regional public health laboratory support could reduce the costs incurred in seeking overseas support in an ad hoc manner, could greatly improve timely diagnosis, and especially could improve both patient care and outbreak response.

In 2005, PIHOA moved ahead with the implementation of the RLSI by recruiting a dedicated, full-time, masters'-level Regional Laboratory Strengthening Coordinator (RLSC) to plan coordinate and directly provide an array of technical assistance and support services to all 10 USAPI labs initially targeting infectious and other outbreak-prone diseases such as measles, rubella, influenza, dengue, leptospirosis, TB, HIV, chlamydia, syphilis, gonorrhea, typhoid, cholera, agents of bioterrorism, and more recently, H1N1, zika, chikungunya, MERS-CoV and SARS-CoV-2 (COVID-19). The RLSC travels to all 10 labs annually to conduct routine assessments, provide training and technical assistance, and serve as the regional trouble-shooter and advocate for all lab-related matters. The RLSC also provides direct technical advisory support to the Association of USAPI Laboratories (AUL) , including support for AUL's resource mobilization and capacity development efforts.

The RLSC also maintains and works very closely with a large network of partnering reference labs, airlines, and freight forwarders to assure effective and timely laboratory specimen transport and logistics coordination to meet the higher-level diagnostic and confirmatory testing needs of the USAPI labs for both routine and public health emergency testing and surveillance needs under PIHOA's ***USAPI Laboratory Specimen Transport Mechanism*** and ***USAPI Laboratory Revolving Fund*** (LRF).

The USAPI LabNet

Today, the USAPI Laboratory Network (LabNet) includes eleven (11) USAPI laboratories: four Clinical Laboratory Improvement Amendments (CLIA)-regulated labs in American Samoa, CNMI and Guam and seven non-regulated labs in the freely associated island countries of RMI (Majuro and Ebeye), the ROP and the FSM (Chuuk, Pohnpei, Yap, and Kosrae). Except for Guam, which in addition to its public health lab, has laboratories at Guam Memorial Hospital and Guam Naval Hospital, and some other private laboratories; the other five USAPIs have only a single hospital laboratory that performs both clinical/medical and public health laboratory testing. All USAPI labs are considered Level 1 labs providing primarily screening for infectious diseases and limited testing in bacteriology, hematology, clinical chemistry, blood banking and in Guam and Majuro only - histology and cytology. For higher Level 2 and Level 3 reference and confirmatory testing, most clinical specimens are sent to laboratories in the US mainland, Hawaii, or Australia. PIHOA has a complete catalogue of Level 1 testing capacities among the LabNet participants, including all Level 2 and 3 labs utilized by the USAPI labs.

In 2009, with PIHOA's support, the AUL was formally established. The AUL is comprised of the laboratory leadership of all 11 USAPI labs, with chairmanship of the association rotated amongst its member lab managers/supervisors. The AUL serves as a collective voice for USAPI lab needs and priorities, and a community of practice (CoP) amongst laboratory peers for information and learning exchange.

III. PURPOSE AND SCOPE OF WORK

PIHOA is seeking an evaluation specialist consultant (individual, multi-disciplinary team, or organization) to plan and conduct a quantitative and qualitative summative review and impact assessment of PIHOA's RLSI for the period 2005 to 2020. The evaluation should assess the effectiveness, efficiency, relevancy and impact of PIHOA's RLSI to be able to answer the following key areas of enquiry:

A. What was the impact, if any, of PIHOA's RLSI to strengthen/improve USAPI laboratories' preparedness and response capacities to emergent situations?

B. What was the impact, if any, of PIHOA's RLSI to enhance the USAPI medical laboratory workforce and associated workforce development efforts in the USAPIs?
C. More specifically, what was the impact of PIHOA's RLSI on strengthening USAPI laboratory services for the following outcome targets:
    - Improved infectious and other emerging disease testing capacity
    - Trained and expanded medical lab workforce, including improved access to capacity development, enhancement, and training efforts/interventions
    - Established and/or improved Strengthening Laboratory Information Management Systems (LIMS)
    - Institutionalized/functional Laboratory Quality Management Systems (LQMS)
    - Improved laboratory infrastructure and functionality, including laboratory management, procurement and communication
    - Maintenance of or seeking accreditation to a recognized laboratory accreditation body
    - Enhanced partnerships and partner coordination to support ongoing laboratory development efforts

Key regional strategies/interventions, processes, tools and other resources/literature to be reviewed include, but are not limited to:

- Focus Papers/Presentations and Laboratory Assessment Reports
    1. Focus Paper - Laboratory Support, 2 May 2003
    2. PIHOA Opportunities for Action, February 2003
    3. PIHOA Strategic Plan: 2003 – 2007
    4. Pacific Public Health Laboratory Review, February 2004
    5. Supporting Elements of the Regional Laboratory Network, February 2005
    6. Developing the LabNet in the US Pacific, February 2005
    7. Infectious Disease Testing Capabilities and Quality Management System Implementation in the United States Affiliated Pacific Island Laboratories, 9 May 2014
- PIHOA Regional Lab Initiative Activities Implemented: 2005 – 2020 (Spreadsheet)
- USAPI Laboratory Specimen Transport Mechanism (i.e., PIHOA Shipping Mechanism)
- Laboratory Quality Management Assessments conducted by PIHOA
    1. Summary of LQMS Lab Assessments: 2010 – 2013
    2. Summary of LQMS Lab Re-assessments for Palau and Yap, FSM Labs: 2014 – 2015
- PIHOA Board Resolutions
    1. Resolution 41-06 *"Recognizing the Importance of Supporting the Continuation of the PIHOA/Guam Regional Public Health Lab"*
    2. Resolution 48-03 *"Concerning Lab Strengthening Among PIHOA Member States"*
    3. Resolution 57-01 *"Concerning lab preparedness among PIHOA member states to support shipping of Ebola and other highly infectious disease specimens for public health reference laboratory testing, and other emergent outbreak response situations."*
    4. Resolution 2019-66-01 *"Concerning the development and strengthening of the laboratory workforce of the USAPIs"*
- PIHOA Executive Board Meeting minutes and presentations
- Guam Public Health Lab Schematic Basis of Design, Version 3, June 2015

- WHO International Health Regulations Joint External Evaluation Reports for FSM (2018), RMI (2019) and ROP (2019)

Based on the results of the evaluation, key recommendations and potential opportunities for scale-up, sustainability, or implementing revised approaches/strategies, etc., should be identified and described in detail.

This is a summative evaluation that must utilize a mix of quantitative, with some qualitative, approaches and methodologies. Key tasks include:

1. Develop an evaluation plan for the overall initiative with input from the PIHOA Board and Secretariat and AUL. The plan methodology should include:
    i. A timeline for completing the evaluation within the contract period;
    ii. Data collection methods and development of appropriate assessment/evaluation tools, approaches, and methodologies in consultation with PIHOA board members, Secretariat staff and RLSC; and
    iii. Plans for:
        1. conducting document/literature review of key PIHOA regional laboratory activity documents, regional/local lab data/information, and other documents of relevance to the review;
        2. conducting focus group discussions and key informant surveys/interviews with PIHOA members including affiliate members, USAPI laboratory staff and local/regional laboratory partners;
        3. collaboration with PIHOA's RLSC on the approach for data/information collection from local/regional laboratory contacts and partners;
        4. analyzing reach/impact of PIHOA's RLSI and suggesting recommendations for greater reach/impact; and
        5. regularly communicating with the PIHOA advisory team (Executive Director, Deputy Director and RLSC), on work progress.
2. Implement the evaluation plan per agreed timeline and performance measures, including provision of status updates as prescribed.
3. Collate and analyze findings and draft evaluation report to be disseminated to PIHOA Board members and other key stakeholders for review and comments.
4. Complete evaluation report, to include:
    i. Final data set, including one electronic file of the cleaned and final qualitative and quantitative data collected;
    ii. Summary of Key Findings report which concisely summarizes key outcomes and findings of the evaluation; and
    iii. The final report should contain, but is not limited to, the following:
        1. Executive Summary presenting the major findings and recommendations; and highlighting implications for strategic planning
        2. Description of the key methodologies and tools used
        3. Limitations of the evaluation or methodology
        4. Assessment of the project's underlying impact logic
        5. Detailed findings on progress, challenges, and successes
        6. Suggestions for new opportunities and evidence-base to implement/scale-up
        7. Analysis of the findings
        8. Conclusions

9. Lessons learned and recommendations for the project approach, informing the next 5-10 years of the Regional Lab Strengthening Initiative work
10. Recommendations for sustainability of program outcomes

5. Virtual presentation of evaluation findings/results to PIHOA Board and members.
6. Plan and conduct virtual strategic planning session(s) with PIHOA Board members and Secretariat staff to discuss, plan and develop a concept plan for identifying and addressing lab regional priorities for the next 5 years in light of the evaluation findings.
7. Due to COVID-19, most of the activities for this evaluation will be conducted virtually (primarily via Zoom and/or MS Teams). Where feasible, some on-site travel may be possible.

IV. SCHEDULE OF DELIVERABLES		
ACTIVITY	**COMPLETION DATES**	**SUBMISSIONS**
Develop Evaluation Plan	Within 2 weeks of contract execution date	Evaluation Plan, including evaluation tools/templates
Conduct Evaluation	Within 3 months of contract execution date	Quantitative and qualitative data collected
Complete Evaluation Report and Present Evaluation Findings/Results *NB: Should include time and process for draft review and feedback from PIHOA Board and staff prior to report completion and submission*	To be completed no later than 31 May 2022	Evaluation Report of Key Findings and Recommendations
Conduct virtual Strategic Planning Session with PIHOA Board and Staff	To be completed between 31 May and 30 June 2022	PIHOA Strategy Concept Paper: Regional Lab Priorities for the Next 5 Years
Final submission of all evaluation deliverables	30 June 2022	

V. MANDATORY QUALIFICATIONS

1. Post-graduate degree(s) in laboratory science, public health, or health administration with specialization in monitoring and evaluation/program evaluation, or other relevant social and health sciences fields.
2. At least 5 years of experience in designing, implementing, and providing oversight for medium to large-scale laboratory or public health program evaluations.
3. Experience working in the Pacific region, or other resource-constrained, high disease burden environments, with experience conducting similar laboratory or health program evaluations in the Pacific preferred.
4. Ability to conduct all evaluation activities remotely.
5. Ability to travel to the USAPIs, Pacific Region and Hawaii. Pending status of COVID-19 and associated travel restrictions, travel may or may not be feasible during the performance period. If travel is feasible, PIHOA will arrange and fully cover cost of travel expenses in accordance with PIHOA's Travel Policy.

KNOWLEDGE AND DEMONSTRATED MASTERY

1. Evaluation logic model design and development

2. Conducting various types of program evaluation designs (experimental, quasi-experimental, and observational) and summative/formative evaluations
3. Conducting qualitative, quantitative, and mixed method data analysis
4. Experience with building evaluation capacity in non-profit, public, or private organizations/agencies
5. Excellent verbal and written communication skills (English), with experience in developing detailed reports and presenting technical information that can be easily understood by non-technical audiences
6. Evaluation project management capacity and skills including leading evaluation project teams, developing evaluation plans, and managing data collection protocols and schedules
7. General project management skills – i.e., designing and tracking program budgets as well as identifying project risks and recommending mitigation approaches
8. Work experience in the field in public health, health care, or related relevant settings (e.g., university research centers)
9. Demonstrated client management, stakeholder engagement, and meeting facilitation skills

PREFERRED SKILLS/QUALIFICATIONS

1. Experience working with and in the USAPIs and/or multi-cultural, limited-resource settings
2. Proficient in statistical programming (SAS, SPSS, STATA), data management and working with large data sets
3. Proficient in qualitative and quantitative data analyses tools and techniques
4. Excellent writing and oral presentation skills
5. Current membership in professional evaluation association(s); or certificate from an accredited and recognized certifying body

VI. RFP RESPONSE. Respondents should include the following information in their proposals:

1. Experience with a similar scope of work.
2. A clear summary of their approach to the work.
3. Statement of qualifications and experience to perform the scope of work, including staffing plan (as applicable), summary of related experience for all those to be involved in the project, and a resume/CV for all those to be involved in the project.
4. Description of project management approach and ability to manage the project scope within the designated timeline.
5. Fee for services based on the performance period and completion of stated deliverables as itemized in ***Section IV. Schedule of Deliverables***.
6. Sample evaluation plan, logic model, and evaluation report.
7. The names, phone numbers and email addresses of three individuals, preferably at different organizations, who have been clients during the last three years who can be contacted as references.
8. **Certification of Eligibility.** All respondents must include a signed certification that the respondent is not debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities, the applicant is an equal employment opportunity employer, and the applicant will comply with all applicable contract provisions required for contracts under federal awards or other grantor stipulations.

FORMAT

1. The Proposal shall not exceed more than 10 pages, excluding budget, attachments, and sample work.

2. The Proposal should be organized in the order in which the requirements are presented above and should clearly indicate the specific requirement that is being addressed.
3. The Proposal shall include all of the required information indicated herein. Failure to submit all required information may result in a request for prompt submission of missing information, giving a lowered evaluation of the Proposal, or rejection of the Proposal.

VII. EVALUATION. Proposals will be scored on the following criteria:

DESCRIPTION	MAX POINTS
Experience and technical proficiency in monitoring and evaluation processes, and evaluating similar programs	25
Technical proposal, work methodology, and proposed work plan in line with consultancy objectives	35
Writing and presentation skills (communication)	20
Proposed consultancy cost	20
TOTAL POSSIBLE POINTS: *Proposals must have a minimum score of 70 to qualify for a contract.*	**100**

VIII. PROPOSAL SUBMISSION

Proposals will be accepted until evaluator awarded. Submit proposals via email to:

- Janet Camacho, Deputy Director at janetc@pihoa.org
- Cerina Mariano, Programs and Operations Administrator at cerinam@pihoa.org

Award of the contract is subject to approval by the Executive Director. Any protest or dispute respective to the solicitation may be addressed to the Executive Director and submitted via email to emic@pihoa.org.

PIHOA is an equal opportunity employer. Discrimination based on age, race, sex, handicap, or national origin is expressly prohibited.

IX. RFP TERMS & CONDITIONS

1. PIHOA is not liable for any costs or expenses incurred by a Responder or any other person or entity in the preparation of their Proposal.
2. PIHOA reserves the right to reject any and all Proposals received from Responders as a result of this RFP, as is in the best interests of PIHOA, as determined solely by PIHOA.
3. In determining which Proposal is best, PIHOA will take into consideration the responsiveness to the requirements, the consultant cost and the experience, qualifications, references, responsibility and current availability of the Responder to perform the Services. PIHOA may waive any technicalities or formalities in determining how best to serve the interests of PIHOA. PIHOA reserves the right to cancel the award of the contract at any time prior to execution of the contract without liability on the part of PIHOA.
4. This RFP may be sent as a courtesy to known interested individuals and firms. The receipt of this RFP from PIHOA in no way implies that the recipient is a qualified Responder.
5. Any Proposal submitted to PIHOA is not confidential. All materials submitted become the property of PIHOA. PIHOA has the right to use any or all un-copyrighted concepts presented in any Proposal. Approval or disapproval of a Proposal does not affect this right.

6. Any changes to any part of this RFP, will be communicated to all Responders who have registered their interest, as required and explained on page 1 of this RFP.
7. To be considered, proposals must be complete, in the format indicated in this RFP, and delivered by the date and time indicated in this RFP. Responders will not be given an opportunity to change any part of a proposal after submission. A Responder may submit only one proposal. More than one proposal from an individual, firm or partnership, corporation or association under the same or different names will not be considered, and will be considered grounds for disqualification and/or rejection of the proposals involved, unless prior approval has been given by PIHOA.
8. If the Responder to whom the award is made fails to execute the subsequent contract within 14 days of receipt, the award may be annulled and the contract awarded to the second lowest responsible Responder, and such Responder shall fulfill every stipulation embraced herein, as if the Responder were the original party to whom the award was made, or PIHOA may reject all of the bids, as its interest may require.
9. From the issue date of this RFP until a determination is made regarding the qualification of Responders, all contacts with PIHOA concerning this RFP must be made through the Deputy Director, Janet Camacho, and Programs and Operations Administrator, Cerina Mariano. All questions about the meanings or intent, discrepancies or omissions of the RFP shall be submitted in writing. Replies to these inquires shall be made in writing. The written responses become part of the RFP and will be provided to each Responder who has registered their interest in this RFP.