Request for Information (RFI)
USAID/India: Health Systems Strengthening and Building Resilience to Future Pandemics and Climate Change

Reference Number: **72038623RFI00003**
Release Date: **June 30, 2023**
Questions/inquiries Due Date and Time: **July 14, 2023, 23.59hrs (India Local Time)**
RFI Response Due Date and Time: **July 28, 2023, 23.59hrs (India Local Time)**
NAICS Code: 541990-All Other professional Scientific and Technical Services

The United States Agency for International Development's Mission to India (USAID/India) is in the process of gathering information to design a new activity to partner with the Government of India, the private sector and civil society to strengthen and expand inclusive and resilient health systems for universal health coverage. The activity would focus on ensuring India's health system is prepared to prevent and respond to future challenges it faces such as climate change, emerging infectious disease outbreaks, and epidemiologic transition through comprehensive integrated primary healthcare, strengthening the continuum of care offered from the primary to secondary and tertiary facilities, expanded disease surveillance, maximizing the efficiency of public health financing, and increasing private sector engagement to improve health outcomes while reducing out of pocket expenditures.

The purpose of this Request for Information (RFI) is to solicit comments/suggestions in order to incorporate new, innovative solutions into a solicitation, Notice of Funding Opportunity (NOFO), or Request for Full Application (RFA), should USAID decide to issue one, to strengthen the health system for future challenges such as primary care and a strong foundation to manage health emergencies and infectious disease outbreaks, climate change considerations, and evolving burden of disease for the most vulnerable populations. This RFI is issued as part of the Mission's market research effort to determine interest, capability and availability of qualified entities for these types of work and is issued for information and planning purposes only. USAID/India aims to consult with the broad community of private sector actors, public institutions, development partners, non-governmental organizations, think tanks and academia,

concerned with health system strengthening in India with a specific focus on involving the vulnerable and marginalized communities in the process. Please see Attachment 1 for more details. Should USAID decide to issue a solicitation, NOFO, or RFA, it will be announced on the "Contract Opportunities" section, website link is https://sam.gov/content/opportunities or at https://www.grants.gov/. USAID/India is not seeking technical or cost applications/proposals at this time through this RFI.

Interested firms are requested to provide information that demonstrates your experience and ability to perform the type of work described in the attachment to this notice. The capability statement must include relevant examples within and outside of governmental awards under which the firm has performed if applicable.

This RFI neither constitutes a solicitation, NOFO, or a RFA, nor does it commit USAID to issue one or to make an award. Please note that responding to this RFI will not give any advantage to or preclude any organization or individual from responding to any solicitation, NOFO, or RFA that may be subsequently issued. USAID will not pay for any costs associated with responding to this RFI and information received will become the property of USAID and can be made public. Therefore, information that cannot be shared should not be submitted.

Responses to this RFI must be submitted by email to indiarco@usaid.gov no later than the date and time shown above. Please include RFI number "72038623RFI00003" and Title of activity **"Health Systems Strengthening and Integrated Primary Care: Building Resilience to Future Pandemics and Climate Change"** in the subject line and use the format provided in Attachment 1, Section II. RESPONSE REQUIREMENTS. Responders will not receive individualized feedback. All inquiries concerning this RFI must be directed only to the email address identified above by the due date and time cited above. Hard copy submissions will not be accepted nor will phone inquiries be entertained. This Notice is available at https://sam.gov/content/home and https://www.grants.gov/ . We look forward to receiving your comments.

Best regards,

Cheryl Hodge-Snead

Digitally signed by Cheryl Hodge-Snead
Date: 2023.06.30 10:29:36 +05'30'

Cheryl Hodge-Snead
Agreement/Contracting Officer, USAID/India

Attachment 1 - Background and Response Requirements

I. BACKGROUND

In the post COVID-19 pandemic era, the central challenge, in India as well as globally, is ensuring health systems resilience at the foundational primary care level. Despite progress in the quality and reach of health services over recent years, the experience of COVID-19 response and persistent inequities in the health sector demonstrate the continued need to support resilient health systems strengthening in India to handle existing challenges and layered new ones. Although the government has allocated significant resources to tackle this challenge, the capacity of different states and municipal health authorities varies in spending health resources allocated by the central government. There is a need to align their budget requests with the needs, areas of shortfall and surpluses, so that the reach of health services can be extended beyond “islands of excellence” to underserved populations and at scale.

Digital and private sector engagement strategies are key to addressing acute health shocks (like disease outbreaks). chronic health challenges (like TB and HIV), and preventive and public health actions (on maternal and child health, immunization, nutrition, and family planning). Matching funds can act as an enabler for private sector partnerships, particularly in growing areas of concern such as hypertension, cardiovascular diseases, and diabetes. Also, the multi-sectoral partnerships to jointly address the emerging challenges are still transactional in nature and need further support to institutionalize and integrate at the primary care level and beyond for holistic care. Competencies of states to adopt emerging technologies, innovative financing, and private sector collaborations are limited.

There is a need to test and deploy innovative approaches to health workforce capacity building, supply chain management, integrated disease surveillance and outbreak response, innovative financing and risk protection, and private sector engagement, depending on areas also identified as concerning at the state level. There is also a need to address systemic barriers, such as governance, financing, provider and community behaviors, etc. This should ideally bring the national and state governments to partner with networks of private health facilities, and private sector (like pharmaceutical industry and medical device manufacturers, for example).

USAID/India is planning a broader, comprehensive, and integrated health systems activity to support health ecosystem players in India, including the vulnerable and marginalized communities. The activity would focus on universalization of healthcare through "next generation" comprehensive primary healthcare and expanded disease surveillance, while improving efficiency of public health expenditures, reducing out-of-pocket expenditures, addressing climate adaptation in health systems, and involving the private sector strategically for sustainable health outcomes.

II. RESPONSE REQUIREMENTS

USAID is keen to seek new and innovative ways to partner with the Government of India, the private sector and civil society to strengthen and expand inclusive and resilient health systems for universal health coverage. Understanding the possibilities and strategic solutions could be transformative for these efforts and will allow USAID to develop a more robust program to support the

health systems strengthening in India. Therefore, USAID is seeking information on how USAID/India can best provide the support needed to the Government of India, other health ecosystem players, including the vulnerable and marginalized communities and also be of value to existing partners already working in the field. In your responses to the questions below, please provide any relevant sources for the information, including peer-reviewed or literature, expert opinion, project evaluation reports, position papers and other documents.

Respondents may answer any or all the questions below [10 pages maximum excluding the cover page].

1. Questions on overall Health Systems Strengthening (HSS)
    1.1. What do you think is the most significant challenge the health system in India will face in the next decade?
    1.2. What have we learned from the COVID-19 pandemic on how to better position the country's health system (public and private) to respond to future pandemics or catastrophic events?
    1.3. What is the role for development agencies, such as USAID, to contribute to a robust and resilient health system for the future?
    1.4. What is the role of the private sector and the state? What should USAID not do?
2. Questions on Comprehensive Integrated Primary Health Care (CIPHC)
    2.1. What are the best ways to deliver comprehensive integrated primary healthcare to unreached or traditionally excluded populations such as rural groups, tribal communities, slum pockets, LGBTQI+, migrants and daily wage workers, PLHIV, etc? What are the ingredients for an enabling environment to help models succeed?
    2.2. How can community institutions and networks be more involved to provide regular insights on primary care services being offered by facilities as well as on community-level surveillance of health care conditions? What existing models are working effectively? What are the enabling factors?
    2.3. What additional efforts are required at the state, district, and facility level to ensure the 12 packages for comprehensive primary care are being offered to communities through HWCs? What is the current evidence?
    2.4. What are effective ways to link primary health care facilities and clinics with secondary and tertiary level health facilities in the public and private sector?
    2.5. What are the most effective models to build the capacity of the health system across the continuum of care in the public and private sector to manage health emergencies, clinical case management of those with emerging infectious diseases, and improved surveillance? Can digital health platforms facilitate such linkages? Are there existing network care models?
    2.6. How can existing and new diagnostic infrastructure/lab infrastructure for molecular testing, genomic sequencing be optimally used for other bacterial and viral diseases, including emerging infectious diseases?
    2.7. What opportunities do we see for the private sector to strengthen the government's health and wellness centers, particularly in managing chronic as well as emerging health challenges?
    2.8. What strategies do you suggest for attracting and retaining qualified doctors, nurses, paramedics and other healthcare workers in primary care settings?
    2.9. What are the models for integration of primary health with other levels of care, such as secondary and tertiary care, which is necessary to ensure a seamless continuum of care.

2.10. What strategies and models do you suggest for improved health information systems for evidence-based decision-making, monitoring health outcomes, and planning resource allocation?

2.11. What are some of the effective ways for engaging communities and promoting patient-centered care given the challenges due to cultural, linguistic, and socioeconomic factors.

3. Questions on reducing the out-of-pocket expenditure (OOPE) burden in India.
   3.1. What are current best practices in supply chain management (SCM) that the government and private sector can adopt to reduce the ultimate cost to the patient without compromising on quality? Do generic pharmacy networks work under public-private partnership models? Can e-pharmacies ensure affordable access to drugs and pharmaceuticals in slums, rural and tribal areas?
   3.2. What are existing primary care or basic healthcare insurance/assurance models? Can wellness care packages be included in existing healthcare insurance products?
4. Questions on expanded surveillance for pandemic preparedness
   4.1. What are existing best practices of environmental, zoonotic and community surveillance? How can these be integrated with disease surveillance at the city, district, state, and national levels?
   4.2. What approaches work to reduce antimicrobial resistance? Can innovative pay-for-results models be adopted for reducing antimicrobial resistance?
5. Questions on making health systems adaptable and resilient to climate change.
   5.1. What are the effective approaches and strategies to make the public and private health system resilient to climate shocks like cyclones, flash floods, hazardous air quality, urban heat islands, etc.?
   5.2. What measures are necessary to ensure that community health care systems are compatible with the National Disaster Management Authority's (NDMA) regulatory framework?
   5.3. Are their good models of green and “zero-carbon” health facilities and laboratories?
   5.4. How can the community in urban, rural and tribal areas be involved in climate adaptation for better health? Are there models of “green and healthy” villages and slums?
   5.5. Please share companies, innovations and social enterprises in the health ecosystem that can be game changers in the climate change space?
6. Questions on private sector engagement and innovative financing for healthcare
   6.1. What systems and approaches would best enable the local govts to leverage private sector resources (funds, expertise and solutions) on an ongoing basis? What type of support would be required by local govts and private sector to improve the efficiency of health PPPs?
   6.2. How can the government's health assets (like iGOT, ABDM) be leveraged for improving quality of care in the private sector?
   6.3. How can community-led social health enterprises sustain themselves? How do these social enterprises impact health outcomes in their respective communities? What blended finance options can be adopted by these communities, governments, corporations, philanthropic organizations and social enterprises to ensure the services financial sustainability and health impact?
   6.4. What are the possible medical countermeasure strategies involving the pharmaceutical manufacturers and the health system that could aid in India facilitating access to critical supplies nationally and/or globally?

6.5. Suggest the ways to strengthen monitoring and regulatory mechanisms to ensure compliance with quality standards, ethical practices, and pricing regulations that can help maintain accountability and improve private sector performance in delivering primary health services .

No other documents or information are requested at this time. USAID asks respondents to not send any additional information other than what is requested above and to kindly adhere to the page limits mentioned.

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