

# Request for Proposal (RFP) for the retrieval, synthesis and evaluation of evidence on what behaviour change approaches are conducive to sustained adoption of effective hand hygiene practice in community settings

## 1. Background, Aim and Objectives

### 1.1. Background

Hand hygiene is critical for public health protection, but in most low- and-middle income countries (LMIC) many people lack access to minimum requirements for practicing it<sup>1</sup>, and in all regions of the world the practice of hand hygiene at critical moments is often limited<sup>2,3</sup>.

In response to increased demand for policy guidance on this issue in recent years, and under its mandate to address demand for guidance on areas of public health, the WHO is developing Guidelines on Hand Hygiene in Community Settings. The guidelines will provide evidence-based recommendations to governments on how to improve hand hygiene in community settings, focusing on areas of persistent uncertainty or controversy in what constitutes effective hand hygiene and what government measures can be implemented to rapidly improve it. For the purposes of the guidelines, 'community settings' are defined as domestic (e.g., households), public (e.g., plazas and squares, parks, marketplaces, shopping areas, and transportation hubs), and institutional (e.g., schools, prisons and places of detention, workplaces, and places of worship).

WHO follows internationally-recognized methods and standards for guideline development to ensure that its guidelines are of the highest quality. A critical step in the guideline development process is retrieval, synthesis and evaluation of available evidence on questions of interest, to underpin the formulation of recommendations.

Questions requiring systematic retrieval, synthesis and evaluation of evidence have been identified under four priority topics:

1. What constitutes effective hand hygiene in community settings?
2. What are the minimum requirements for effective hand hygiene practice in community settings?
3. What behaviour change approaches are conducive to sustained adoption of effective hand hygiene practice in community settings?
4. What government measures can support sustained practice of effective hand hygiene in community settings?

Under each of these topics, questions have been identified that relate to areas of controversy or uncertainty in existing global guidance, respond to WHO Member State demand, and are not already covered in existing systematic reviews.

This request for proposals (RFP) is for the retrieval, synthesis and evaluation of evidence on sub-questions relating to priority topic 3. The specific questions are listed below under Section 1.2. – 'Aim and Objectives'. A further two RFPs have been issued in connection with questions under priority topics 1, 2 and 4.

***Teams are welcome to bid for multiple RFPs.***

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<sup>1</sup> Prüss-Ustün, A., Wolf, J., Bartram, J., Clasen, T., Cumming, O., Freeman, M.C., Gordon, B., Hunter, P.R., Medlicott, K. and Johnston, R., 2019. Burden of disease from inadequate water, sanitation and hygiene for selected adverse health outcomes: an updated analysis with a focus on low-and middle-income countries. *International journal of hygiene and environmental health*, 222(5), pp.765-777

<sup>2</sup> Wolf, J., Johnston, R., Freeman, M.C., Ram, P.K., Slaymaker, T., Laurenz, E. and Prüss-Ustün, A., 2019. Handwashing with soap after potential faecal contact: global, regional and country estimates. *International journal of epidemiology*, 48(4), pp.1204-1218

<sup>3</sup> Freeman, M.C., Stocks, M.E., Cumming, O., Jeandron, A., Higgins, J.P., Wolf, J., Prüss-Ustün, A., Bonjour, S., Hunter, P.R., Fewtrell, L. and Curtis, V., 2014. Systematic review: hygiene and health: systematic review of handwashing practices worldwide and update of health effects. *Tropical Medicine & International Health*, 19(8), pp.906-916

## 1.2. Aim and Objectives

### Aim

The aim of the work outlined in this RFP is to design and deliver a protocol for the retrieval, synthesis and evaluation of available evidence on what behaviour change approaches are conducive to sustained adoption of effective hand hygiene practice in community settings.

### Objectives

- Design and register an evidence retrieval and synthesis protocol
- Implement the evidence retrieval and synthesis protocol
- Prepare a scientific manuscript(s) with results

### Questions

The specific questions are:

1. What are key behavioural barriers and enablers to practising effective hand hygiene in community settings?
2. What behaviour change theories have been used to design behaviour change interventions that effectively leverage identified barriers and enablers of hand hygiene in community settings?
3. What intervention functions and specific behaviour change techniques have been used effectively in behaviour change interventions to improve hand hygiene in community settings?

These questions are specified by PICOD criteria in Annex 1.

## 2. RFP specification

This section sets out the specification of services for this RFP exercise. Suppliers will be able to suggest their own methodology for the project with alternative / additional activities to achieve the deliverables, but they should use this section to fully understand WHO's requirements and to inform their response.

### 2.1. Work to be performed (due approx. 12 months after the contract start date)

#### Output 1: Registered protocol

- Activity 1.1: Rapid literature scoping to inform protocol
- Activity 1.2: Development of a protocol in collaboration with WHO technical leads
- Activity 1.3: Pre-registration of the protocol at appropriate registry<sup>4</sup> as approved by technical WHO leads

#### Output 2: Implemented protocol

- Activity 2.1: Searches, study screening and inclusion completed as per protocol
- Activity 2.2: Data extraction and quality assessment of studies and evidence completed as per protocol
- Activity 2.3: Summary report (methods, results, conclusions) finalised in collaboration with WHO leads

#### Output 3: Draft manuscript for publication

- Activity 3.1: Preparation of manuscript for publication in collaboration with WHO technical leads

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<sup>4</sup> For example PROSPERO

- Activity 3.2: Submission of manuscript for publication to peer-reviewed scientific journal

## 2.2. General requirements

- The supplier will be asked to attend relevant WHO-organised virtual meetings that may inform the outcomes of the project, and to attend meetings to present findings as required
- For all meetings related to the TOR, minutes must be prepared and circulated to WHO technical leads on a timely basis
- All outputs should be delivered as word documents, with an accompanying slide deck of summary findings.

## 2.3. Specific requirements of the consultant

### Qualifications and experience

- Demonstrable experience designing and implementing relevant systematic and/or scoping reviews
- Track record of relevant scientific publication, including systematic and/or scoping reviews but also related primary research
- Excellent academic track record, including a doctoral level degree in a related field or demonstrable commensurate research experience combined with relevant advanced level degree
- Experience of undertaking evidence retrieval and synthesis to inform policy.

### Technical skills and knowledge

- Skills and knowledge relating to the underlying research methods for the types of studies that will be reviewed under this RFP
- Skills and knowledge to design protocols for rigorous evidence retrieval and synthesis, specifically familiarity with relevant methods for systematic reviews and/or scoping reviews, e.g. pre-registration of review protocols
- Skills and knowledge for assessment of study quality and extraction of data in this or related fields, specifically familiarity with relevant quality assessment approaches/methods, e.g. Cochrane Risk of Bias tool
- Skills and knowledge for qualitative and quantitative synthesis of relevant data, specifically familiarity with methods of synthesis of relevant data, e.g. pooled analysis of data
- Skills and knowledge for grading of evidence, specifically familiarity with established methods for grading of evidence, e.g. GRADE.

## 3. RFP timetable

Activity	Responsibility	Target date
RFP issue to suppliers	WHO	5th Aug 2022
Submission of expression of interest <sup>1</sup>	Supplier	22nd Aug 2022
Invitation to submit full proposal	WHO	24th Aug 2022
Submission of RFP response	Supplier	5th Sep 2022
RFP evaluation period	WHO	w/c 5th Sep 2022
Notification of contract award	WHO	w/c 12th Sep 2022
Contract negotiation	WHO & Supplier	w/c 12th Sep 2022
Proposed contract start date	WHO & Supplier	w/c 26th Sep 2022

### Notes:

<sup>1</sup> Suppliers are asked to submit a short one paragraph expression of interest by e-mail. Suppliers are invited to share any questions for clarification that they might have as part of the EOI.

## 4. RFP proposal template

Suppliers are required to submit proposals which respond to the following sections:

### 4.1. Contract feedback

Suppliers have an opportunity to provide specific feedback to the contractual agreement which will be used should their proposal be successful. Contract feedback is to be incorporated into your proposal as an annex and in the following format:

Clause #	Issue	Proposed solution/comment

### 4.2. RFP questions

Suppliers are asked to provide responses to the following specific questions:

#	Question	Max (pages)
1	Provide a brief overview of your organisation, including track record and expertise relevant to analysis of the type outlined in this RFP	1
2	Describe how your team's qualifications, experience, technical skills and knowledge match with the specific requirements for this consultancy described above	1
3	Describe how you propose to meet our requirements, including stages and timeframes. Literature search and synthesis methodology	1
4	Provide a cost proposal which details and justifies the proposed costs to meet our requirements	1
5	Provide confirmation that if you were appointment by WHO this would not create a conflict of interest	1
6	What makes you best places to fulfil WHO's requirements set out within this request? Highlight to us any risks you foresee with meeting WHO's requirements	1

## 5. About WHO's Dept for Environment, Climate Change and Health

WHO's Department for Environment, Climate Change and Health pursue a healthier environment by strengthening health sector leadership, building mechanisms for political and social support and monitoring progress towards the Sustainable Development Goals regarding environmental threats to health.

## 6. Non-disclosure and confidentiality

The information contained within this document or subsequently made available to prospective suppliers is deemed confidential and must not be disclosed without the prior written consent of WHO unless required by law.

## 7. Independent proposal

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the purpose of restricting competition, as to any matter relating to such prices, with any other potential supplier or with any competitor.

## 8. Funding

For the avoidance of doubt, the output of this RFP exercise will be funded as a contract, not as a grant.

## 9. Costs incurred by prospective suppliers

It should be noted that this document relates to an RFP only and not a firm commitment from WHO to enter into a contractual agreement. In addition, WHO will not be held responsible for any costs associated with the production of a response to this RFP.

## 10. WHO contact details

The single point of contact within this RFP exercise for all communications is as indicated below:

Name: Joanna Esteves Mills

Role: Water, Sanitation, Hygiene and Health (WSH) Technical Officer

Email: [estevesj@who.int](mailto:estevesj@who.int)

Please send with copy to:

Name: Clara MacLeod

Email: [macleodclara@gmail.com](mailto:macleodclara@gmail.com)

## Annex 1

<p><b>1. What are key behavioural barriers and enablers to practising effective hand hygiene in community settings?</b></p>	<p><u>Sample</u> – general population in community settings</p> <p><u>Phenomenon of interest</u> – behavioural barriers and enablers for practicing handwashing with soap</p> <p><u>Design</u> – qualitative</p> <p><u>Evaluation</u> – effective hand hygiene</p> <p><u>Research type</u> – phenomenology (e.g., barrier analysis – BA)</p>
<p><b>2. What behaviour change theories have been used to design behaviour change interventions that effectively leverage identified barriers and enablers of hand hygiene in community settings?</b></p>	<p><u>Sample</u> – general population in community settings</p> <p><u>Phenomenon of interest</u> – behaviour change theories that leverage identified barriers and enablers</p> <p><u>Design</u> – experimental or quasi-experimental design and observational studies</p> <p><u>Evaluation</u> – effective hand hygiene</p> <p><u>Research type</u> – mixed methods</p>
<p><b>3. What intervention functions and specific behaviour change techniques have been used effectively in behaviour change interventions to improve hand hygiene in community settings?</b></p>	
<p>3.1. What behaviour change techniques<sup>5</sup> have been implemented to promote and sustain handwashing practices?</p>	<p><u>Sample</u> – general population in community settings</p> <p><u>Phenomenon of interest</u> – behaviour change techniques<sup>6</sup> to promote handwashing</p> <p><u>Design</u> – experimental or quasi-experimental design and observational studies</p> <p><u>Evaluation</u> – effective hand hygiene</p> <p><u>Research type</u> – mixed methods</p>
<p>3.2. What hand hygiene station designs facilitate the sustained adoption of hand hygiene behaviours?</p>	<p><u>Sample</u> – general population in community settings</p> <p><u>Phenomenon of interest</u> – hand hygiene station design</p> <p><u>Design</u> – qualitative case study, qualitative and quantitative surveys</p> <p><u>Evaluation</u> – effective hand hygiene</p> <p><u>Research type</u> – qualitative</p>
<p>3.3. What design adaptations (e.g., placement, nudges, and cues) facilitate sustained use of hand hygiene stations?</p>	<p><u>Participants</u> – general population in community settings</p> <p><u>Intervention</u> – design adaptations (e.g., placement, nudges, and cues) of hand hygiene stations</p> <p><u>Comparison</u> – no hand hygiene station design adaptation or a different type of adaptation</p> <p><u>Outcome</u> – sustained use of hand hygiene stations</p> <p><u>Design</u> – randomised and non-randomised controlled trials, before-after studies</p>
<p>3.4. What level of frequency and intensity of behaviour change interventions is necessary for promoting effective hand hygiene?</p>	<p><u>Participants</u> – general population in community settings</p> <p><u>Intervention</u> – varying frequencies and intensities of behaviour change interventions to promote effective hand hygiene</p> <p><u>Comparison</u> – standard frequency and intensity of behaviour change interventions</p> <p><u>Outcome</u> – effective hand hygiene promotion</p> <p><u>Design</u> – randomised and non-randomised controlled trials, before-after studies</p>

<sup>5</sup> Michie S, Richardson M, Johnston M, Abraham C, Francis J, Hardeman W, Eccles MP, Cane J, Wood CE. The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. Ann Behav Med. 2013 Aug;46(1):81-95. doi: 10.1007/s12160-013-9486-6. PMID: 23512568.

<p>3.5. How do hand hygiene practices change across population groups, or risk scenarios, or over time?</p>	<p><u>Sample</u> – general population in community settings</p> <p><u>Phenomenon of interest</u> – hand hygiene practices among key population groups in community settings</p> <p><u>Design</u> – observational studies and national survey data</p> <p><u>Evaluation</u> – variations in effective hand hygiene</p> <p><u>Research type</u> – quantitative</p>
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