Request for Proposals:

Sustainability and Transition Strategy for Transform Health up to and Beyond 2030

1. Introduction

Transform Health is a global coalition of 230 organisations dedicated to achieving universal health coverage (UHC) by 2030 by harnessing digital technology and the use of data.

From 2027-2030, our objectives are:

1. A robust national enabling environment for equitable, inclusive, sustainable, digital transformation of health
2. Equity and rights-based **national health data governance and AI frameworks** adopted and implemented.
3. More, better aligned, coordinated, sustainable and accountable **digital health investment** (from governments, donors, private sector) to support national digital health implementation.
4. **Inclusive and meaningful engagement** of civil society, including young people, women and marginalised communities in digital health governance and decision-making processes.

Transform Health was set up at the end of 2019 to address underlying challenges that impact digital health transformation, namely weak legislation and regulation, poor budgeting and insufficient funding, and weak political support and leadership. The Coalition was set up with a 10-year mandate from 2020-2030, to support the realisation of the Sustainability Development Goals (SDG 3.8 in particular on UHC).

Transform Health brings partners and networks together, leveraging our shared experience and expertise, to shape policy agendas, influence decision makers, support the development of tools, provide technical support, and further research and analysis to deliver health for all in the digital age.

2. Purpose and Objectives

Purpose. The purpose of this assignment is to design and facilitate a process led by Transform Health's Executive Committee, coordinated by the CEO and the Secretariat. The expected results are a Sustainability and Transition Strategy for Transform Health leading up to 2030, adopted by the Executive Committee and ready for testing in phases by October 2027.

Objectives:

- Assess the international development and wider not for profit and social enterprise landscape, identify viable organisations' operating models, and assess their strengths and weaknesses.
- Design and facilitate a staged, evidence-based process for developing Transform Health's sustainability and transition strategy up to 2030 that includes different scenarios and modeling for Transform Health post 2030. This modeling should include complete phase out, a staged phase out and transition model, maintain current model and undergo a strategic review, pivoting to a different issue leveraging the coalition model, institutional consolidation and scale up.
- Assess, on evidence gathered through structured analysis and consultation, the viability of different institutional and financial models available to sustain Transform Health's work beyond 2030.
- Position Transform Health for continued relevance in global health and digital transformation of health policy in the lead up to 2030 and under a range of plausible post-SDG scenarios, including the possibility that no unified successor framework emerges.
- Define how the outcomes Transform Health works towards, the digital transformation of health systems and country ownership of that agenda, endure over the next decade, whatever institutional form carries the work forward.
- Set named milestones and Executive Committee decision points throughout the process, so that direction remains visible and adjustable at each stage rather than fixed only at the end.

Several developments make this assessment necessary now. Transform Health's current strategy is tied closely to the SDG framework, and the existence, focus and level of political buy-in behind any successor framework remain uncertain. The global health financing environment continues to shift, with direct implications for how a coalition such as Transform Health can be resourced. The architecture of global health governance is under active discussion, alongside a sustained push towards localisation. Other actors now occupy parts of the space Transform Health entered six years ago. Each of these developments bears on the institutional and financial model best suited to sustain Transform Health's work beyond 2030, and on the continued distinctiveness of the coalition's role.

3. Scope of Work

3.1 Process Design and Governance

The Executive Committee will oversee this process and hold final decision authority at each milestone. The consultant will report to the CEO for day-to-day management of the assignment; the Secretariat will provide logistical and administrative support and coordinate the consultant's access to partners, national coordination partners and donors, without substituting for the Executive Committee's decision-making role, and

review and approve any material produced through this consultancy before submission to the Executive Committee.

The proposal should set out:

- The consultant's competences and previous experiences with such assignments
- A plan that sets out the process the consultant will adopt and the stakeholders that will be engaged, and at what stage they will be engaged.
- A communication plan that keeps Transform Health partners, national coordination partners and donors informed of progress and decision points at appropriate intervals, neither overloading their attention nor leaving them uninformed between milestones.
- An approach to managing the process alongside delivery of Transform Health's current strategy, so that the assignment does not draw disproportionately on Secretariat capacity already committed elsewhere.

3.2 Phased Approach

Transform Health expects the process to run in five phases. Applicants may propose adjustments to phasing and sequencing, provided the proposal states clearly what each adjustment changes and why.

Phase 1: Inception and pre-assessment (Months 1–2)

The consultant confirms the scope, workplan and governance arrangements with the Secretariat and the Executive Committee, then conducts a structured pre-assessment. This stage gathers evidence and surfaces the assumptions that Transform Health and its stakeholders currently hold about the coalition's future, and tests each assumption against available evidence, before the process moves to option development. The consultant also maps the full set of stakeholders to be consulted, covering Transform Health partners, national coordination partners in each of the nine coalition countries, and donors, and agrees the consultation method for each group with the Secretariat.

Phase 2: Lens-based analysis (Months 2–5)

The consultant examines the following areas largely independently before connecting the findings into a single analysis:

- **Transform Health's distinctive strengths and track record- drawing on past evaluations and donor reports.** What the coalition's network, national coalitions, community ownership and convening role have delivered, and whether that record amounts to a durable advantage Transform Health can build on, rather than an advantage other actors could readily replicate.
- **The Sustainable Development Goals as a process, and what follows them.** How the 2030 SDG timeline itself has driven Transform Health's current relevance, and how the coalition's mandate holds up against a range of plausible successor scenarios, including the possibility that no unified successor framework emerges by 2030.

- **The global health financing environment.** Trends in official development assistance for health, in philanthropic and multilateral financing, and in domestic resource mobilisation across Transform Health's focus countries, and what each implies for how the coalition can be resourced beyond 2030.
- **The architecture and localisation conversation.** Shifts underway in global health governance and financing architecture, and what the localisation agenda implies for a coalition structured as Transform Health is and for its operating model.
- **The landscape of adjacent actors.** Which organisations now occupy, overlap with or compete for the donor attention and policy space Transform Health entered a decade ago, and where the coalition's role remains distinct from theirs.
- **Different operating models,** their strengths and weaknesses and their suitability for Transform Health.

Phase 3: Stakeholder consultation (Months 3–7, run in parallel with Phase 2 where practical)

- **Transform Health partner organisations.** The consultant administers a structured survey to all partner organisations, covering partners' views of Transform Health's value, the candidate future models, and their own expectations of continuity, followed by key informant interviews with a targeted subset of partners, for example the most engaged or longest-tenured, or those the survey identifies as wanting deeper input. The proposal should set out the survey instrument's design and the logic used to select the interview subset.
- **National coordination partners.** Structured consultations, through interviews or workshops, with national coordination partners in each of Transform Health's six (increasing to nine in 2027) coalition countries, covering the architecture and localisation questions directly, and each country's own funding and institutional outlook.
- **Donors and funders, current and prospective.** Structured interviews to test appetite for each candidate model and to identify the evidence donors would need to support a continued, distinct role for Transform Health.
- **Other global health actors sharing Transform Health's space.** Interviews to distinguish genuine overlap from complementarity.

All consultation findings feed into a single evidence base, used directly in Phase 4, rather than standing as separate inputs reconciled only at the end.

Phase 4: Model and options development (Months 6–8)

Using the evidence gathered in Phases 2 and 3, the consultant develops a small number of institutional and financial models for Transform Health's transition and sustainability, each evaluated against agreed criteria: mission fit, financial sustainability, governance complexity, donor appetite, and legal feasibility.

Phase 5: Synthesis, Executive Committee decision and Transition Plan (Months 8–12)

The consultant presents the options paper to the Executive Committee to test each model against the Committee's own risk appetite and mission priorities. The consultant incorporates the Committee's feedback into a draft Sustainability and Transition Strategy, then finalises the strategy for formal Executive Committee adoption, together with a Transition Plan that names milestones, owners and review points through the transition period. The consultant prepares the adopted strategy and supporting materials for submission by November 2027.

3.3 Dimensions of Transition

The consultant should treat transition as a set of parallel workstreams that converge on the same end state, each assigned an owner and its own milestones within the Transition Plan, rather than a checklist worked through in sequence once the strategy is adopted. At minimum, the Transition Plan should address:

- **Operational.** How Transform Health's day-to-day systems, processes and ways of working change under the new model.
- **Structural.** The coalition's organisational and legal form, and how the network's structure evolves.
- **Governance.** Decision rights and accountability, including how the Executive Committee's own role changes through and after the transition.
- **Thematic and strategic.** How Transform Health's issue focus and theory of change evolve, distinct from the institutional model that carries them forward.
- **Economic and funding.** How the coalition is resourced under the new model, and how funding diversifies away from reliance on any single source.
- **Human capital and organisational culture.** Secretariat staffing and capacity, succession planning, and morale through the transition.
- **Legal and regulatory.** Registration, jurisdiction and compliance questions across Transform Health's operating countries, particularly where the chosen model changes the coalition's legal form.
- **Partnerships and network relationships.** How the 230-plus partner relationships and the nine national coalitions transfer, evolve or are renegotiated under the new model.
- **Risk and safeguarding.** Transition-specific risks and reputational exposure, tracked separately from the risk register each workstream keeps on its own.

Applicants may propose additional dimensions where relevant to Transform Health's context.

4. Deliverables

Ref	Deliverable	Indicative timing
D1	Inception report and detailed workplan	Month 1
D2	Workshop with the Executive Committee during board retreat	Month 3 (tentatively end of Feb)

D2	Pre-assessment and lens-based findings paper	Month 5
D3	Stakeholder consultation summary report	Month 7
D4	Options paper (institutional and financial models, evaluated against agreed criteria) and facilitated Executive Committee workshop	Month 8
D5	Draft Sustainability and Transition Strategy, including the future theory of change	Month 10
D6	Final, Executive Committee-adopted Sustainability and Transition Strategy, with Transition Plan and milestones	Month 12
D7	Executive Committee- and presentation materials at each milestone	Ongoing

5. Milestones and Indicative Timeline

Transform Health has set the timeline below to allow a 12-month engagement to conclude in time for Executive Committee adoption and submission to [donor] in November 2027. Dates marked as indicative may be adjusted at contract award.

Milestone	Timing
Inception and pre-assessment complete (Phase 1)	Month 2
Lens-based analysis complete (Phase 2)	Month 5
Stakeholder consultation complete (Phase 3)	Month 7
Options paper and Executive Committee workshop (Phase 4)	Month 8
Draft strategy to Executive Committee (Phase 5)	Month 10
Final Executive Committee adoption of strategy (Phase 5)	Month 12 (by October 2027)

6. Team and Expertise Requirements

Transform Health is seeking a single lead consultant or firm, able to subcontract specialist expertise for defined components of the assignment. Applicants should name any subcontracted specialists in their proposal and set out each specialist's role and the phase in which they contribute.

- Demonstrated experience designing and facilitating organisational sustainability, transition or strategic planning processes for coalitions, networks or nonprofit organisations of comparable scale.
- Working knowledge of the global health and digital health sector, including the donor, multilateral and civil-society landscape Transform Health operates within.

- Experience facilitating Executive Committee or Board-level strategic decision-making, including retreats or workshops that test strategic options against a governing body's own risk appetite.
- Access to, or capacity to subcontract, legal and governance expertise relevant to nonprofit institutional models across Transform Health's operating jurisdictions, and financial or investment-modelling expertise relevant to assessing a blended-finance or impact-investment model.
- Experience designing and running multi-country stakeholder consultation, appropriate to engagement across Transform Health's nine coalition countries.
- Experience designing and analysing a large survey alongside qualitative key informant interviews, and synthesising the two into a single evidence base.

7. Budget

Total consultancy fees, inclusive of all professional fees, travel, subcontracted specialist input and expenses, **must not exceed US$40,000**.

The financial proposal should itemise fees by phase and specify any subcontracted specialist costs separately.

8. Conflict of Interest and Independence

Applicants must disclose any current or prior engagement with organisations identified in Section 4.2, Phase 2, as occupying or overlapping with Transform Health's space, for example the World Health Organization, Gavi, Global Fund, PATH, or other digital health coalitions and initiatives, and any other relationship that could affect the independence of the analysis, including current or prior work for any of Transform Health's own donors on matters related to this assignment.

9. Proposal Requirements

9.1 Technical Proposal

- Understanding of the assignment and Transform Health's context.
- Proposed methodology and phased workplan, including any adjustments to the phasing in Section 4.2 and the reasoning for each.
- Proposed consultation approach and sampling strategy for each stakeholder group in Section 4.2, Phase 3.
- Proposed governance and communication arrangements for the assignment, per Section 4.1.
- Team composition and CVs, including any named subcontracted specialists and their role.
- References from at least two comparable assignments, ideally with a coalition, network or nonprofit organisation.
- Conflict-of-interest disclosure, per Section 9.

9.2 Financial Proposal

An itemised budget by phase, inclusive of all fees, travel, subcontracted specialist costs and expenses, within the US$40,000 ceiling set out in Section 8.

Proposals should not exceed 10 pages excluding CVs, references and annexes.

10. Evaluation Criteria

Criterion	Weight
Technical approach and methodology, including the quality of the proposed pre-assessment, lens-based analysis and options-development approach	30%
Relevant experience and track record in comparable sustainability, transition or strategic planning assignments	25%
Team composition and expertise, including named subcontracted specialists	20%
Proposed consultation and Executive Committee-facilitation approach	15%
Value for money	10%

11. Submission Instructions

Interested consultants should submit a technical and financial proposal by **20 November 2026** to Transform Health at hr@transformhealthcoalition.org with the **subject line 'Application | Sustainability and Transition Strategy'**