



# **Call for a regional mentor institute**

**Building health policy and  
systems research (HPSR)  
capacity on intersectionality  
and gender equity**

**Deadline:  
31 January 2019**

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## Overview

The Alliance is seeking a mentorship institute based in a low- or middle-income country to oversee a multi-part initiative to strengthen HPSR capacity on gender and intersectionality in its region. The mentor institute will select early-career HPSR researchers to undertake a relevant study, will develop a training course for these researchers (and others) on gender and intersectionality appropriate for their region, and provide further support for the researchers as they undertake their studies. **This is not a call for research projects on HPSR and gender and intersectionality.**

## Background and objectives

Health policy and systems research (HPSR) is a field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. Gender refers to the socially constructed characteristics of women, men and those identifying as non-binary – such as norms, roles and relationships (WHO, 2018). Intersectionality brings in an additional series of characteristics and contexts that intersect with gender in dynamic ways to privilege or disadvantage different individuals, creating inequalities (Hankvisky, 2012; Tolhurst et al., 2012). Key publications have highlighted how gender and intersectionality are critical in explaining variations in access, choices and opportunities within health systems (George, 2007; Iyer et al., 2008; Morgan et al., 2016; Theobald et al., 2017). HPSR has a crucial potential role in unpacking why and how these disparities play out in real world health systems contexts, and in informing policy and action to develop more gender and intersectionality-responsive health systems.

In April 2018, the Alliance for Health Policy and Systems Research (the Alliance) convened a meeting of gender and intersectionality experts in Dubai, United Arab Emirates, to identify synergies with existing efforts in the field and to inform a research agenda on gender and intersectionality in health systems. The field of HPSR on gender and intersectionality has seen important contributions to its methodological development with key formative publications, however there is still a significant unmet need for research capacity in this area. No formal courses or training programmes for the generation and use of HPSR on gender and intersectionality are in existence in LMICs. In terms of identifying research priorities, the meeting highlighted the importance of addressing gender-related vulnerabilities in conflict-affected and emergency contexts, and the broader role of gender-sensitive health systems in advancing UHC through equitable access to person-centred care. The meeting reaffirmed the value of strengthening research capacity, complementing the efforts of research groups currently involved in conducting HPSR on gender and intersectionality.

The Alliance is undertaking an initiative to address this need to strengthen capacity for HPSR on gender and intersectionality in LMICs, with the following objectives:

- Strengthen the capacities of early-career, LMIC-based researchers in conducting HPSR on gender and intersectionality.
- Strengthen the wider sub-field of HPSR on gender and intersectionality through the development of a short course.
- Support new HPSR research on gender and intersectionality by young researchers, including research conducted in fragile contexts.

For this programme, the Alliance will select a Regional Mentor Institute (RMI) based in an LMIC. The RMI will make small research grants to early-career, LMIC-based researchers, selected through open competition, from different countries in the [WHO region](#) in which it is located. The RMI will also develop a short course on HPSR on gender and intersectionality and teach this course to the researchers before they commence their research. The RMI will provide continuous training and mentorship to the researchers throughout the conduct of their research projects. 50% of the researchers supported will focus their research on fragile and conflict affected contexts.

Through this call for proposals, the Alliance is seeking bids from interested LMIC-based institutions with teaching or training capacity in HPSR and expertise in gender and intersectionality to serve as the RMI.

### **Specific tasks of the RMI**

- Develop a one-to-two-day short course on HPSR on gender and intersectionality.
- Select eight early-career researchers from LMICs within the WHO region in which the RMI is located, through a competitive process, and ensuring gender diversity and geographical diversity within the region.
- Conduct a capacity strengthening and protocol development workshop for the selected researchers.
- Administer the grant awards to the selected researchers.
- Undertake continuous mentorship of the researchers, including through field visits.
- Conduct an analysis and writing workshop.
- Support the researchers to publish the research in peer-reviewed journals, or as a single special issue of a peer-reviewed journal.
- Where possible, monitor the impact of the research capacities developed.

### **Selection Criteria**

For consideration as an RMI, the following selection criteria apply:

- Proven track record and capacity for conducting policy-relevant research, training and building of networks.
- Established reputation for teaching or training in HPSR.
- Established faculty track record in gender and intersectionality.
- Visibility within the HPSR community and relationships with leading institutions in HPSR.
- Administrative capacity to issue and manage grant contracts to researchers in multiple countries.
- Existing curriculum development experience in HPSR (desirable).

The selection committee will also consider how the proposal responds to following additional factors:

- Value for money
- Monitoring and evaluation of this programme of work

The selected RMI will be expected to work independently, regularly completing and reporting on agreed products, while maintaining an ongoing collaborative relationship with the Alliance Secretariat.

## **Funding and period**

**The maximum amount of funding available from the Alliance will be US\$ 500,000.** No further funding will be provided by the Alliance within and beyond the project period. The activities will be implemented from 2019-2021 and **the end date should not exceed 1 July 2021.**

At least 40% of the total budget should be reserved for the grant awards to researchers. No more than 20% of the total budget should be used for project management and staff salary costs.

## **Application process**

**Deadline: 31 January 2019**

**Bids submitted after this deadline will not be considered.**

Successful applicants can expect to be notified within one month of the deadline. WHO may, at its own discretion, extend this closing date for the submission of bids by notifying all applicants thereof in writing.

Submissions of bids should be made at [alliancehpsr@who.int](mailto:alliancehpsr@who.int). Please use the subject: WHO Bid Ref. Call for a Regional Mentor Institute

Submissions of not more than eight pages should include the following:

- Name of the bidding institution including contact details and name of a key contact person.
- Motivation for applying: how this work fits in with the bidder's expertise and aligns with current areas of work in teaching and training in HPSR / gender and intersectionality.
- Composition of the proposed team: names, expertise, function in institution, role in team and experience relevant to the call. CVs may be included as an annex to the submission.
- Description of a two-year plan based on the outlined specific tasks of the Regional Mentor Institute and the selection criteria outlined.
- Itemized budget for two years based on the specific tasks outlined. This call will not fund equipment, or support for hiring new permanent teaching staff.

## Note for applicants

1. WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) applicant, modify the bid by written amendment. Amendments could, inter alia, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.
2. All prospective applicants that have submitted a bid will be notified in writing of all amendments to the bid and will, where applicable, be invited to amend their submission accordingly.
3. Applicants should note that WHO reserves the right to:
  - a. Award the contract to an applicant of its choice, even if its bid is not the lowest;
  - b. Accept or reject any bid, and to annul the solicitation process and reject all bids at any time prior to award of contract, without thereby incurring any liability to the affected applicants and without any obligation to inform the affected applicants of the grounds for WHO's action;
  - c. Award the contract on the basis of the Organization's particular objectives to an applicant whose bid is considered to be the most responsive to the needs of the Organization and the activity concerned;
  - d. Not award any contract at all;
  - e. Eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obligated to reveal, or discuss with any applicant, how a bid was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any applicant.
4. WHO is acting in good faith by issuing this request for bids. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.
5. WHO reserves the right to enter into negotiations with one or more applicants of its choice, including but not limited to negotiation of the terms of the bid(s), the price quoted in such bid(s) and/or the deletion of certain parts of the work, components or items called for under this bid.
6. Within 30 days of receipt of the contract, the successful applicant shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the applicant does not accept the contract terms without changes, then WHO has the right not to proceed with the selected applicant and instead contract with another applicant of its choice.

## References

- George, A. (2007) 'Human Resources for Health: A Gender Analysis', paper prepared for the Women and Gender Equity Knowledge Network and the Health Systems Knowledge Network of the WHO Commission on Social Determinants of Health, at:  
[www.who.int/social\\_determinants/resources/human\\_resources\\_for\\_health\\_wgkn\\_2007.pdf](http://www.who.int/social_determinants/resources/human_resources_for_health_wgkn_2007.pdf)
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