



Call for implementation research projects

Strengthening Health Systems: The Role of Drug Shops

A joint call from the Alliance for Health Policy and Systems Research and the Implementing Best Practices Initiative (IBP), WHO

Deadline:
10 January 2019

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Background

Private medicine retailers are an important source of medicines and care, particularly in low- and middle-income countries (LMICs), where licensed providers are often scarce in rural areas. One review reported that in African countries the percentage of caregivers turning to private drug retailers as the point of care for the treatment of childhood illnesses varied from 10-82% with a median of 50% (Brieger, 2004). This is supported by country-level studies. In Uganda, Kitutu *et al* report that private drug shops are the first point of care for a majority of fever cases (Kitutu *et al*, 2017). Given that drug shops are often located in settings with few – if any – qualified providers, they are particularly important to poorest groups in the population. Despite the important role that drug shops have in enabling access to medicines and health care in often remote and rural areas, and among the poorest groups of the population, they have until relatively recently not been thought to be an integral part of the health system.

Recognizing the contribution that private drug shops make in enhancing access to medicines, and balancing this with the imperative to ensure the provision of quality services to populations, several initiatives have been

launched over the past decade to engage drug shops towards meeting public health goals. These initiatives typically include the provision of training and algorithms to those running and staffing drug shops to enable them to provide appropriate care, linking drug shops to established supply chains to ensure quality of medicines, enhanced regulation, putting in place information systems to monitor supplies and drug dispensing patterns as well as making changes to legal rules and regulations to enable non-pharmacists to prescribe certain categories of prescription drugs (*Kitutu et al, 2017*). Tanzania's Accredited Drug Dispensing Outlet (ADDO) programme is a well-known example, having been scaled up nationwide (*Rutta et al, 2015*). Similar programmes have been put in place in several other countries, most notably throughout sub-Saharan Africa (*Wafula et al, 2012*). These multi-faceted programmes comprising multiple interventions affect several aspects of the health system including financing mechanisms, information systems, human resources for health, and service delivery.

Objective

Given the potentially significant role that the engagement of drug shops can have in efforts to strengthen LMIC health systems, the Alliance for Health Policy and Systems Research, an international partnership hosted at WHO, and the Implementing Best Practices Initiative at WHO are launching this call for implementation research projects. The objective of this implementation research programme is to understand the processes and mechanisms through which **efforts to engage drug shops in the delivery of specific services such as integrated community case management (ICCM), malaria care and family planning services (hence forth referred to as 'initiatives') have contributed or have failed to contribute to efforts to strengthen health systems towards universal health coverage (UHC).**

This call for implementation research was informed by an implementer stakeholder workshop hosted by the Alliance and IBP in August 2018. Over 25 global and local non-governmental and civil society organizations working on programmes around provision of services through drug shops convened to discuss implementer challenges and gaps. These were supplemented by 2 country case studies. Together this information was used to design this call for research ensuring that implementer perspectives are driving the call for implementation research projects.

Research supported through this programme seeks to **examine how existing initiatives to deliver these services have influenced access to medicines, the other building blocks of the health system as well as interactions among the building blocks towards stronger health systems.** Examples of some of the **mechanisms** through which this could happen are:

- Spurring the development and appropriate management of supply chains, as well as improving medicine quality.
- Facilitating required legal and regulatory changes to enable drug shops to provide these services.
- Developing institutional mechanisms to accredit drug shops, inspect drug shops and manage the engagement with them.
- Training of human resources working in drug shops.
- Drug shop operator motivations in provision of health services.
- Increased access to services among young people through drug shops.
- Development of referral chains with the public system or formal private providers.
- Development and strengthening of health information systems
- Educating consumers about appropriate use of medicines and the dangers of anti-microbial resistance (AMR).
- Increasing the use of technology more broadly at first point of contact with the health system.
- Getting stakeholders, particularly formal providers within the public system, especially at the peripheral level to engage with drug shops.

Research resulting from this programme is expected to contribute to new knowledge on **how these mechanisms and their interactions have enabled existing initiatives to contribute to efforts to strengthen health systems in LMICs**. Research is not intended to directly measure the effectiveness of any given initiative or mechanism, nor is it intended to propose the establishment of a new initiative.

Applicants are encouraged to explore the potential use of mixed methods, and a range of approaches including but not limited to stakeholder analysis, causal loop diagrams, social network analysis among others.

Eligibility

- Researchers based in institutions in LMICs are eligible to apply. However, given that this is an implementation research project, **the research team must include an implementer associated with the initiative under study**.
- Teams should be gender-balanced with women comprising **at least 50%** of the research team.
- CVs of researchers should reflect experience both in the topical areas of health systems, medicines, and/or supply chains, as well as in methodologies needed to carry out the research proposed (health system analysis, experience in using systems thinking tools as relevant). In line with the aim of the research to inform implementation, the Principal Investigator must also demonstrate how s/he has engaged with implementers during previous research.
- Publication history is an asset.

- Individuals from high-income countries are **not** eligible to apply as principle investigators. Collaborations between organizations based in LMICs and individuals and organizations in high-income countries are acceptable on the condition that **not** more than 15% of the total grant value can go to individuals or organizations based in high-income countries. Applications from UN agencies including WHO will **not** be considered and though UN country or regional offices can be listed as collaborators they will **not** be entitled to receive any funding from the research grant.

Work duration and cost

Between five-seven studies are expected to be funded in as many countries. **Individual research projects will be funded up to a maximum of US\$ 25,000. The research projects are expected to run for a maximum of 12 months.**

Application process

To apply, please submit an expression of interest of **no more than 3,000 words** and CVs of each research team member by **10 January 2019**.

Expressions of interest submitted after this deadline will not be considered. Successful applicants can expect to be notified within **two months** of the deadline. WHO may, at its own discretion, extend this closing date for the submission of expressions of interest by notifying all applicants thereof in writing.

Submissions of Expressions of Interest should be made at alliancehpsr@who.int. Please use the subject: WHO Bid Ref. Request for Expressions of Interest: Drug Shops.

Submissions of no more than 3,000 words should:

1. Provide a **brief description** of the initiative currently in place in the study setting to use drug shops towards the delivery of services. This should include a description of services provided, stage of implementation/ scale up, population and geographical area covered. It should also provide an overview of the different components of the initiative currently in place (for example, training of providers, financial incentives for providers, creating demand in communities, regulation and quality improvement strategies).
2. Put forth **a clear research question** that contributes to the overall aim of the research programme as described under the objectives section above.
3. Provide **information on data sources and methods to be used**, including demonstrating how the project will examine intended and

unintended consequences of the various components of the initiative on different parts of the health system.

4. Provide summary details of the research team including the position and qualifications of the Principal Investigator and other team members. The description of the team should also give an indication of the team's capacity for applying health system and implementation research methods and mixed methods approaches.
5. Provide an estimate and itemized budget summary for activities over a 12-month period.

In addition to the proposal, teams must submit CVs of each of the research team members as attachments in the same email.

The Alliance is an engaged funder. A peer-reviewed publication is expected as well as dissemination activities and policy products, including one or more policy briefs.

Evaluation of proposals

Research proposals will be judged on:

- The potential of the proposed research study to contribute to the overall aims of the research programme.
- Quality of the research proposal in terms of a clearly elucidated research question, well defined hypothesis, data sources and methods.
- The final selection will also seek to maximize diversity in terms of a) geographical regions, b) initiatives providing different types of services (family planning, ICCM, malaria care services).
- Qualifications and experience of the team.
- Value for money.

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. WHO has the right to 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

- Brieger, W. R., Osamor, P. E., Salami, K. K., Oladepo, O., & Otusanya, S. A. (2004). Interactions between patent medicine vendors and customers in urban and rural Nigeria. *Health policy and planning*, 19(3), 177-182.
- Kitutu, F. E., Mayora, C., Johansson, E. W., Peterson, S., Wamani, H., Bigdeli, M., & Shroff, Z. C. (2017). Health system effects of implementing integrated community case management (iCCM) intervention in private retail drug shops in South Western Uganda: a qualitative study. *BMJ global health*, 2(Suppl 3), e000334.
- Rutta, E., Liana, J., Embrey, M., Johnson, K., Kimatta, S., Valimba, R., ... & Sillo, H. (2015). Accrediting retail drug shops to strengthen Tanzania's public

health system: an ADDO case study. *Journal of pharmaceutical policy and practice*, 8(1), 23.

Wafula, F. N., Miriti, E. M., & Goodman, C. A. (2012). Examining characteristics, knowledge and regulatory practices of specialized drug shops in Sub-Saharan Africa: a systematic review of the literature. *BMC health services research*, 12(1), 223.