



Call for proposals

Country-level stories of change on health
policy and systems research

Deadline:

12 November 2019, 23:59 CET

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Country-level stories of change on health policy and systems research

Identifying the contributions of the Alliance for Health Policy and Systems Research in selected countries

Deadline: Tuesday, 12 November 2019 (23:59 CET)

Overview

The Alliance is seeking a team of diverse health policy and systems researchers and communicators to develop stories of change on eleven low- and middle- income countries that provide an overview of how the HPSR environment has changed between 2009-2019 at the country level, and what the Alliance's contribution to those changes has been.

Background and overview

The Alliance for Health Policy and Systems Research (the Alliance) was established in 1999 to improve the health of those in low- and middle-income countries (LMICs) by supporting the generation and use of evidence that strengthens health systems. For the first ten years, the Alliance operated primarily by giving grants to strengthen the capacities of young researchers. For the last ten years it has been working with partners around the globe to: provide a unique forum for the health policy and systems research (HPSR) community; support institutional capacity for the conduct and uptake of HPSR; stimulate the generation of knowledge and innovations to nurture learning and resilience in health systems; and increase the demand for and use of knowledge for strengthening health systems.

Since the establishment of the Alliance, the HPSR community has evolved dramatically. For example, the World Report on HPSR found a 370% increase in publications about HPSR between 1990-2015 (World Health Organization, 2017). But progress has been uneven. Authorship on HPSR articles on LMIC countries from LMIC authors has risen, but this is mainly accounted for by increases in middle-income countries (*ibid.*). In addition to new knowledge about HPSR, there have also been notable examples of institutionalizing capacity for HPSR both for the generation and use of evidence. Mexico's Fundación Mexicana para la Salud (FUNSALUD), Thailand's International Health Policy Programme (IHPP), the Public Health Foundation of India, and China's National Health Development Research Centre (CNHDRC) are all good examples.

There has also been increased funding for HPSR from a variety of donors. The Alliance alone has supported over 400 projects across at least 70 countries. The eleven countries where the Alliance has had more than ten projects are: Viet Nam, Pakistan, Ghana, Brazil, Mexico, Lebanon, Nigeria, Uganda, China, South Africa and India.

While we have collected small-scale stories of change about a number of these projects (see our [Annual Reports](#) for examples), and while there are independent evaluations of the Alliance alongside its five-year strategic planning process, there has been little systematic effort to understand how the HPSR environment has changed over this time at the country level, and what the Alliance's contribution to those changes has been.

Objectives and approach

The overall goal of this project is to understand in 11 countries where we have had the most number of projects between 2009-2019: 1) how HPSR environments have evolved, and 2) what the Alliance's contribution has been to that evolution.

To share this understanding, we are looking to develop stories of change for each country, which should consider developments in:

1. **Individual and institutional capacities** for both the generation and use of HPSR at national and sub-national levels.
2. **Research productivity** and outputs in the field of HPSR and their influences on the field in general (i.e., among the wider HPSR community) and influences on health system strengthening within the country itself.
3. **Impact of HPSR** on practice, policies and regulation in the country, including any increase in dedicated HPSR funding or commitment from the government of the country.

Based on these objectives, applicants should propose a relevant methodological approach to developing these stories of change that:

1. utilizes a mix of quantitative and qualitative methods;
2. ensures collaboration and verification of findings with key contacts in each of the countries.

The main output expected from the project is an overarching report in English that includes an introduction, the eleven stories of change (roughly 3-5 pages per country), a section that reads across the eleven stories to understand how they have contributed to the wider HPSR community globally, and a section that highlights lessons for the Alliance about how it can improve its engagement at country level.

In addition to this report, we would like standalone summaries (roughly one-page each) of the eleven country stories to support the wider communication and dissemination of these stories. We also welcome innovative approaches to conveying the stories beyond written text.

Eligibility criteria

For consideration for this award, the following eligibility criteria apply:

1. The principal investigator (PI) should:
 - a. Have several years of broad global health research experience in LMICs, including HPSR;
 - b. Have experience with or exposure to the work of the Alliance;
 - c. Be involved in or published on research capacity assessment or research impact assessments; and
 - d. Have experience with doing capacity development for research in LMICs.
2. The team should:
 - a. Comprise of 1) a core team that defines methods and research tools and oversees work in multiple countries, and

- 2) a network of key people and HPSR collaborators living in or with knowledge of the relevant countries;
- b. Be familiar with quantitative and qualitative research approaches, especially for understanding contribution and impact of policies and programmes;
- c. Demonstrate language skills outside of English as appropriate for the countries;
- d. Have experience using innovative approaches to communicating research findings.

For all Alliance research projects, we require a gender balance, with women comprising at least 50% of the research team.

Funding and period

The maximum amount of funding available from the Alliance will be US\$ 185 000. No further funding will be provided by the Alliance within and beyond the project period. The activities should take no longer than nine months and are expected to commence roughly in January 2020.

Evaluation criteria

Submissions will be reviewed by at least two independent reviewers who will judge proposals based on:

- Appropriateness of the proposed methods for meeting the objectives of the call
- Feasibility of the proposed approach for meeting deadlines
- Eligibility criteria outlined above
- Value for money

Application process

Deadline: Tuesday, 12 November 2019 (23:59 CET)

Bids submitted after this deadline will not be considered.

Successful applicants can be expected 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. Please use the subject: **WHO Bid Ref. Call for Proposals: Country-level stories of change.**

Submissions should be **no more than 8 pages, excluding annexes** (standard font at size 11, 1.15 line-spacing, normal margins) and should include the following:

1. Name of the bidding institution, including contact details and name of the key contact person/principal investigator.
2. Composition of the proposed team: names, expertise, function in their institution, role in team, and experience relevant to the call. CVs should be included as an annex to the submission.
3. Description of the proposed methodological approach. This should articulate how the team will go about collecting these 11 stories and how the methodology will situate these country stories in global trends. There should also be a clear description of how the contribution of the Alliance to change in the HPSR environment will be assessed. And finally, it should outline how it is envisioned that these stories are presented.
4. Itemized budget and timeline of activities lasting no more than nine months between January–September 2020.

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

World Health Organization. (2017). World report on health policy and systems research. World Health Organization.
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