

Call for proposals - research and uptake grants

Research to Enhance the Adaptation
and Implementation of Health Systems
Guidelines (RAISE)

Deadline:

Wednesday, 19 June 2019, 23:59 CEST



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Overview

The Alliance for Health Policy and Systems Research is seeking proposals for the conduct and uptake of research focusing on the adaptation and implementation of health systems guidelines in six different low- and middle-income countries.

Background

Health systems worldwide face increasingly complex challenges, such as the growing burden of chronic, noncommunicable diseases, climate change and the emergence of new epidemics and antimicrobial resistance. These challenges have prompted an important shift in focus from curative care to prevention and health promotion, as well as the development of new service delivery, financing and governance models as part of health systems strengthening efforts. It is increasingly recognised that it will not be possible to achieve the health-related Sustainable Development Goals (SDGs), including universal health coverage (UHC), without stronger and high-quality health systems [1, 2].

In turn, meeting these challenges will require health systems interventions and reforms that are supported by evidence-informed health systems guidelines. Empirical findings suggest that implementation of guidelines in policy and practice is associated with better health outcomes for the target populations [3, 4]. While guideline production to date has largely focused on clinical practice, there is increasing interest globally in health systems recommendations to inform health policy and systems decision-making [5].

As such, health systems guidelines have emerged as a key approach to strengthening health systems, with a view of enhancing coverage, quality, efficiency and equity [6]. The WHO Guideline Review Committee (GRC) classifies global guidelines according to the focus and type of recommendations addressed (Table 1) [7].

Table 1. WHO classification of guidelines

Type of recommendations	Example
Clinical interventions	Management of severe acute malnutrition in infants and children
Diagnostic tests	Fluorescent light-emitting diode [LED] microscopy for the diagnosis of tuberculosis
Public health interventions or exposures	Optimal intake of dietary folate in pregnant women
Health system interventions and approaches	WHO guidelines on health policy and system support to optimize community health worker programmes

The Cochrane Effective Practice and Organisation of Care (EPOC) taxonomy for health systems interventions identifies four intervention domains for health systems strengthening: delivery arrangements, financial arrangements, governance arrangements and implementation strategies. Furthermore, the implementation strategies domain have been refined by the Expert Recommendations for Implementing Change (ERIC) framework [8]

– for instance “conduct local needs assessment” or “alter incentive/allowance structures” – to provide conceptual clarity and relevance in light of the complexity and heterogeneity of health systems worldwide. In essence, guidelines on health systems address, without being limited to, the health systems building blocks (service delivery, health workforce, health information systems, financing, essential medicines, and leadership/governance) and their inter-relations within system-oriented interventions.

For the purpose of this initiative, health systems guidelines are conceptualized as evidence-informed recommendations pertaining to health systems interventions and approaches aiming to enhance the performance of health systems [7]. Since 2010, WHO has been developing a list of global guidelines on health systems [9], e.g. the 2019 guidelines on digital interventions for health system strengthening [10], or the 2012 guidelines on task-shifting and optimizing health worker roles for maternal and newborn health [11].

An important challenge to the impact of guidelines is their applicability and implementation in different socio-cultural contexts and health system settings. Factors impeding the implementation of guidelines relate to: i) knowledge and attitudes of stakeholders, for instance lack of awareness, familiarity, agreement and/or skills; ii) guideline-related factors, including but not limited to the lack of applicability, absence of decision support systems or difficult access to guidelines, or complexity (e.g. too theoretical); and iii) external factors including organisational constraints, poor resources (time restrictions, heavy workload, facilitation) and accountability measures [12]. Yet, this body of knowledge on the implementation of guidelines largely stems from studies focusing on clinical practice, as well as factors pertaining to health-care providers attitudes’ and behaviours [12-14].

Problem statement

The empirical knowledge is very limited in relation to factors influencing the adaptation and implementation of health systems recommendations, including but not limited to health systems readiness, arrangements and processes to enhance the integration of health systems guidelines [4]. Limited empirical evidence exists on adaptation of guidelines - for instance adapting WHO guidelines into national guideline development processes - and it is largely skewed towards clinical practice recommendations [15]. In addition, there is limited research on the challenges of real world implementation, even for “adapted” guidelines.

As such, there is a need for more research on the factors affecting the adaptation and implementation of health systems guidelines addressing a comprehensive set of health systems attributes and functions. Evidence is required on the good practices and effective strategies to integrate and use

health systems recommendations, with a view of enhancing the performance of health systems.

Furthermore, there is a need for additional research on the different challenges of implementing health systems guidelines in low- and middle-income countries (LMICs) [16]. Adapting guidelines to different cultural and socio-economic contexts is a fundamental issue, but adaptation is only one aspect of implementation, and countries also face challenges in embedding recommendations in complex health and political systems. In some instances, guideline implementation may unintentionally increase health inequities [17], which is an example of the complexity of implementation requiring context-sensitive research. There is also a need to document and better understand the balance between contextualised findings with local applicability versus generalisable lessons to support health systems recommendations in various settings.

In turn, this evidence gap can be addressed by research focusing on factors influencing how health systems guidelines are perceived, adapted, used and integrated within policy and practice. There is a need for greater contextualised knowledge on guideline adaptation, for instance adapting global guidelines to national contexts, as well as policy formulation informed by health systems recommendations, considering issues of complexity in policymaking and health systems strengthening. Key to this challenge is to embrace the views and experiences of the end-users of health systems guidelines within different settings. This requires early and meaningful engagement of guideline planners, developers and implementers in the implementation research process.

Alliance HPSR approach

To address these challenges, the Alliance for Health Policy and Systems Research (HPSR) is putting forth a new portfolio of work to bridge the knowledge gap on the adaptation and implementation of health systems guidelines, with a view of enhancing policy and systems decision-making in LMICs. The portfolio is entitled *Research to Enhance the Adaptation and Implementation of Health Systems Guidelines (RAISE)*.

Objectives of RAISE

The primary objectives of the RAISE initiative are to:

- Advance the science on the adaptation and implementation of health systems guidelines in LMICs, including contextualised and policy-relevant research findings;
- Strengthen capacities of LMIC stakeholders to conduct health policy and systems research focusing on health systems guidelines; and
- Support efforts to enhance the uptake of health systems guidelines and strengthen health systems in LMICs.

The primary target audience for the research findings supported by this initiative are policymakers and health systems managers who are developing, adapting and implementing guidelines for health systems in LMICs.

The Alliance will support the conduct and uptake of research on health systems guidelines (RAISE grants) in LMICs, informed by the priorities identified by country stakeholders.

Call for research grants

The Alliance invites proposals for the conduct and uptake of research focusing on the adaptation and implementation of health systems guidelines in low- and middle-income countries.

Six research grants in different LMICs will be supported under this scheme, focusing on the integration of health systems guidelines in health policymaking and health systems strengthening endeavours. As such, the proposals should outline the research approaches and methods envisaged to address complex questions around the adaptation and implementation of health systems guidelines, including but not limited to multi- and trans-disciplinary approaches and various health policy and systems research methods (e.g. implementation research, embedding research into policy and practice, policy analysis, etc.)

Furthermore, the RAISE country teams will benefit from ongoing technical and scientific assistance from a Technical Support Centre with a strong skill mix in implementation and health systems research, as well as guideline development, adaptation and implementation as applied to LMIC settings.

The RAISE research projects should be informed by research priorities identified by country stakeholders and health systems decision-makers. As such, the RAISE proposals should put forth meaningful and innovative engagement strategies with health systems decision-makers, including early, continuous and iterative engagement throughout the research-to-implementation cycle. The proposals should also include an explicit strategy for knowledge uptake and impact, to support the improvement agenda of the RAISE initiative.

This RFP encourages submission of proposals on the adaptation and implementation of health systems guidelines in emergencies, conflict-affected settings and fragile states. While it is not limited to humanitarian settings, the call aims at contributing to bridging the knowledge gap in this space [18].

Funding and period

- Six research grants will be funded up to a maximum of US\$ 100,000 each. Each grant should cover one LMIC only. No further funding will be provided by the Alliance within and beyond the project period.
- The activities of the RAISE grants are expected to run for 24 months from August 2019 to August 2021.
- Bidders should include in-country outreach, advocacy, policy and dissemination activities in their budget.
- Bidders do not need to budget the activities of the RAISE Technical Support Centre.
- Bidders **do not** need to budget the standard costs of the initial RAISE development workshop (third quarter of 2019). Two representatives from the RAISE team will be invited and the Alliance will cover transportation and accommodation costs. Please note that standard airfare for the workshop will be in economy class, as per the WHO travel policy.
- The final budget of the RAISE grant will be contingent on the scope of the proposed work. The payments will be linked to satisfactory completion of the deliverables.

Bidder profile

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

1. Relevant experience and expertise in health policy and systems research including implementation research.
2. Established track record working on guideline adaptation and implementation as applied to LMIC settings.
3. Demonstrated skills and proven experience in engaging health systems decision-makers in research initiatives.
4. Demonstrated ability to support research uptake and enhance the impact of research in policy and systems decision-making.
5. Team should be gender-balanced with women comprising at least 50% of the research team.
6. Strong publication record reflecting the aforementioned topics.
7. Demonstrated managerial and financial systems and capacities.
8. 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 goes to individuals or organizations based in high-income countries.

Evaluation of proposals

Proposals will be assessed by a minimum of two external reviewers and adjudicated by the Alliance Scientific and Technical Advisory Committee (STAC), based on criteria that will include:

1. Qualifications and experience of the research team
2. Rigorous and high-quality research methods and knowledge uptake approaches
3. Strategy to engage decision-makers
4. Scope for research impact
5. Innovation
6. Value for money

Application process

Proposals must be received at WHO at the e-mail address:

alliancehpsr@who.int.

Please use subject: **WHO Bid Ref. RAISE research grants**

Proposals should be submitted no later than Wednesday 19 June 2019 **23:59 CEST**.

Bids submitted after this deadline will not be considered.

Submissions of no more than seven pages (standard font at size 11, 1.15 linespacing, normal margins) and should include the following:

1. Name of the bidding institution, including contact details and name of the key contact person.
2. Motivation for applying: how this work fits in with the bidder's expertise and aligns with current areas of work in implementation and health systems research, health systems guidelines and guideline adaptation and implementation.
3. Composition of the proposed team: names, expertise, function in institution, role in team, and experience relevant to the call. CVs should be included as an annex to the submission.
4. Relevance of the research proposal: rationale for the empirical study; description of the knowledge gap in relation to contextualized factors and health system challenges; description of the health systems guidelines at stake and the focus of the study in relation to adaptation and/or implementation.
5. Description of the proposed approaches, methods and innovative measures to: i) engage policymakers and health systems decision-makers in the research process; ii) conduct high-quality health policy and systems research; iii) promote research uptake and stimulate the impact of research towards greater implementation of health systems guidelines.

6. Itemized budget for the planned activities, including research, engagement of decision-makers and policy outreach towards impact. This budget should be in US\$. Please also provide a summary budget of the total costs broken down by the following categories (not all may be applicable): personnel, supplies/facilities, equipment, communications, travel and per diem, and other (workshops, publications and institutional overheads).
7. Timeline of activities for 24 months (August 2019 to August 2021).

Communications during the call period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than three working days prior to the closing date for the submission of offers.

Contact and email for submissions of all queries: alliancehpsr@who.int

Please use the subject: **WHO Bid Ref. RAISE research grants**

The Alliance HPSR team at WHO will respond via email to any request for clarification of the call that it receives by the deadline indicated above.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this call to the final selection, contact with WHO officials concerning the call process shall not be permitted, other than through the submission of queries, unless a presentation or meeting is initiated by WHO, in accordance with the terms of this call.

Period of validity of proposals

The offer outlined in the proposal must be valid for a minimum period of 120 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder's consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

WHO may, at its own discretion, extend this closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.

Amendment to the call

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) bidder, modify the call 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.

All prospective bidders that have submitted a proposal with regard to the call will be notified in writing of all amendments to the call and will, where applicable, be invited to amend their proposal accordingly.

Clarification of proposals

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

Award of Contracts

WHO reserves the right to:

1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
3. Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action;
4. Award the contract on the basis of the Organization's particular objectives to a bidder whose proposal is considered to be the most responsive to the Organization's needs and the activity concerned;
5. Not award any contract at all.

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 bidder, how a proposal was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this call. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.

WHO's right to enter into negotiations

WHO reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work, components or items called for under this call.

Signing of the contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

For more information on the Alliance, please visit:

<http://www.who.int/alliance-hpsr/en/>.

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