

Call for proposals

Implementation research to strengthen data systems for immunization coverage and equity (selected countries: Uganda and Indonesia)

Deadline:

13 December 2019, 23:59 CET



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Overview

The Alliance for Health Policy and Systems Research (the Alliance) invites proposals for implementation research that addresses priority issues on data and information systems for immunization in selected countries. This call is open to research teams comprised of health system decision-makers and researchers, from either Uganda or Indonesia.

*This call for proposals was revised to clarify that research projects are eligible either from Uganda or from Indonesia. Research proposals should be focused only on the country where the team is located. No other substantive changes were made.

Background and objectives

Although immunization programmes reach approximately six out of seven of the world's infants, global coverage has stagnated at 86% in recent years. An estimated 19.4 million infants, many of whom are concentrated in disadvantaged and under-served communities, miss out on basic vaccines and are therefore vulnerable to serious health and nutrition threats.[1] Additional globally and locally relevant evidence is needed to better understand how best to reach and meet the needs of these children and their families. Implementation research (IR), recognised as critical to strengthen health systems,[2] can produce the information needed to bridge this knowledge gap by addressing key questions concerning programme or policy implementation.

The goal of this initiative is to promote the generation of high quality, usable evidence on implementation and to use the evidence to address implementation bottlenecks and accelerate impact on coverage and equity. This initiative is being launched with the following objectives:

1. Support **high quality, relevant and usable research**: High quality research at country and global levels based on the priorities identified is needed to tackle the evidence gaps.
2. **Apply and use the evidence** to improve implementation: Applying the evidence generated from the implementation research is essential to move towards improved coverage and equity.

This research call is issued with a focus on data, information and data systems to accelerate immunization coverage and equity, based on the priorities for implementation research identified by the Equity Reference Group for Immunization (ERG) and the WHO Strategic Advisory Group of Experts (SAGE) on Immunization (see box on next page for more information).

Two countries – Uganda and Indonesia – have been selected as the specific focus of this call, among the Gavi-supported countries that are prioritized with targeted country assistance due to the scale and severity of the challenges related to immunization coverage and equity.

This initiative is part of a larger collaboration between the Alliance, WHO and UNICEF - with support from Gavi, the Vaccine Alliance - to support implementation research on identified priorities for immunization programmes and services, in low- and middle-income countries.

Existing information sources

The following links provide an essential understanding of the global recommendations to accelerate impact on immunization coverage and equity that informed the focus of this call, a reference guide for implementation research, and some examples of previous Alliance-supported implementation research programmes.

- **The Equity Reference Group for Immunization (ERG)** is working to provide actionable recommendations for decision-makers at the national and global levels and aims to test innovative approaches through implementation and research. They have made some [data-related recommendations](#).
 - **The Strategic Advisory Group of Experts (SAGE) on Immunization** is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development, to delivery of immunization and its linkages with other health interventions. See the full report of the SAGE working group on [Quality and Use of Immunization and Surveillance Data](#), which includes recommendations.
 - [Implementation Research in Health: A Practical Guide](#) provides an introduction to basic implementation research concepts and language, briefly outlines what it involves and describes the many opportunities that it presents.
 - The [Decision-maker Led Implementation Research \(DELIR\)](#) initiative supported research aimed at generating knowledge to improve the effective implementation of immunization programs within health systems.
 - The [Pakistan Implementation Research for Immunization](#) Initiative was launched in 2016 to explore and assess health system implementation bottlenecks facing Pakistan's Expanded Programme on Immunization (EPI).
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Scope and activities

This call focuses on implementation research relating to data, information and data systems broadly, with emphasis on soliciting studies that explore one or more of the following priority areas for research and intervention:

- Innovative ways to improve collection, timeliness, and granularity of immunization-related data among underserved populations (e.g., urban poor, remote rural, and conflict-affected communities).
- The usability and feasibility of innovative technologies to help countries better identify and monitor inequities (including the contexts of urban poor, remote rural, and conflict-affected communities as well as the cross-cutting area of gender-related barriers to immunization).
- Simplification of reporting and feedback of administrative data.
- Innovative ways to disaggregate data already collected via surveys to provide useful insights into immunization inequities at the sub-national level.
- Strengthening the workforce for data generation and use.
- Data monitoring, accountability and quality improvement.

Research teams from either Uganda or Indonesia are eligible to apply.

Research proposals should be focused in the country where the investigators are located. Applicant teams should be led by health systems decision-makers or programme implementers.

Funding and activities

A maximum of five research grants will be funded for up to a maximum of US\$ 25,000. Each grant should cover one country only. No further funding will be provided by the Alliance within and beyond the project period. The final grant will be contingent on the scope and focus of the proposed study. The payments will be linked to satisfactory completion of the deliverables.

The research projects are expected to run for six to nine months. By submitting a proposal, applicants commit to participate in a protocol development workshop after selection, and in a dissemination meeting after the research is completed. The proposed budget should exclude the cost of participation in these workshops, as the cost of attendance of up to two team members will be covered.

Eligibility

- Research teams from either Uganda or Indonesia are eligible to apply.
- Applicant teams must comprise a **decision-maker or implementer** who is directly involved in implementation of existing immunization programs or services **as Principal Investigator**, and **at least one researcher** - affiliated with an academic or research institution based in the study country - **as co-applicant**.
- Teams should be **gender-balanced** with women comprising at least 50% of the research team.

Application process

Deadline: Friday, 13 December 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 submission of bids by notifying all applicants at the time of decision thereof in writing and by posting a message on its website and social media channels.

Submissions of bids should be made at alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Call for Proposals: Implementation Research for Immunization**.

Submissions should be made in English and be no more than five pages, excluding annexes (standard font at size 11, single line-spacing, normal margins, A4 paper) and should include the following:

1. Title of the proposed study.
2. Single point of contact for the applicant team, for all correspondence relating to this call.
3. Rationale for the study and relevance for the country.
4. Implementation research question(s), and potential to contribute to the objectives of the initiative and identified priorities.
5. Description of proposed methodology (study design and methods) and approaches to promote the uptake of research outcomes.
6. Composition of the proposed team, including:
 - a. Role and responsibilities of proposed Principal Investigator (health system decision-maker), co-applicant (researcher) and any other member of the team proposed to work on the study.
 - b. Institutional capacity, experience of conducting implementation research, reference to past relevant work, and partnership experiences.
 - c. As an annex, an updated CV should be provided for Principal Investigator and co-applicant, and a one-page biography with relevant credentials and experience relevant to the call, for each additional named team member.
7. A plan for dissemination including at least one peer-reviewed publication and a policy brief.
8. Timeline of activities for nine months.
9. Itemized budget for the planned activities. The 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 (meetings, publications, etc.) Institutional overheads should not exceed 13%. Note that the Alliance may challenge proposed costs that is does not consider appropriate or do not offer optimal value for money.

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. Call for proposals: Implementation Research for Immunization.**

Evaluation Criteria

Proposals will be evaluated by a technical panel of external reviewers and adjudicated by a committee comprised of members of the Alliance’s Scientific and Technical Advisory Committee and invited experts.

The following evaluation criteria will be applied:

- Understanding of the scope, and a clear goal in relation to how the proposed study can contribute to the identified priorities;
- Quality of the research plan: clear rationale, relevant and researchable question, research design and methods, and clear plan for dissemination and utilization of research;
- Track record of the team, skills and experience in implementation research, clarity of roles and responsibilities;
- Competitiveness of total costs, and value for money from the activities proposed.

Research teams will be expected to liaise with the Alliance Secretariat regularly, and to comply with reporting requirements.

Notes 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

- [1] Progress and Challenges with Achieving Universal Immunization Coverage 2018 WHO/UNICEF Estimates of National Immunization Coverage (Data as of July 2019) Who.int. (2019). [online] Available at: https://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf [Accessed 12 Jul. 2018].
- [2] Ghaffar, A., Langlois, E., Rasanathan, K., Peterson, S., Adedokun, L. and Tran, N. (2017). Strengthening health systems through embedded research. *Bulletin of the World Health Organization*, 95(2), pp.87-87.