

# Call for proposals

Technical Support Centre – Research  
to Enhance the Adaptation and  
Implementation of Health Systems  
Guidelines (RAISE)

**Deadline:**

21 May 2019, 23:59 CEST



# Request for Proposals

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## Overview

The Alliance for Health Policy and Systems Research is seeking proposals to establish a Technical Support Centre to strengthen the work of six low- and middle-income country (LMIC) teams engaging in research to enhance the adaptation and implementation of health systems guidelines. **This is not a call for research.**

## 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]. In essence, guidelines on health systems address, without being limited to, the health systems building blocks (service delivery, health workforce, health information systems, health 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]. Examples of guidelines on health systems [8] include the 2019 WHO guidelines on digital interventions for health system strengthening [9] or the 2012 guidelines on task-shifting and optimizing health worker roles for maternal and newborn health [10].

An important challenge to the impact of guidelines is their applicability and implementation in different socio-cultural contexts and health system settings. Furthermore, 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]. 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) [11]. 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 [12], which is an example of the complexity of implementation requiring context-sensitive research.

In turn, this evidence gap can be addressed by research 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 managers and implementers in the research process.

## **Alliance HPSR approach**

To address these challenges, the Alliance 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. The Alliance will launch a call for proposals to support six research grants focusing on the integration of health systems guidelines in health policymaking and health systems strengthening endeavours. The request for proposal for the RAISE research grants will be announced in May/June 2019.

## Technical Support Centre

At this stage, the Alliance invites proposals to establish a Technical Support Centre (TSC) to strengthen the programme of work on *Research to Enhance the Adaptation and Implementation of Health Systems Guidelines*.

The RAISE projects will benefit from ongoing technical and scientific assistance from a 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.

As such, the Alliance wants to commission a TSC to strengthen the capacity strengthening activities, the evidence uptake and the impact of the RAISE projects in LMICs.

Specific tasks of the Support Centre will include:

1. Providing continuous capacity strengthening to the RAISE teams in conducting implementation/health systems research and engaging with policymakers and health systems guidelines implementers. The capacity strengthening activities will include iterative support to the teams, with a view to catalysing knowledge uptake activities and the impact of the RAISE research findings.
2. Assisting the Alliance in the upcoming call for proposals for the RAISE research grants and coordinating the selection of the six LMIC teams, including the external peer review process.
3. Leading, in partnership with the Alliance HPSR and working with country teams, a workshop to develop the RAISE research protocols and country impact strategies (third quarter of 2019). The Support Centre will assist WHO and the Alliance in planning and conducting the workshop. The event will be the occasion to focus from the outset on the impact of this work on real-world guideline implementation efforts in LMICs (see funding section below).
4. Proposing and fostering innovative approaches in engaging decision-makers (e.g., policymakers and guideline implementers) in a meaningful and continuous manner, as well as fostering the impact of research.
5. Supporting research protocol finalization, data analysis and production of policy-relevant outputs, and promoting the uptake and impact of research findings.

6. Strengthening capacities of country teams in health policy and systems research methods – including but not limited to implementation research and policy analysis – as applied to guideline adaptation and integration in policy and systems decision-making.
7. Managing the timely submission of RAISE team’s deliverables and coordinating the ethics submission process, towards approval of the research projects at national (IRB) and global (WHO ERC) levels.
8. Monitoring and assessing process and impact of the research, including a system to keep track of decision-makers’ engagement, empirical processes, research and policy outputs and how research impacted the implementation of health systems guidelines.

## Funding and period

- One Technical Support Centre will be funded up to a maximum of US\$ 120,000. No further funding will be provided by the Alliance within and beyond the project period.
- The activities of the Support Centre are expected to run for 24 months from June 2019 to June 2021.
- Bidders should include in-country activities and on-site visits in their budget, if need be.
- Bidders **do not** need to budget the standard costs of the initial RAISE development workshop (third quarter of 2019), including transportation and accommodation of the Support Centre staff. Please note that standard airfare for the workshop will be in economy class, as per the WHO travel policy.
- The final budget will be contingent on the scope of the proposed work. The payments will be linked to satisfactory completion of the deliverables.

## Institutional profile

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

1. Relevant experience and expertise in implementation and health systems research;
2. Established track record working on guideline development, adaptation and implementation as applied to LMIC settings;
3. Demonstrated skills and proven experience in engaging health systems decision-makers in research initiatives;
4. Expertise in capacity strengthening and providing technical/scientific assistance in the fields of health policy and systems research and guideline implementation.
5. Demonstrated ability to support research uptake and enhance the impact of research in policy and systems decision-making;

6. Strong publication record reflecting the aforementioned topics;
7. Demonstrated managerial and financial systems and capacities.

## 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 team
2. Scope for research impact
3. Innovation
4. Rigorous and high-quality research-support methods and capacity strengthening approaches
5. Value for money.

## Application process

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

[alliancehpsr@who.int](mailto:alliancehpsr@who.int).

Please use subject: **WHO Bid Ref. Technical Support Centre - RAISE**

Proposals should be submitted no later than **Tuesday, 21 May 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 research and capacity strengthening 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. Description of the proposed approach and innovative measures to support the RAISE teams in: i) engaging policymakers and health systems decision-makers; ii) supporting the conduct of high-quality health policy and systems research; iii) strengthening capacities of research teams; iv) promoting research uptake and enhancing the impact of research towards greater implementation of health systems guidelines.

5. Description of the monitoring and management approach to coordinate the progress of the RAISE projects, stimulate impact and learn from the experience in six LMICs.
6. Itemized budget based on the objectives and specific tasks of the Technical Support Centre outlined in this call. 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.

### **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](mailto:alliancehpsr@who.int)

Please use the subject: **WHO Bid Ref. Technical Support Centre - RAISE**

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/>.

## References

1. World Health Organization (WHO) and World Bank. *Tracking universal health coverage: 2017 global monitoring report*. 2017 09/09/2018]; Available from: <http://documents.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf>.
2. Kruk, M.E., et al., *High-quality health systems in the Sustainable Development Goals era: time for a revolution*. Lancet Glob Health, 2018.
3. Latham, T., et al., *Quality in practice: implementation of hospital guidelines for patient identification in Malawi*. Int J Qual Health Care, 2012. **24**(6): p. 626-33.
4. Wang, Z., S.L. Norris, and L. Bero, *Implementation plans included in World Health Organization guidelines*. Implement Sci, 2016. **11**(1): p. 76.
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11. Abdul-Khalek, R.A., et al., *Methods used in adaptation of health-related guidelines: A systematic survey*. J Glob Health, 2017. **7**(2): p. 020412.

12. Eslava-Schmalbach, J., et al., *Considering health equity when moving from evidence-based guideline recommendations to implementation: a case study from an upper-middle income country on the GRADE approach*. Health Policy Plan, 2017. **32**(10): p. 1484-1490.