



# Call for proposals

Making the case for investing in health  
policy and systems research

## **Deadline:**

11 June 2020, 23:59 CET

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# Call for proposals

Making the case for investing in health policy and systems research

**Published:** 28 May 2020

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## Overview

Through this request for bids, the Alliance is seeking to recruit an institution to develop a multi-country case study comparing settings where HPSR evidence has been generated locally and used to inform decision-making for improved health systems and reforms to other contextually similar settings where this has been less the case. Learning from the case study will inform the development of an advocacy document making the case to national policy-makers and funders at national and global levels of the added value of making investments in HPSR.

## Introduction

The Alliance for Health Policy and Systems Research (the Alliance) (<http://www.who.int/alliance-hpsr/en/>), seeks to engage an experienced research team to develop a multi-country case study that illustrates how investments in HPSR have contributed to improved policies and stronger health systems in low- and middle-income countries (LMICs). The purpose is to identify learning that can inform a document to advocate with country policy-makers as well as funders at national and global levels about the added value of making investments in HPSR.

## Problem statement

The field of HPSR has evolved significantly over the past two decades and its role in informing efforts to strengthen health systems and UHC is increasingly recognized. The volume of HPSR published on LMICs increased nearly five times and funding for HPSR increased more than fourfold between the years 2000 and 2014 (WHO, 2017).

While all these indicators point to a field that is growing and maturing, the total funds available for HPSR remain inadequate, particularly given HPSR's potential and promise in strengthening health systems. An illustration of this is that, in 2014, the US\$ 30 billion budget of the US National Institutes of Health was more than 70 times that of global donor commitments for HPSR in the same year. Further, ten major donors accounted for more than 90% of HPSR funding (Grépin et al., 2017). There is, therefore, a need to advocate for both increased funds for HPSR and for more donors to get involved to ensure a broader donor base for the field.

However, making the case for HPSR to funders, who are typically more familiar with medical and epidemiological research, is challenging. These challenges largely arise from: a) the complexity and context sensitivity of health system strengthening efforts and their interactions with the settings within which they are implemented, and b) how HPSR as a field informs health system strengthening efforts.

Health system interventions are typically complex and involve several components that interact with each other and with the underlying health system. This makes it difficult to identify and attribute the causal role of individual components and/or the underlying health system to specific health improvements, and thus to estimate the contribution of the investment to potential health improvements seen. On the other hand, the importance of the interventions' interactions with the local context for how they play out more broadly also precludes transposing estimates regarding intervention effectiveness from one setting to another.

The relationship between HPSR and the development of new policies, programmes and guidelines that serve to strengthen health systems is distinct from that between clinical trials and new vaccines or drugs, with HPSR evidence serving to inform rather than direct the development of new programmes and policies. The degree to which a given programme or policy can be attributed to an HPSR investment is, therefore, also more varied

Given these challenges, 'Making the case for HPSR' will entail generating an understanding of how HPSR evidence has been generated and used over time within national settings towards improving health systems functions, comparing settings where this has happened to those where this has happened to a lesser extent.

Through this request for bids, the Alliance is seeking to recruit an institution to develop a multi-country case study comparing settings where HPSR evidence has been generated locally and used to inform decision-making for improved health systems and reforms, to other contextually similar settings where this has been less the case. Learning from the case study will inform the development of an advocacy document making the case to national policy-makers and funders at national and global levels of the added value of making investments in HPSR.

### **Activities to be carried out**

The chosen institution is expected to complete the following over a ten-month period:

- Identify the countries to be studied (at least one each in Africa, Asia and Latin America) as well as contextually similar settings characterized by a different level of use of HPSR to inform decision-making.
- Review the published literature as well as grey literature in this area.
- Develop a protocol providing background of literature reviewed, data sources, methods to be used, as well as tools and instruments to be used for data collection. Methods should include a combination of analysis of secondary data, document review as well as key informant interviews in each of the countries.
- Provide a draft report bringing together findings and incorporating feedback from the Alliance Secretariat towards developing a final report.
- Develop, in collaboration with the Alliance Secretariat, a manuscript for publication in a leading HPSR journal.
- Identify key messages for inclusion in a document geared towards policy-makers and funders that will serve to advocate for HPSR.

## Anticipated timeline

DATE(S)	EVENTS
30 July 2020	Protocol provided to Alliance Secretariat for review and feedback
15 December 2020	Draft report
1 February 2021	Final report after feedback from the Alliance Secretariat
15 February 2021	Draft manuscript of publication

## Eligibility criteria

To be eligible for funding, the institution should demonstrate that it:

- Possesses a thorough understanding of the field of HPSR, its growth and evolution.
- Is well versed in health system research approaches including systems thinking tools and approaches, case study methods and policy analysis.
- Is well versed in developing comparative case studies as well as illustrating policy-relevant findings for dissemination to non-academic audiences.

The above criteria would be judged on the basis of peer reviewed publications, other knowledge products (including reports) developed and other experience of commissioned research.

Institutions from high-, middle- or low-income countries are eligible to apply. The bid must identify a single Principal Investigator within the institution who will take overall responsibility for this work and will be the person who will interact with the Alliance on an ongoing basis.

## Application process

**Deadline: Thursday, 11 June 2020, 23:59 CEST**

Bids submitted after this deadline will not be considered. Successful applicants can expect to be notified within **three weeks** 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](mailto:alliancehpsr@who.int). Please use the subject: **WHO Bid Ref. Request for Technical Support: Making the case for investing in HPSR**

Submissions of **not more than 5 pages** should include the following:

1. Previous expertise in this type of work and any previous relevant work performed
2. One-page summary of how the bidder plans to make the case for investment in HPSR using a multi-country case study approach
3. Name of the institution(s) including contact details and name of the PI
4. Composition of the proposed team, in addition to the PI, this should include details of other individuals with expertise in HPSR
5. Institution's demonstrated expertise in developing case studies including through the use of document review, analysis of secondary data as well as key informant interviews, with supporting references of academic records and field experience
6. Demonstration of the team's broader work on research on health systems strengthening in LMICs, including description of familiarity with range of methods, with supporting references of academic records and field experience
7. 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.

### 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

- Grépin, K. A., Pinkstaff, C. B., Shroff, Z. C., & Ghaffar, A. (2017). Donor funding health policy and systems research in low-and middle-income countries: how much, from where and to whom. *Health research policy and systems*, 15(1), 68.
- World Health Organization. (2017). World report on health policy and systems research.