





Call for proposals

Politics of health policy and systems research funding

Deadline:

5 September 2020, 23:59 CEST

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Published: 17 August 2020 Deadline: 5 September 2020

Overview

The Alliance for Health Policy and Systems Research invites proposals for research studies towards an improved understanding of how and why multilaterals, bilaterals and major foundations choose to, or not to, fund HPSR, with particular attention to the political factors and determinants that influence such decisions. This, in turn, will inform how the Alliance develops its strategy, engages with policy-makers in policy dialogue and advocates with countries, funders and global health organizations.

Background and objectives

Health policy and systems research (HPSR) is an emerging field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is inter-disciplinary – a blend of economics, sociology, anthropology, political science, public health and epidemiology that, together, draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape (and be shaped by) health systems and the broader determinants of health.

The Alliance for Health Policy and Systems Research (the Alliance) works to improve the health of those in low- and middle-income countries by supporting the generation and use of evidence to strengthen health systems, manage health emergencies and create healthier populations. It was founded in 1999. As an international partnership hosted by the World Health Organization, we work together with organizations around the world to:

- Provide a unique forum for the health policy and systems research community;
- Support institutional capacity for the conduct and uptake of health policy and systems research;
- 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.

HPSR gained increased prominence in 1996, when WHO's Ad Hoc Committee on health research identified it as one of the most important but neglected areas within health research. Since then, support and funding for HPSR has increased but is still limited compared to other areas of health research.

The need for stronger health systems was increasingly recognized by the global health community in the 2000s when it became apparent that, without adequate investments in health systems, it would be difficult to achieve the MDGs and address the growing challenge of non-communicable diseases. This recognition compelled both WHO and the World Bank Group to develop 'health systems' strategies. Both the WB and WHO also worked with global research organizations to advocate for and muster political support for health policy and systems research, something that enhanced the field's legitimacy.

By the close of the first decade of the twenty-first century, the rise of UHC on the global health agenda further catalyzed the push for stronger health systems. However, several unanswered questions on financing health systems have compromised the design and delivery of services, something that is essential to move towards UHC. The cost of this inaction has been most starkly witnessed during the ebola crisis and ongoing COVID-19 pandemic. Greater local capacity and local (HPSR) knowledge might have limited or even stopped these outbreaks.

Through this call the Alliance is seeking to gain an objective understanding of the political factors and determinants that influence HPSR funding, including prevailing attitude of funders towards HPSR. This work will inform the Alliance and HPSR community at large to formulate their strategies for informed policy dialogues and advocacy for more funding.

Specific tasks

The commissioned team or individual should be able to:

- Conduct a review of the available literature (reports, peer reviewed publications and search of funders websites);
- Carry out in-depth interviews with funding agency staff while
 discussing with them the politics and reasons for HPSR getting the
 funding it does, including why HPSR funding is far lower compared to
 other areas of health research and disproportionate to the prevailing
 needs;
- 3. Carry out in-depth interviews with thought leaders in global health to further understand the politics and science of HPSR funding; and
- 4. Design an accountability methodology/framework for those who fund health policy and systems research;
- 5. Develop and write a summary report with recommendations for the Alliance, in collaboration with the Secretariat.

Bidders are encouraged to propose more activities that would enable a holistic understanding of the political influences and determinants of HPSR funding.

Eligibility and selection criteria

An individual or team will be chosen based on the following criteria:

- Familiarity with the science and politics of HPSR and access to funding community (please see how to include this information in the bid below, under the heading of Motivation for Applying)) [50%];
- 2. Design of the study proposal [25%], including innovation beyond the specific tasks mentioned above; and
- 3. Research and policy-maker interaction skills of the bidder evinced from two-page CVs of each team member [25%].

Funding and period

The maximum amount of funding available from the Alliance will be US\$ 90 000.

The activities will be implemented across SIX months and the end date should not exceed 15 March 2021.

Application process

Deadline: 5 September 2020, 11:59 CEST

Bids submitted after this deadline will not be considered.

Successful applicants can expect 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 <u>alliancehpsr@who.int</u>. Please use the subject: <u>WHO Bid Ref. Call on politics of HPSR funding</u>

Submissions of **not more than six pages** (standard font size 11, 1.15 linespacing, normal margins should include the following:

- Contact details: Name of the bidding institution including contact details and name of a key contact person.
- Motivation for applying: A description of how this work fits in with the bidder's expertise and aligns with current areas of work. This should be in the form of two-page document explaining how the bidder has demonstrated leadership in HPSR and will be able to access and engage with HPSR funders.
- Composition of the proposed team: names, expertise, function in institution, gender, and role in team and experience relevant to the call. CVs may be included as an annex to the submission.
- Project plan: Description of a maximum six-month plan that
 demonstrates how the bidders plan to carry out activities to respond
 to the overall aims and objectives of the projects, while implementing
 the specific tasks mentioned above (review of literature and
 websites and interviews with key stakeholders)
- Itemized budget for six months based on the specific tasks outlined. Please also provide a summary budget of the total costs summarized by the following categories (not all may be applicable): personnel, supplies/facilities, equipment, communications, travel and per diem, and other (meetings, publications, etc.). Costs of peer reviewed research publications / a special Issue will be supported by the Alliance Secretariat and should not be included in the budget. Institutional overheads should not exceed 13%.

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;
 - 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;
 - 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.