

# Call for proposals

Mentor institute – Strengthening HPSR  
capacities in francophone Africa

## **Deadline:**

9 June 2021, 23:59 CEST

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# Request for Proposals

Mentor institute – Strengthening HPSR capacities in francophone Africa

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## Overview

The Alliance for Health Policy and Systems Research is seeking proposals from an academic institution based in a francophone African low-income or lower-middle income country\* to be a mentor institute to develop a programme of HPSR training and mentorship for mid-level faculty based at academic or research institutions in francophone African low-income countries (LICs). This is not a call for research proposals.

\* Eligible countries are African low-income or lower-middle income where French is an official language: Benin, Burkina Faso, Burundi, Cameroon, Chad, Central African Republic, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Djibouti, Guinea, Madagascar, Mali, Niger, Senegal, Republic of Congo, Rwanda and Togo.

## **Background**

### **Health policy and systems research to achieve the Sustainable Development Goals**

Increasingly, health policy and systems research (HPSR) is recognized as an applied field capable of promoting the generation of local, policy-relevant knowledge to achieve the Sustainable Development Goals (SDGs). Yet, global SDG progress is uneven. In francophone African countries, of which more than 50% are classified as low income, progress is stagnating on most SDGs and achievement of health outcomes lags behind other global regions (SDG Centre for Africa and Sustainable Development Solutions Network, 2019). Many of these countries have weak health systems and low investments in health systems strengthening, which has resulted in challenges to health system quality and equity, and a continuing high burden of communicable and neonatal diseases (El Bcheraoui et al., 2020). Several of these countries also face differing contexts of fragility (Kiendrebeogo et al., 2019). The inadequate generation and management of research evidence remains a hindrance to local planning and policymaking (West African Health Organization, 2016). At the same time, there is inconsistent global-level consensus on the potential effectiveness and feasibility of regional policy options for achieving the SDGs and universal health coverage in particular (Paul et al., 2018).

A decade ago, lead authors based in low-income countries (LICs) generated low proportions of HPSR publications globally (only 4%) (Adam et al., 2011). More recent analysis shows that this deficiency persists, with researchers in low- and middle-income countries (LMICs) and upper- and middle-income countries producing four times and 16 times, respectively, more HPSR publications than LIC researchers (Alliance for Health Policy and Systems Research 2019, unpublished). Disparities between francophone and anglophone generation of HPSR have been shown (Defor et al., 2017). In addition to linguistic barriers (e.g., having to compete for funding grants in English), contexts for generating knowledge in fragile contexts include lack of funding, low research priority and difficult research environments (Woodward et al., 2017, Bowsher et al., 2019). Francophone researchers remain under-represented in peer-reviewed publications and global HPSR fora (Robert et al., 2015). Notable contributions to HPSR knowledge from francophone African countries include two journal supplements on user fee exemption policies (Dkhimi et al., 2015) and health systems research capacity (Godt et al., 2017).

### **Building on previous capacity strengthening efforts**

Over the past two decades, HPSR capacity strengthening initiatives have been numerous and varied. These have ranged from individual trainings, university partnerships and research networks – both North-South and South-South. In 2007, the Alliance for Health Policy and Systems Research (the Alliance) published its flagship report highlighting the need for concerted

capacity strengthening efforts across individual, institutional and system levels, and accounting for their embeddedness within local organizations that encompass social, political, and cultural contexts (Green and Bennett, 2007). This built on earlier recognition that combining approaches to strengthening capacity, such as individual training, seed grants, mentorship programmes, curriculum development, research partnerships, national-level priority setting and planning and coordination of research, and policy dialogues, was effective in consolidating newly learned ideas, technical skills and best practices for health research capacity strengthening efforts (Lansang and Dennis, 2004). Capacity strengthening for the field of HPSR has greatly benefited from the codifying of methods (Gilson, 2012), curricula (Erasmus et al., 2016), and competencies (Schleiff et al., 2020). Important challenges and lessons learned regarding capacity strengthening have included the interaction between individual and institutional capacity needs and assets (Mirzoev et al., 2014), the need for still more investment into network building (Shroff et al., 2017), grant writing, creating enabling environments (Sewankambo et al., 2015) and mentorship (Ager and Zarowsky, 2015). On mentorship especially, within institutions and networks, there is further need to build up mentorship ‘identity’ that capitalizes on local strengths and social dynamics, while accounting for resource and institutional constraints (Kwamie and Jalaghonia, 2020; Mekongo et al., 2019; Lescano et al., 2019). More learning is required on promoting, sustaining and assessing capacity strengthening efforts to be more systemic (Alliance for Health Policy and Systems Research, 2017; Franzen et al., 2017; Bates et al., 2011).

The persistence of low HPSR authorship from francophone African LICs suggests that there is scope to strengthen capacities of local academic and research institutions to train researchers to generate policy-relevant evidence. To strengthen capacities for generating HPSR, the Alliance will launch a faculty fellowship programme in francophone African LICs. The programme will work with mid-level faculty, using a locally-based institutional mentorship model, and have as its objectives to:

- Strengthen the capacity of mid-level faculty based at academic or research institutions in francophone African LICs to conduct and supervise HPSR; and
- Increase number of institutions offering HPSR training in francophone African LICs.

The Alliance faculty fellows programme targets mid-level researchers, as they are already experienced in conducting their own research, may have established professional networks, but desire further opportunities to gain experience in developing curricula, training and supervising students, and managing modest-sized grants. Through the faculty fellows programme, mid-level researchers will develop strengthened capacities and confidence in research management and supervision, and increased competitiveness

for future grants and promotion opportunities within their institutions, thereby strengthening their institutions over time.

The Alliance faculty fellows programme is guided by a conceptual framework which adapts elements from Green and Bennett (2007), Sewankambo and colleagues (2015), and Bates and colleagues (2011). It schematizes the interactions that occur between individual and institutional capacity needs and assets that are embedded in broader social and organizational contexts. Capacities are strengthened over time (progressively, and iteratively) as capacity strengthening activities move through phases of awareness, experience, expansion and consolidation.

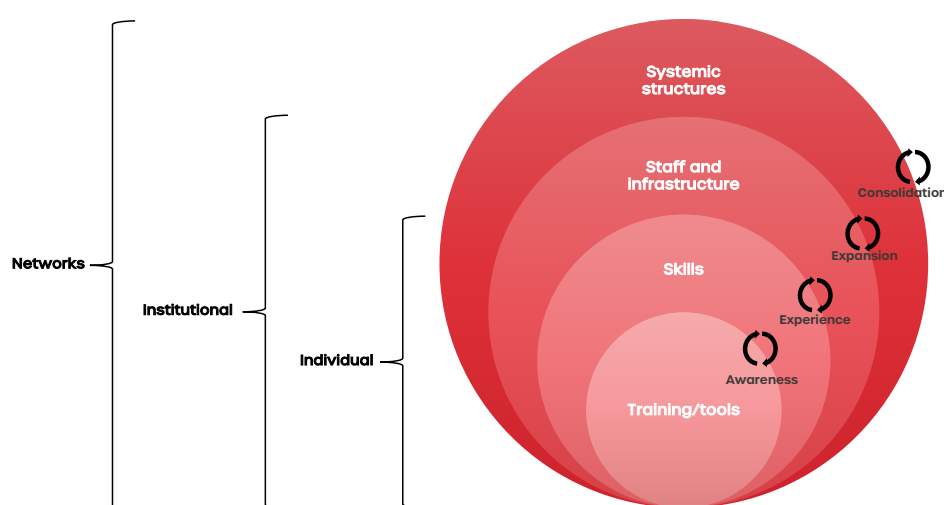


Figure 1: Conceptual framework for Alliance faculty fellows programme

## Engaging a mentor institute

To develop a program of HPSR training and mentorship for the Alliance faculty fellows, **this current call seeks one mentor institute in a francophone Africa LIC or LMIC**. A team of experts from the mentor institute will work closely with the Alliance to launch an open call for fellows. The mentor institute will select, train and mentor Alliance faculty fellows in HPSR methods and competencies, technical writing and mentoring capacities. Alliance faculty fellows will then have an opportunity to submit proposals to the Alliance for funding to conduct small-scale HPSR studies, and to develop and run HPSR training for masters-level students in their home institutions.

## Specific tasks of the mentor institute

The mentor institute will:

- Work with the Alliance to develop selection criteria for Alliance faculty fellows.
- Launch and manage open call for applications, review and selection process for up to 10 faculty fellows (2 from each institution, 50% of whom should be women).
- Develop and deliver a six-month virtual programme of HPSR training and mentorship for faculty fellows. This will include training in:
  - HPSR methods: Modules will be developed based on key Alliance resource materials already translated into French – [HPSR Methodology Reader](#), [Implementation Research Practical Guide](#), and [Systems Thinking for Strengthening Health Systems](#). The Alliance will provide copies to the mentor institute. Mentor institutes are also encouraged to adapt other existing HPSR curricula, including modules from the Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA)<sup>1</sup>.
  - HPSR competencies: Modules will be embedded with approaches that foster the development of key HPSR competency domains.
  - Technical writing – proposal and manuscript development: A module will be developed that focuses on skills-building in proposal writing and manuscript writing.
  - Mentoring capacities: Regular engagement with the mentor institute over the six-month period will offer mentorship to faculty fellows and develop their capacities to supervise students. This will involve mentorship approaches that are localized and address social and emotional awareness.

The modules will be developed using a ‘train-the-trainer’ model, so that faculty fellows will be able to adapt and use the materials in their home institutions.

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<sup>1</sup> CHEPSAA modules on complex health systems and policy analysis that have been translated into French: <https://www.hpsa-africa.org/index.php/modules-courses/modules-courses>

## Institutional profile

For consideration for this award, the selected mentor institute will demonstrate the following:

- Strong reputation in teaching, training and research mentorship in HPSR.
- Demonstrated experience in curriculum development/adaptation.
- Proven track record and capacity for conducting policy-relevant research, and network-building.
- Existing networks and relationships with local, national and regional government/ policy bodies.

**At least 50% of the named team members on the proposal should be women.**

The selection committee will also consider how the proposal responds to the following additional factors:

- Value for money
- Monitoring and evaluation of the programme of work

## Funding and period

**One** mentor institute will be funded up to a maximum of **US\$ 68 000**. No further funding will be provided by the Alliance within or beyond the project period. **The activities of the mentor institute are expected to run for nine months from mid-2021 to early-2022.**

Budget should include project management and staff salary costs to launch the call for applications and select the faculty fellows, develop and adapt programme training materials, deliver virtual training and mentor faculty fellows over a six-month period.

## Application process

**Deadline: Wednesday 9 June 2021, 23:59 CEST**

**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 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. Call for Proposals: Mentor Institute - Strengthening HPSR capacities in francophone Africa.**

Submissions of **no more than 5 pages** (standard font 11, 1.15 line-spacing, normal margins) 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 HPSR research and capacity strengthening.
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 to be used to (i) select fellows, (ii) develop and adapt training materials, (iii) deliver virtual training and mentorship programme over six months.
5. Itemized budget for nine months based on the objectives and specific tasks of the mentor institute outlined in this call.

Proposal may be submitted in English or in French.

## **Note 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.

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