



Call for proposals

Sustaining effective coverage in the context
of transition from external assistance –
Lessons from countries

Date issued: 8 December 2020

Deadline: 25 January 2021, 23:59 CET

In collaboration with the Department of Health Systems
Governance and Financing (HGF, WHO) and UHC 2030

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Sustaining effective coverage in the context of transition from external assistance – Lessons from countries

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Overview

This call is for up to six country case studies examining how governments at national or sub-national level have responded (or not) to reductions in donor funding through changes in the service delivery architecture, health financing arrangements, information systems and governance arrangements, and how these changes have or have not influenced whether effective coverage of priority interventions previously funded by donors is sustained or not. Informed by quantitative data on coverage of specific donor-funded interventions, research teams will be required to develop analytical case studies based on a common conceptual framework and a common protocol to ensure that findings are comparable across countries.

Background

The Millennium Development Goals (MDGs) brought health to the centre of the global development agenda. This was associated with significant increases in official development assistance linked to the MDG targets. In this context, several countries made substantial progress in improving health outcomes with close to a 60% global reduction in malaria-related mortality, a reduction in incidence of HIV infections by 40% and a substantial increase in coverage of vaccines contributing to more than halving the under-five mortality rate between 2000 and 2015 (Médecins Sans Frontières, 2014; Millennium Development Goals Report, 2015; UNICEF and WHO, 2015).

These improvements in health have, in many instances, been accompanied by rapid economic growth, with several countries moving to middle-income status. This economic transition has also been mirrored by epidemiological and demographic transitions that mean countries are now facing growing burdens of non-communicable diseases (NCDs), as well as ageing populations. These transitions have direct implications for health systems and how they are organized to ensure access to quality health services that do not create undue financial burden to users (Yamey et al., 2019).

While economic growth signifies progress, it can also trigger declining external funding for health, which can pose a risk to sustaining coverage of priority interventions previously supported through donor-funding. This is particularly the case in countries that, though middle income, are now home to a majority of the global poor (Yamey et al., 2019). For example, reductions in external funding have already led to resurgence in infections among at-risk groups in some contexts, as has been the case with concentrated HIV epidemics (Gotsadze et al., 2019). There are also risks related to drug supplies, both on account of countries facing much higher prices for drugs than under Global Fund procurement, as well as challenges in maintaining quality of drugs for diseases such as tuberculosis as a result of switching from drug procurement systems and supply chains supported by special programmes and initiatives to general domestic systems (OSF, 2016; Gotsadze et al., 2019).

Declining external funding, culminating in the reduction of external donor support, is not just a moment to make the case to national stakeholders – including ministries of finance and health – to consider increases in their domestic spending on health to replace these external funds. These reductions in external funding are also an opportunity for countries to assess how the overall health system and its functional components – including service delivery, financing, human resources and governance – can be potentially reconfigured or adapted to enable continued **effective**

coverage¹ for priority interventions, including those no longer supported through external funds (Sparkes et al., 2016). This might entail realizing efficiency gains through removing misalignments and duplications in service delivery, integrating funding streams, improving strategic planning across the health sector, realizing efficiency gains in the procurement of drugs and supplies, improving practices around training and deploying human resources, as well as putting in place institutional arrangements and capacities to enable these changes. The assessment might also consider whether maintaining coverage of priority interventions has come at the cost of de-prioritization of other health-related interventions, and if so, how these choices have been made.

The donor transition process goes beyond system design and funding issues and often involves complicated political dynamics. Donor funding is not only directed at government entities broadly considered, but often, also to specific programmes and management units within health ministries. This can result in resource imbalances between different programmes and diseases as well as a mismatch between national-level health priorities and the availability of resources, which are often more reflective of donor priorities. Donor funding also channels important resources for non-governmental organizations that may provide a range of services to marginalized groups. As this funding declines, there is a critical question of whether governments will step in to fund these services, as well as whether public financial management systems are in place to do so. Additionally, as resources shift, so too does the locus of power within ministries of health and potentially across sectors, where specific health programmes received significant donor resources outside of the standard budgeting process. It is important to capture how these political dynamics influence sustainability of coverage objectives.

The health and economic shocks resulting from the COVID-19 pandemic may, in some cases, delay countries' transitions from donor funding or even make countries previously ineligible for donor funding eligible once again on account of economic factors. Given these shifts and movements, it is critical to learn from previous transition processes what was – and what was not – effective in sustaining coverage of priority interventions. The pandemic has furthermore brought to the forefront the importance of health security objectives and emergency preparedness and response, including the need for integrated and efficient surveillance and information systems across the health system.

The UHC2030 working group on sustainability and transition, of which the Alliance is a member, has advocated for this system-wide approach that focuses on sustainability of effective coverage throughout the transition

¹ In line with Shengelia et al (2005) we define effective coverage as **'the probability that someone who needs an intervention will get it and have their health improved as a result'**.

process, developing a set of principles for the consideration of countries and partners working in contexts of transition from external funds ([UHC 2030, 2018](#)).

The problem

Transition assessments are often conducted within the frame of a single donor (e.g., Global Fund, Gavi, or PEPFAR), or focus on funding levels rather than on the coverage of priority interventions that were supported through donor funding (Bennett et al., 2011; Sgaier et al., 2013; Amaya et al., 2016; The Centre for Policy Impact in Global Health, 2019). Though there is an increasing realization that transition is best viewed as a process rather than an outcome, little empirical work has been done to understand how best to manage this process (Bao et al., 2015; Gotsadze et al., 2019). Some of the literature reflects on experiences of the transition of particular donor-funded initiatives (Bennett et al., 2011; Sgaier et al., 2013) to identify factors that enabled this transition. However, very little is known about the domestic, country-level impact of, and policy responses to, the cessation of funding on account of two or more donors transitioning. This is particularly the case for understanding how health systems at national and sub-national levels adapt (or do not) to the changing context created by these transitions, something where health systems research has much to contribute.

To fill this gap, the Alliance for Health Policy and Systems Research is leading the development of a series of analytical country case studies to better understand how countries' coverage objectives have been impacted by reductions in donor funding. This programme, carried out in collaboration with the WHO Department of Health Systems Governance and Financing and UHC2030 focuses its attention on examining how governments at national or sub-national level have responded (or not) to reductions in donor funding through changes in the service delivery architecture, health financing arrangements, information systems and governance arrangements, and how these changes have or have not influenced whether effective coverage of priority interventions previously funded by donors is sustained or not.

For the purpose of this research programme, we use the term effective coverage '**as the probability that someone who needs an intervention will get it and have their health improved as a result**' (Shengelia et al., 2005). Effective coverage, thus, incorporates both physical and financial access to care, and quality of care, both of which are fundamental to Universal Health Coverage (WHO, 2010; Sparkes et al., 2016).

Objectives

The objectives of this research programme are to:

- Support the generation of knowledge on how countries have (or not) been able to maintain effective coverage of priority interventions previously funded by donors.
- Develop analytically generalizable, cross-national learning based on this knowledge for researchers, policy- and decision-makers at national and sub-national levels and donors presented in outputs suitable for these audiences.
- Share this learning broadly, particularly among policy- and decision-makers to better inform country-led processes to manage anticipated reductions in external funding and take advantage of the opportunities provided by these reductions for health systems strengthening efforts.

Research studies supported will address the **following broad questions**:

- How does cessation of external financing affect coverage of priority interventions previously supported by donor funding?
- What political, financing and health system factors influence whether coverage of the intervention was sustained once donor funding was no longer available?
- What policies and processes can national governments and their donor partners adopt in terms of health systems adaptations to improve coverage sustainability?

Country teams are expected to use **mixed methods approaches** to address these issues, bringing together quantitative data on changes (or not) in coverage of priority interventions that were attributable to donor funding (that has since ceased) over time, along with more qualitative approaches to explain why coverage has or not changed. The latter would include an examination of the different components of the health system and its component health programmes, and their interactions, as well as the broader political economy influencing this.

For the purpose of this research, research teams are asked to base their project proposal around well-defined donor-funded projects or initiatives within the jurisdiction of interest (national level or sub-national level in countries with federal systems of government). The projects and initiatives will need to meet the following criteria:

1. Be linked to changes in coverage of priority interventions that could plausibly be attributed to the given donor-funded project or initiative (for instance-coverage of ARTs, coverage of HIV testing, coverage of a specific vaccine, primary health care related support).
2. Be large enough in terms of scale to plausibly influence coverage in the jurisdiction where they are being implemented.

3. External funding for programmatic activities ceased at least three years ago (although donors may still be providing technical support and assistance).
4. Longitudinal data on coverage should be available for a time period of ten years, to be able to cover pre-transition, transition and post-transition periods. Of this data, three years of data must be available for a period after external funding has ceased, to be able to draw conclusions about coverage following the cessation of external funding.

Informed by the quantitative data on coverage of specific interventions, research teams will be required to develop analytical case studies (at national or sub-national levels) that explain how and why coverage has or not been maintained. This will entail an analysis of the full range of health system factors and their interactions that influence the continuation (or not) of coverage, considerations of technical and implementation feasibility as well as political economy factors. To better identify how specific factors have influenced continued coverage within each study jurisdiction (national or sub-national) we would seek to compare at a minimum, two previously donor funded projects, supported by two or more distinct donors.

Research teams should note that the purpose of this programme is to examine health system responses to reductions in external financing using the particular donor-funded projects identified by research teams as **anchors** to frame the analysis. The explanation of why coverage of specific interventions has or not been maintained will require going beyond that particular programme and examining the effect that funding cessation has had on the **larger health system and the health system response to the end of external funding**.

A common conceptual framework and a common protocol will be developed to ensure that findings are comparable across countries. This will be carried out during the course of a protocol development workshop due to be held in early 2021.

Eligibility

- The **Principal Investigator** must be a researcher based in a research institution in a low- or middle-income country.
- The study **must examine countries classified as low income or middle income (both upper and lower middle income) according to the World Bank country classification for 2020.**
- Teams should be gender-balanced with women comprising **at least 50%** of the research team.
- The experience of researchers as reflected in the proposal as well as the CV of the PI should reflect experience both in: a) donor financing and transitions from donor funding in LMICs, b) analysis of health

systems including that in analyzing interactions across different health systems components and examining the role of political economy and implementation considerations in health systems performance.

- Teams must, in their proposals, be able to demonstrate both the **availability of, and their own access to, longitudinal data on coverage relevant to the projects and initiatives** that they are proposing as the anchors for their studies.
- Individuals from high-income countries are **not** eligible to apply as **principle investigators. However, organizations based in LMICs, and individuals and organizations in high-income countries may collaborate** to submit a proposal based on the condition that **not** more than 15% of the total grant value can go to individuals or organizations based in high-income countries.

Work duration and budget

A maximum of six studies will be funded in as many countries. Individual research projects will be funded for up to a maximum of US\$ 60 000. The research projects are expected to run for a maximum of 12 months after the development of the final protocol. By submitting a proposal, principal investigators commit to attending the protocol development workshop, to be held in early 2021 (virtual or in-person depending on the global situation at the time) and an analysis and writing workshop planned to be held 10 months after the initial workshop. The proposed budget should exclude the cost of participation in these workshops. The Alliance will cover the cost of attendance of up to two team members to attend the workshops.

Application process

Deadline: 25 January 2021, 23:59 CET

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 alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Transition from external assistance.**

Submissions of no **more than 10 pages**, not including team CVs, (1.15 spaced, standard font and size, regular margins) should:

1. Provide a background on the health financing situation in the country, including information on key indicators, information around sources of health financing over time and changes in the donor landscape over the past decade both in terms of major donors

involved as well as their priorities within the country. When examining instances where donor support was focused at the sub-national level, please provide background health financing data for the country as a whole, as well as relevant information and data for the state or province that is the focus of the study. **(maximum 1.5 pages)**

2. A problem statement outlining some of the challenges posed by donor transition within the setting (sub-national or national) proposed for study, how transition has influenced or could influence effective coverage of a range of interventions in that setting, as well as your understanding of the health systems adaptations that could be made in that setting by governments to respond to reduced external funding. These could include potential efficiency gains through removing misalignments and duplications in service delivery, evidence of governments taking advantage of opportunities for integrating funding streams and pooling of resources, improved strategic planning across the health sector, realizing efficiency gains in the procurement of drugs and supplies, improved practices around training and deploying human resources, as well as putting in place institutional arrangements and capacities to enable these changes. The aim of this problem statement is **to better understand research team's framing** of the main issues raised by this research programme **and their understanding of how these issues can be addressed. It is not expected that this section merely summarize the existing literature in this area. (maximum 1 page)**
3. Identify **two or more previously donor-funded projects or initiatives (up to a maximum of four projects or initiatives)** within the study setting with an understanding that these will serve as anchors to frame the study. The projects would need to meet the following criteria:
 - a. Be linked to changes in coverage of priority interventions that could plausibly be attributed to the given donor-funded project or initiative (for instance-coverage of ARTs, coverage of HIV testing, coverage of a specific vaccine, primary health care related support).
 - a. Be large enough in terms of scale to plausibly influence coverage in the jurisdiction where they are being implemented.
 - b. External funding for programmatic activities ceased at least three years ago (although donors may still be providing technical support and assistance).

- c. Longitudinal data on coverage should be available for a time period of ten years, to be able to cover pre-transition, transition and post-transition periods. Of this data, three years of data must be available for a period after external funding has ceased, to be able to draw conclusions about coverage post the cessation of external funding .
 - d. Of the donor-funded projects proposed we will endeavour to work with each selected research team to identify two projects within the proposed setting for the final analysis with the view of maximizing heterogeneity in terms of focus, donor involved, and key populations targeted across the country case studies as a whole.
4. For each donor project or initiative, provide the following information: **(maximum 1 page for EACH project or initiative)**
 - a. A paragraph justifying the inclusion of the particular project or initiative given the aims of the research programme.
 - b. A **table** summarizing:
 - Name of project and donor/donors
 - Duration of project in terms of external funding provided (recognizing that technical assistance may continue post the cessation of funding)
 - Project total and annual budgets in US dollars, if available
 - Geographical and Population coverage over the years during which funding was provided (for each year to better estimate scale up)
 - Interventions that the project made and relevant indicators to measure coverage of those interventions
 - Information on how indicators have changed over time; if this is not readily available, information how the team plans to access the data on these indicators
 - c. **A summary of existing literature around transition from these programmes**, including summaries of transition preparedness assessments carried out by relevant donors.
5. Provide **information on data sources and illustrative mixed methods proposed to be used**, including demonstrating how these will contribute to addressing **the broad questions** spelled out on page 3. Teams should recognize that proposed methods will change as we will seek to have a single conceptual framework and common protocol for all case studies supported under this knowledge programme. **(maximum 1.5 pages)**

6. **Provide details of the research team** including the position and qualifications of the Principal Investigator and other team members. The description of the team should also give an indication of the team's previous experience in research around donor transitions as well as in conducting health systems research more broadly. The team should also have experience in carrying out key informant interviews with high level policy-makers in the setting where the study is proposed to be carried out. The team must provide information about the gender breakdown of the core research team, **noting that to be eligible for funding 50% of the core research team must comprise female researchers. (maximum 1 page)**
7. Provide an estimate and itemized budget summary for activities over a 12-month period. **(maximum 1 page)**
8. In addition to the proposal, teams must submit CVs (of not more than 5 pages each) of the members of the research team, as attachments in the same email (not included in the page limit for the proposal). In case a research team member has more than 20 publications, please list the most relevant and/or recent publications.

The Alliance is an engaged funder. A peer-reviewed publication is required as are dissemination activities and policy products, including one or more policy briefs.

Evaluation of research proposals

- Research proposals will be judged by a minimum of two external reviewers on the basis of set criteria that will include:
 - The potential of the proposed research study to contribute to the overall aims of the research programme in terms of understanding how effective coverage of priority interventions has (or not) been maintained after reductions in external assistance.
 - Quality of the research proposal in terms of demonstrating an understanding of the donor landscape in the study setting, the identification of the most relevant donor projects or initiatives for examination, an understanding of the kinds of health systems adaptations that governments can make to maintain effective coverage, and appropriate data sources and methods.
 - Qualifications and experience of the research team in the areas of donor transition and health systems analysis.
 - Demonstrated ability to access high level policy-makers and donor representatives to carry out key informant interviews.

- Feasibility of proposed study over a 12-month duration to implement the research (from the development of the final protocol to the submission of the final report).
- Value for money.

The selection of cases across countries will also seek to maximize diversity in terms of geographical area, health system contexts, donors involved, conditions targeted or focus of the donor projects and the potential of selected cases as a whole in advancing knowledge in this area.

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.

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