Alliance for Health Policy and Systems Research

World Health Organization

Call for research consortium (India only)

Health policy and systems research to understand pathways to universal health coverage (UHC) through primary health care (PHC) reforms

Published: 14 December 2022

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Overview

The Alliance for Health Policy and Systems Research is seeking bids for a research consortium to conduct health policy and systems research to help improve the understanding of how primary health care (PHC) reforms contribute to universal health coverage (UHC). This call is focused on India, and consortium bids must be led by an Indian (government or public sector) research organization. This call is made in partnership with the Bill and Melinda Gates Foundation.

Background

Universal health coverage (UHC) is the first of WHO's triple billion targets and is defined as "all people having access to the health services they need, when and where they need them, without financial hardship". UHC is also target 3.8 of the Sustainable Development Goal (SDG) 3: "Ensure healthy lives and promote well-being for all ages" *(1)*. In practical terms, progress towards UHC is assessed in terms of expansion of access to health services, extension of the scope of those services, and increasing the extent of financial protection *(2, 3)*.

Building and strengthening health systems that can deliver UHC to their population takes careful consideration of where and how to allocate resources and take action *(4, 5)*. A country's health system and UHC strategy must be supported by a range of institutions across sectors, communities and people, with structures put in place to ensure UHC is sustainable (3). Primary health care (PHC) reforms have the potential to transform how populations can access appropriate packages of health services with consideration for financial protection in the process, which is fundamental to achieving UHC *(3, 6, 7)*.

In spite of global advocacy for PHC reforms, the traction for these reforms is still low in many low- and middle-income countries (LMICs). Even though governments across the world have committed to UHC goals, many LMIC governments at national and subnational levels prefer to invest in or incentivize secondary and tertiary care services *(3, 6, 8)*. Part of the reason for this is that the ways in which PHC reforms advance UHC and their impacts on UHC are poorly understood. There is some limited evidence from LMICs on the impacts of specific components of PHC towards progress on UHC. However, not enough is known about how PHC reforms as a whole are contributing to UHC in different settings and contexts in LMICs *(7, 9)*. Some of the key challenges in understanding these pathways are:

- **Complexity:** the broad-based and complex character of PHC reforms can create challenges in establishing their boundaries, and the extent to which specific aspects of health systems performance and outcomes can be attributed to them.
- **Context specificity:** one size does not fit all when it comes to PHC, and the nature of PHC reforms as well as their effects are influenced by the prevailing social and health systems contexts. This challenges the direct generalizability of findings from one context to another.
- **Conceptualization:** the core components of PHC can be mapped to the dimensions of UHC, yet the specific mechanisms through which PHC reforms contribute to progress towards UHC are not yet well conceptualized or theorized.

A health policy and systems research (HPSR) approach is well suited to the investigation of complex, context-specific PHC reforms and their effects. HPSR makes use of interdisciplinary social science approaches that can help to elaborate the specific processes of change (in health systems, governance apparatus or social structures) that link PHC reforms to progress towards UHC. There are several helpful frameworks in the methodological canon of HPSR that recognize and can help make sense of the inherent complexity of the subject. HPSR also encompasses induction, or theory-building, that can help to improve the conceptualization of the link between PHC reforms and UHC. The HPSR approach goes beyond data collection and analysis and is focused on promoting learning among relevant stakeholders to motivate policy change *(10)*.

There is an urgent need for a stronger foundation of health policy and systems research (HPSR) on how PHC reforms contribute to UHC in varying contexts. It is important that evidence on the contribution of PHC reforms is interdisciplinary and is generated in close collaboration with policy- and decision-makers, to improve its utilization for programme improvements and policy change.

This call for proposals is for a consortium of research organizations in India to conduct health policy and systems research linked to existing PHC system reforms in India. India, with its long-standing and large-scale efforts to invest in and evolve PHC systems and work towards UHC goals, represents a potential exemplar for the explication of these pathways. There are several existing PHC reforms currently being implemented in different settings in India, which present important opportunities to generate learning from these experiences, and to influence local and country-level policies to improve those interventions and apply their lessons more broadly.

This initiative is a partnership between the Alliance for Health Policy and Systems Research, an international partnership based at World Health Organization headquarters, and the Bill and Melinda Gates Foundation.

Objectives

The objectives of this programme are to:

1. Support the generation of coherent health policy and systems research knowledge on how existing PHC reforms are contributing to UHC in diverse health systems settings in India;
2. Stimulate learning and action on the role of PHC reforms in achieving UHC among policy- and decision-makers at local and country level; and
3. Disseminate the knowledge broadly, with the purpose of informing PHC for UHC strategies in different contexts globally.

Specific tasks of the consortium

- Define a focused and ambitious set of HPSR research questions to be addressed through research on existing PHC reforms in at least two states in India.
- Develop research protocols to answer these research questions in a rigorous and timely manner.
- Manage and monitor financial allocations for in-country partner activities and research.
- Undertake ethical review and obtain approvals prior to undertaking research studies.
- Manage and monitor the implementation of research studies ensuring high quality and timely deliverables.
- Complete dissemination activities including:
    - At least one synthesis workshop focused on the utilization of findings.
    - Present findings at a global conference (such as the global health systems research symposium) to share lessons with other countries.
- Deliver key outputs and deliverables including:
    - A synthesis report on pathways to UHC through PHC reforms, including the identification of solutions, good practices, barriers, and enablers to implementing those practices.
    - Stakeholder-informed roadmaps identifying pathways for achieving UHC through PHC reforms.
    - Peer-reviewed publication(s) or a special supplement in a reputable journal.

Scope of the research

The research undertaken by the consortium will investigate the following areas of enquiry and the interconnectivities between them:

- Specific existing PHC reforms in at least two states in India[1]
- Change pathways (mechanisms of change within health systems, governance apparatus or social structures, that link PHC reforms to progress towards UHC)
- Enabling factors and barriers (contexts)
- Progress towards UHC (outcomes)[2]

[1] The Declaration of Astana defines the three core pillars of primary health care as
1. Integrated health services to meet people's health needs throughout their lives;
2. Addressing the broader determinants of health through multisectoral policy and action; and
3. Empowering individuals, families, and communities to take charge of their own health *(11)*.

[2] In practical terms, progress towards UHC is assessed in terms of expansion of access to health services, extension of the scope of those services, and increasing the extent of financial protection *(2)*.

Specifically, the research will:

- Apply appropriate interdisciplinary approaches to answer a rich set of HPSR questions to investigate the mechanisms of the influence of PHC reforms on UHC, and their effects on UHC;
- Propose and apply an initial theory of change or conceptual framework for the link between PHC reforms and progress towards UHC, and refine the framework based on the research undertaken and in consultation with stakeholders;
- Use standardized tools to investigate a range of health system factors that influence variations in UHC coverage levels across settings, with a focus on the strength of PHC systems;
- Be informed by the perspectives of diverse stakeholders (health care providers, users, communities, managers, policy-makers).

Selection criteria

The following selection criteria will apply for applicant teams:

- The consortium will be led by an Indian (government or public sector) research organization as technical support centre in a coordinating role, to oversee, commission, monitor and synthesize the research studies, undertake liaison with the Ministry of Health and Family Welfare and local-level decision-makers, and ensure uptake into local policies.
- Inclusion within the consortium of:
    - Linked research organizations with specific technical expertise or geographical focus, engaged in undertaking the research.
    - Linked civil society organizations with in-depth knowledge and active collaborations with vulnerable communities and/or a distinct geographical focus.
- Demonstrated ability to undertake high quality interdisciplinary health policy and systems research (HPSR).
- Direct links and history of engagement with state/ district policy-makers.
- Demonstrated ability to obtain feedback and perspectives of diverse stakeholders (health care providers, users, communities, managers, policy-makers)
- Demonstrated ability to utilize standardized tools to investigate a range of health system factors.

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

- Value for money
- Monitoring of the plan of work

Funding and period

The maximum amount of money available from the Alliance will be US$ 750 000. No further funding will be provided by the Alliance within and beyond the project period. At least 66% of the total bid should be reserved for implementation of the research studies in (at least) two states in India. The activities will be implemented from 2023–2026 and the end date shall not exceed 30 June 2026.

How to apply

Deadline: 8 January 2023, 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. Call for a research consortium on PHC for UHC (India).**

Submissions of not more than eight pages (standard font size 11, 1.15 line spacing, normal margins) should include the following:

- **Contact details:** Names of the institutions to be included in the consortium, including information for a key contact person for the organization that will serve as the technical support centre.
- **Plan of work:** A detailed description of how the consortium will undertake the research and execute the tasks as specified
- **Team capabilities:** A description of how consortium team meets the stated selection criteria
- **Team structure and function:** Brief explanation of how the consortium will be structured and governed across its member institutions, and how they will work together to deliver on the initiative
- **Itemized and overview budget for 30 months:** The overview budget should provide 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.). At least 66% of the total bid should be reserved for implementation of the research studies in (at least) two states in India. No more than 20% of the total bid should be used towards project management and staff salary costs. Institutional overheads should not exceed 13%. This call will not fund equipment or support for hiring new permanent teaching staff.

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 a bidder of its choice, even if its proposal is not the lowest;
    b. Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their proposals are not the lowest;
    c. 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;
    d. 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 needs of the Organization and the activity concerned;
    e. Not award any contract at all.
4. WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.
5. WHO is **acting in good faith** by issuing this RFP. However, **this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.**
6. WHO also 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 RFP.
7. 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.

8. WHO reserves the right, subject to considerations of confidentiality, to acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor's name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO's Information Disclosure Policy and shall be consistent with the terms of the Contract.

References

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