

Call for proposals

Producing a limited podcast series on
embedded implementation research in health
policy and systems research

Published: 28 October 2022

Deadline: 21 November 2022, 23:59 CET

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Producing a limited podcast series on embedded implementation research in health policy and systems research

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Overview

The Alliance for Health Policy and Systems Research invites proposals from a partnership between health communications experts and public health researchers to produce, host and distribute a limited podcast series on the topic of embedded implementation research for the Alliance. The five-episode series will involve working closely with the Alliance to define the format and select interviewees. Marketing of the limited series will be prepared by the team on behalf of the Alliance. This is not a research call.

About embedded implementation research

Embedded implementation research encourages collaboration between researchers, implementers and policy-makers in the design, production, interpretation and use of health policy and systems research. By integrating health systems decision-makers into the research process – also known as embedding – the approach promotes greater ownership of the research and increases the use of research findings for policy and programme improvements.

This is important because the interface between research and practice is often fraught with challenges driven by a lack of understanding and poor communication between decision-makers, implementers and researchers. In many settings, academics are the most involved in prioritizing and carrying out health-related research, which can affect its relevance and by extension its impact within health systems and programmes. Making health research demand-driven is vital, as is building an understanding of the research process among key stakeholders.

A recent article reviewing the Alliance's track record on EIR (Ghaffar and dal Zennaro, 2022) identified five lessons when taking an EIR approach:

1. EIR has been shown to be an effective means of improving programme and policy implementation and can be applied to a range of health issues, including maternal, newborn, and child health and immunization, as well as to several health targets within the Sustainable Development Goals.
 2. EIR has shown promise in also serving as a tool to help strengthen health systems performance and as a means of building capacity for knowledge generation and use.
 3. The engagement of multiple stakeholders, particularly decision-makers, in setting research agendas, designing, and building solutions is critical to ensure that EIR is responsive to implementers' and communities' felt needs and evaluation methods are fit for the decision context and purpose as part of the EIR process.
 4. Multilevel feedback loops to assess programmes and inform decision-making are needed as part of the iterative implementation process.
 5. EIR directly responds to the problems/questions of implementers/programme managers and increases the relevance and use of the evidence generated.
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Embedding research in real world policy and practice helps overcome this issue because it encourages a range of health actors to engage in – and take ownership of – the problem-solving process. The approach also creates important momentum ensuring that studies and evaluations are actually used to address health service deliver gaps and improve health outcomes. This is because it gets the right people around the table from the very beginning, which in turn makes buy-in around findings easier and quicker, and action more likely.

Embedded research structures may take different forms. Research units that sit within health ministries are proving successful at supporting rapid evidence synthesis. Similarly, implementer-led projects that build strong links with local academic institutions are generating interesting evidence that is informing policy and practice, sometimes in real time.

The Alliance has been at the forefront of the embedded research movement by supporting more than 140 EIR studies across 45 low- and middle-income countries, and documenting lessons from these initiatives. In particular, with the support of Gavi, the Vaccine Alliance, and often in collaboration with UNICEF, the Alliance has worked on a series of studies focusing on vaccination across a number of countries.

About the desired outputs

The Alliance is seeking to produce a limited series podcast comprising of five episodes on using the embedded implementation research approach in HPSR, especially in the context of attaining the SDGs. Each episode will be approximately 20 minutes, and should work both as a standalone episode, and as part of the series. The format of the episodes should be part of the proposal, but we expect at least some interviews with people who have undertaken and benefited from EIR in health systems in LMICs. At least two of the episodes should draw on work that the Alliance has undertaken with support from Gavi, the Vaccine Alliance.

Outcomes from some of our studies have been captured in special issues of different journals (* indicates those supported by Gavi, the Vaccine Alliance):

- [Using embedded implementation research to improve immunization services and expand coverage in Ethiopia](#) *
- [Implementation research for immunization](#) *
- [Embedded implementation research in the Americas](#)
- [Building capacity to take embedded implementation research to scale in Ethiopia](#) *
- [Innovations in Implementation Research in LMICs](#)

The Alliance is looking to work with a small team of expert health communicators working alongside public health researchers to produce this series. The team will work closely with the Alliance to refine the format for the episodes and select experts for interviews. However, the sound design and production (which will involve interviews from around the world, especially in LMICs), as well as the hosting will be undertaken by the team. Marketing and dissemination of the series will be prepared for the Alliance.

Call objectives and timeline

The objective of this call is to develop, produce and host a limited podcast series on the use of the embedded implementation research approach in HPSR. The specific objectives of the series are to:

- Provide an overview of what the EIR approach is and its benefits;
- Explain what is required for a successful EIR project using examples;
- Highlight LMIC experiences of using EIR, with at least one episode focusing on immunization; and
- Present key challenges when undertaking EIR projects and how to overcome them.

Episodes will be uploaded to relevant podcasting services (e.g. Apple podcasts, Spotify, SoundCloud) and dissemination plan for implementation by the Alliance will be developed. A similar approach as with our previous limited podcast series, [Seeing the full picture](#), will be taken. **The podcast series is expected to be fully completed by October 2023.**

Eligibility

Teams submitting proposals to this call must demonstrate a mix of core competencies, including:

- High-quality sound production/engineering expertise (including sourcing music and editing);
- Storytelling and editorial ability;
- Knowledge of health and HPSR;
- Ability to work and record interviews remotely; and
- Experience in previous podcast production and/or media preferred.

There are no geographic requirements for this call for proposals, though teams that involve members from LMICs are encouraged to apply. Teams with a gender balance and/or led by women are also encouraged to apply.

Selection process

Proposals will be evaluated against the following criteria:

- Demonstrated understanding of concept, and suitable proposal (40%)
- Organisational capabilities and team composition (40%)
- Appropriateness of budget, and value for money (20%)

How to apply

Deadline: 21 November 2022, 23:59 CET

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. **Please use the subject: WHO Bid Ref. Call for Proposals: Embedded Implementation Research Podcast Series.**

Format of submission

Part 1: Administrative Information

Names of all proposed team members along with name and contact details (postal address, email, phone) of a key contact person.

Part 2: Technical proposal

The technical proposal should include the following sections:

Introduction (up to 250 words)

The introduction should provide an overview of the team and a basic statement of motivation.

Approach (up to 750 words)

Provide an overview of the proposed set of outputs and how they will be achieved. This will include information about processes and technologies used. Highlight key challenges you see in approaching this project, and how these challenges will be managed. In particular, given the geographic diversity of interviewees, please indicate how you will proceed with the production of this high-quality podcast series.

Proposed timeline (up to 250 words)

Indicate an approximate timeline for working to complete the overall project before the deadline of October 2020.

The team (up to 250 words to describe the team composition overall, and 150 words per each team member profiled)

Provide an overview of the team, and which team members will be responsible for which roles and responsibilities. Short introductions to the team members should also be included. Full CVs are not necessary. It is particularly important to demonstrate that the team composition covers the various capacities outlined in the 'Eligibility' section.

Part 3: Portfolio of relevant work

A portfolio can be provided in any format that best conveys the previous work of members of the team. A list of links to online versions is fine.

Part 4: Budget

Please provide a budget breakdown with a justification for costs. All figures should be in USD.

Budgets should provide a breakdown of personnel costs, equipment, technology subscriptions, and any other costs (such as project management etc.) that might apply.

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.

References

- Ghaffar, A, L. Dal Zennaro, N. Tran (2022) The African Health Initiative's role in advancing the use of embedded implementation research for health systems strengthening. *Glob Health Sci Pract.* 2022;10(Suppl 1):e2200318. <https://doi.org/10.9745/GHSP-D-22-00318>



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