Call for expressions of interest
Health policy and systems research for vaccine uptake in low- and middle-income countries

Published: 26 June 2024
Deadline: 24 July 2024 23:59 CEST
Call for expressions of interest
Health policy and systems research for improving vaccine uptake in low- and middle-income countries

Published: 26 June 2024
Deadline: 24 July 2024, 23:59 CEST

Overview
The Alliance for Health Policy and Systems Research (the Alliance) is seeking expressions of interest (EoIs) from research and policy teams based in select low- and middle-income countries (LMICs) to use health policy and systems research to respond to identified national priorities related to improving vaccine uptake. EoIs can focus on one of two tracks: reaching zero-dose and under-immunized children or addressing adolescent and adult vaccination. Teams based at in-country research institutions in the following countries are eligible to submit an EoI: Brazil, Cambodia, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Mexico, Mozambique, Nigeria, Pakistan, the Philippines and Viet Nam.
Call for expressions of interest: HPSR for vaccine uptake in LMICs

Background
The agenda on improving vaccine uptake is not new. However, persistent and emerging challenges threaten the significant benefits achieved by global vaccination efforts over decades (Ehreth, 2003). The Immunization Agenda 2030 adopts a life-course perspective on immunization, where vaccination is extended beyond infancy through adolescence and adulthood according to individual needs and reflecting specific national and subnational contexts (World Health Organization, 2020). Over the past 50 years, the implementation of vaccination programmes has saved 154 million lives, including 101 million infants younger than one year, and has significantly contributed to the decline in global infant mortality (Shattock et al., 2024). Beyond reducing the burden of vaccine-preventable diseases, the socioeconomic benefits of immunization are increasingly recognized, with evidence showing high rates of return on investments from both childhood and adult immunization programmes (El Banhawi et al., 2024; Sim et al., 2020).

Despite tremendous progress, a staggering 67 million children worldwide missed out on vaccinations between 2019 and 2021. This marks the most significant setback in childhood immunization in 30 years. Most of these children live in countries in Africa, South and East Asia, and the Pacific (United Nations Children’s Fund, 2023). Additionally, during the COVID-19 pandemic, the already low rates of global HPV vaccine coverage decreased by more than a quarter (United Nations Children’s Fund, 2023). At the same time, health systems are facing multiple challenges as new vaccines are integrated into primary health care for different age groups throughout a life-course vaccination model (Kiarie et al., 2024). For instance, as newer vaccines are recommended by the World Health Organization (WHO), it remains unclear how countries will invest to ensure vaccine access and uptake in the context of universal health coverage. This concern is particularly relevant for middle-income countries transitioning out of eligibility for support and funding from Gavi, the Vaccine Alliance (Silverman Bonnifield et al., 2024).

Questions have arisen about how various contexts – such as infectious disease outbreaks, humanitarian crises, migration, climate change, political factors and vaccine hesitancy – in which vaccines are introduced affect their uptake (Decouttere et al., 2023; Enria et al., 2024; Larson et al., 2014; Ozawa et al., 2016). Considerations of vaccine uptake can also shift depending on whether the phase is related to introducing a new vaccine, scaling up existing vaccines or addressing the stagnation or decline of long-standing vaccines. There are still more questions on how best to reach vulnerable populations across a variety of vaccines and utilizing innovative approaches. It was shown that increases in vaccine hesitancy frequently coincide with the introduction of new policies, procedures, information and risk perception (Larson et al., 2022). During the COVID-19 pandemic, research
suggested that vaccine hesitancy was influenced by perceptions of how governments responded to the pandemic, rising populism, misinformation and public views on vaccine equity and vaccine nationalism (Wonodi et al., 2022). Furthermore, new technologies, including the expansion of social media platforms, the use of geospatial technologies and digital transformation, may be improving or inadvertently hindering vaccine uptake (Gavi, the Vaccine Alliance et al., 2020; Larson et al., 2022).

Much of the literature on vaccine uptake draws from cognitive models of individual-level drivers; there are few examples of studies grounded in meso- and macro-level interactions between individuals and system-level factors affecting uptake (Sturgis et al., 2021). In seeking to improve vaccine uptake, health policy and systems research can enhance our understanding of how health systems and health policies are responding to, adapting to and influencing political, regulatory, managerial and community processes. Health policy and systems research can also usefully study issues of misinformation and disinformation, public sector trust, perceptions of vaccine safety and confidence, health worker hesitancy and systems governance as they relate to health equity, service delivery and improved health outcomes. Such an understanding is critical to inform the development of actionable policies that can address the challenges of improving vaccine uptake.

The Alliance is launching this new programme of work to advance scientific, policy and practice knowledge to improve vaccine uptake in LMICs. Specifically, this programme of work seeks to identify policy gaps to better inform national-level governments on their immunization systems design, strengthen current national-level efforts to implement, evaluate and scale immunization programmes, amplify community responses to improve vaccine uptake, move beyond the health sector and improve data and metrics for immunization. This programme aims to move beyond descriptive understandings of determinants of vaccine uptake towards more exploratory and explanatory studies. Particularly, it focuses on examining the meso- and macro-level interactions between individual and systemic determinants of vaccine uptake.

**Objectives**

The objectives of this programme are to use health policy and systems research concepts and methods to develop new insights, generate empirical evidence and inform policies addressing an array of policy and systems challenges affecting vaccine uptake in select countries.
Programme focus

The conceptual starting point for this programme is the most recent WHO Strategic Advisory Group of Experts (SAGE) on Immunization framework on behavioural and social drivers (BeSD) of vaccine uptake (World Health Organization, 2022). The programme adapts this framework by adding meso- and macro-level areas (see Fig. 1) that are particularly important to the so-called practical issues identified in the BeSD framework (i.e., vaccine availability, affordability, ease of access, service quality and respect from health workers).

Through this call for expressions of interest, the Alliance is seeking brief submissions from multidisciplinary research and policy teams based in selected countries to conduct research embedded in new or ongoing policy reforms and implementation processes related to a vaccine uptake issue of identified national priority. These teams will be based at domestic research institutions (i.e., university departments, research centres or think tanks) with strong networked relationships with policy-makers, communities and other relevant key actors.

Tracks

The EoI should address one of the two tracks for improvement:

- **Track 1:** Reaching zero-dose and under-immunized children
- **Track 2:** Addressing adolescent and adult vaccination
Call for expressions of interest: HPSR for vaccine uptake in LMICs

Thematic areas
Across the select track for improvement, EoIs should focus on one specific thematic area. Suggested research questions are provided under each:

- **Thematic area 1: Community and local social determinants of health**
  - Promoting community and cultural assets, infrastructures and capacities: how to systematize or formalize what communities are already doing to improve vaccine uptake?
  - Practice-based evidence: how to better include lived experiences in designing vaccine programmes?
  - How are social determinants – including poverty, mistrust and distrust, structural discrimination, education and violence – affecting vaccine uptake in certain populations?
  - How are vulnerable populations, including youth, elderly and those with noncommunicable diseases, being reached for vaccination?

- **Thematic area 2: Health system contexts**
  - Addressing health worker vaccine hesitancy: how are health workers supported, and how does this link to uptake in communities?
  - Strengthening community health workers as lynchpins of vaccination: what strategies can strengthen the role of community health workers in increasing vaccination coverage?
  - How are health systems learning to adapt to emergency and routine immunization?
  - How do health systems engage with sectors beyond health to support vaccine uptake?
  - Evaluation measures: What new/better performance indicators are needed to improve immunization systems?
  - How to improve the quality and use of existing immunization data?

- **Thematic area 3: National political governance**
  - What are effective strategies to address political barriers, regulatory weaknesses or policy gaps?
  - Which models of national institutional investment aimed at building public trust in the health systems work best?
  - Where has advocacy to augment the immunization agenda been effective?
  - How do the public/private and state/community interfaces impact vaccine uptake?

- **Thematic area 4: Global forces**
  - Power sources that shape global immunization agenda: how are discourses structured and affecting national vaccine uptake?
Cross-cutting topics
Additionally, cross-cutting topics include:
- equity
- gender
- digital transformation
- networked knowledge
- integrated evidence
- systemic risk.

EoIs should address more than one of these cross-cutting topics. EoIs are invited to consider the WHO Sex and Gender Equity in Research (SAGER) guidelines (Heidari et al., 2016) in their submissions.

Fig. 2 below summarizes the tracks for improvement against the thematic areas and cross-cutting topics. Successful EoIs will clearly situate themselves in one of these boxes.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thematic area 1: Community and local social determinants of health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thematic area 2: Health system contexts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thematic area 3: National political governance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thematic area 4: Global forces</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health policy and systems research methods
EoIs will be expected to demonstrate innovative use of a range of health policy and systems research methods drawing from but not limited to: participatory action research, organizational science, historical analysis, policy analysis, realist evaluation, and/or systems/complexity science. These approaches should contribute to building theory on causal interactions among select vaccine uptake determinants, and subsequently develop, test and assess potential solutions.
Teams will be expected to engage with multiple stakeholders, ranging from communities to frontline health workers, and other key actors relevant to the specific vaccine uptake issues identified in-country. EoIs should include plans to establish multistakeholder country advisory committees that involve government, communities, community health workers and WHO country offices. These committees will be expected to meet annually and will be a resource to guide project progress and socialize project findings locally throughout the project life cycle. Diversified strategies for systematization and learning will be vital.

Specific tasks of the country teams

The successful teams will:

1. **Improve understanding** of low vaccine uptake, using health policy and systems research methods, and develop and implement appropriate solutions.

2. **Generate a range of research and policy outputs** related to specific vaccine uptake issues and establish a multistakeholder country advisory committee. These outputs will include a mix of meetings, policy and community dialogues, briefings, peer-reviewed publications, media bites, videos and/or podcasts.

3. **Participate** in a two-day co-creation workshop at the beginning of the project and annual cross-country learning/co-creation workshops through the project lifecycle to foster networking, share emerging findings and further refine the programme framework. The costs of these workshops will be borne by the Alliance.

4. **By the end of their grants**, teams should be able to demonstrate the beginnings of policy- and service-focused outcomes expected to lead to improvement in a range of vaccine uptake indicators, such as introduction or scale-up of vaccines of interest, increased vaccination coverage rates, increased health service utilization, improved equity in immunization services, and strengthened domestic investments in immunization.

Eligibility and selection criteria

To be **eligible** for this award, the EoI will demonstrate the following:

- Teams are based at domestic research institutions, as defined in the research focus section of this call, based in an eligible country: Brazil, Cambodia, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Mexico, Mozambique, Nigeria, Pakistan, the Philippines and Viet Nam;

---

1 This set of countries is derived from a mix of the top 20 countries with the highest number of zero-dose children in 2021 (World Health Organization & UNICEF, 2022), countries undertaking new roll-outs of adolescent or adult vaccinations and other priority countries.
• Teams should be gender-balanced with women comprising at least 50% of the research team; and
• A clear focus on one of the tracks, with reference to a relevant thematic area and at least one cross-cutting issue.

To be competitive for this award, the following criteria apply:
• Documented experience in conducting health policy and systems research, especially in the field of vaccines, and demonstrated capacities in multistakeholder engagement;
• A clear plan to engage and work closely with policy-makers, communities, community health workers, or other key actors relevant to the specific vaccine uptake issues identified in-country;
• The potential of the proposed research to contribute to the overall objectives of the programme, track for improvement and thematic area;
• The quality of research in terms of the appropriate use of health policy and systems research methods and data sources, the qualifications and experience of the research team and the feasibility of the proposed research over a two-year duration; and
• Value for money.

Consideration will also be given to ensuring diversity in countries covered, division across tracks and thematic areas.

**Funding and period**

Up to six research teams will be funded up to a maximum of US$ 320,000 each. No further funding will be provided by the Alliance within or beyond the project period. The activities are expected to run for twenty-four months, from the end of 2024 to the end of 2026.

**Two-stage review process**

At Stage 1, EoIs will be assessed by a set of external reviewers. Selected EoIs will be invited to participate in a co-creation workshop to adapt and expand the overarching project framework and to co-develop the programme’s indicators and outcomes, based on specific research and policy questions.

At Stage 2, teams that participated in the co-creation workshop will develop their full proposals and detailed budgets for funding. An adjudication committee will review the full proposals and consider whether they should be funded. Successful teams (up to six) will receive two-year research grants.
Call for expressions of interest: Health policy and systems research for improving vaccine uptake in LMICs

Application process

Deadline: 24 July 2024, 23:59 CEST

Bids submitted after this deadline will not be considered.

Successful applicants can be expected to be notified within six weeks 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 to alliancehpsr@who.int. Please use the subject: WHO Bid Ref. Call for expressions of interest: Health policy and systems research for improving vaccine uptake in LMICs

Submissions of no more than seven pages (or no more than eight pages if not in English, see below, in standard font 11, 1.15 line-spacing, normal margins) should include the following:

1. **Name of the interested institution(s)**, including contact details and name of the key contact person.

2. **Motivation for applying**: The institution should describe its background, and how this work fits in with its expertise and aligns with its current areas of work in improving vaccine uptake. The institution should highlight any existing/previous engagement with policy-makers and other key actors.

3. **Composition of the proposed team**: Names, expertise, function in the institution, gender, and role in the team and experience relevant to the call. CVs should be included as an annex to the submission, which do not count towards the page limit.

4. **Technical focus**: Description of the national priority issue related to improving vaccine uptake specified along the track for improvement, thematic area and cross-cutting issues. The health policy and systems research methods to be used, collaborating stakeholders (including policy-makers/ implementers and communities) and expected outputs and policy impacts should also be clearly described.

5. **High-level research plan and budget for two years**: outline a two-year plan for the proposed research and engagement activities and provide a high-level budget summary and justification for costs requested in US$ across the following high-level categories (not all may be applicable): personnel, supplies/facilities, equipment, communications, travel and per diem, and other (meetings, publications, etc.). A detailed budget will be required only in stage two for successful expressions of interest.
Expressions of interest can be submitted in the following WHO or PAHO official and working languages relevant to the eligible countries: English, French, Spanish or Portuguese. **Non-English expressions can be up to eight pages.** Please note that regardless of the language used for the EoI, successful teams will need to participate in a co-creation workshop and ongoing lesson sharing workshops in English. Therefore, at least one named team member (please indicate in the EoI) should have a sufficient level of English to join these meetings.

**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 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


Call for expressions of interest: HPSR for vaccine uptake in LMICs


Call for expressions of interest: HPSR for vaccine uptake in LMICs


Contacts

ahpsr.who.int

alliancehpsr@who.int

AllianceHPSR

+41 22 791 3791

Alliance for Health Policy and Systems Research
World Health Organization
Avenue Appia 20
1211 Geneva, Switzerland