Alliance for Health Policy and Systems Research

World Health Organization

Call for expressions of interest

Investigating service delivery in conflict-affected settings – a focus on **Ukraine**

Published: 11 September 2024

Deadline: 2 October 2024, 23:59 CEST

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Overview

The Alliance for Health Policy and Systems Research is inviting expressions of interest for health policy and systems research to investigate service delivery in the context of the conflict in Ukraine. Teams are invited to submit expressions of interest to investigate ongoing adaptations made to the health system to facilitate its ability to deliver services as well as the health system reforms undertaken before the current war that have facilitated the health system's resilience. The Principal Investigator and their institution must be based in Ukraine, with collaboration encouraged with institutions within and, if required, outside the country.

Background and rationale

The Alliance for Health Policy and Systems Research at World Health Organization (WHO) Headquarters, in collaboration with the WHO Health Emergencies Programme and with support from the National Institute for Health and Care Research (NIHR) at the Department of Health and Social Care (DHSC) of the United Kingdom of Great Britain and Northern Ireland, is developing a new programme of health policy and systems research to gain better insights into how to deliver health services in conflict-affected settings. Ukraine is one of the three settings included in this research programme, and the Alliance and WHE are working closely with the WHO Country Office in Ukraine to co-create and implement this programme of research beginning with this call for expressions of interest.

Conflict-affected populations account for approximately one-quarter of the global population, including millions of forcibly displaced individuals (Bogale *et al.,* 2024). Armed conflict has profound and long-term impacts on health systems (Martineau et al., 2017; Lokot et al., 2022; Bogale et al., 2024). Health facilities are often attacked and damaged, resulting in a critical loss of primary care infrastructure, and are rendered inaccessible due to insecurity (Levy and Sidel, 2016). Attacks on health workers may result in injuries or casualties among them or forcing them to flee, further reducing the health system's capacity to provide care (Birch and van Bergen, 2019). The availability of pharmaceuticals and of essential medical supplies is often impacted by disruptions to the supply chain (Muyinda and Mugisha, 2015). Additionally, health systems may become overburdened, as the demand for health care services rises due to the increasing burden of injuries and illnesses resulting from both direct and indirect results of the conflict (Garry and Checchi, 2020), while influxes of displaced populations increase the pressure on already stretched host health services and systems (Lafta and Al-Nuaimi, 2019; Odhiambo et al., 2020; Lokot et al., 2022). Conflict may vary widely in nature and intensity in different regions of a country, which may result in significant resources diverted from more functional to disrupted parts of the health system. Humanitarian organizations are most often needed to support service delivery, which may contribute to the fragmentation of the health system (Dale *et al.,* 2024).

Populations in conflict-affected settings often face a higher burden of mental health issues (Landry, Giebel and Cryer, 2021). Continuity of care for chronic conditions that require consistent and long-term management such as diabetes, hypertension, tuberculosis and HIV/AIDS may be severely compromised due to the destruction of health care infrastructure, reduction in health workers, poor accessibility to care and the displacement of populations (Bendavid et al., 2021). Furthermore, the psychological trauma experienced by both affected populations and health care workers requires a shift towards the

provision of mental health care in an already-constrained primary care level (Charlson et al., 2019).

Chronic conflict settings require adaptive health service delivery models that can respond to fluctuating needs and resources (Truppa et al., 2024). Integrated service delivery networks and essential health services packages (EHSP) have been effective in similar settings (Bertone et al., 2019; Blanchet et al., 2019; World Health Organization, 2020; Truppa et al., 2024). These models emphasize comprehensive care, efficient resource use and strong referral systems to manage both immediate and long-term health needs (World Health Organization, 2020).

Health systems challenges in Ukraine

The current phase of the conflict in Ukraine, starting in February 2022, has displaced nearly four million people, led to 14.6 million persons in need of humanitarian assistance and caused more than 35 000 civilian casualties (as of 31 July 2024), and the widespread destruction of its health care system (OCHA, 2023; OHCHR, 2024). The conflict has affected all regions of Ukraine, with the oblasts at the frontline – predominantly in the Eastern and Southern regions bordering Russia – bearing the brunt of damage and destruction.

Ukraine's health policy reforms of 2014 prioritized financing for universal health coverage (UHC) which then produced a guaranteed benefits package for citizens (Habicht, Hellowell and Kutzin, 2024). Reforms included making the government a single purchaser agency prioritizing spending on primary care, paying health facilities for patient coverage and introducing an e-health system. These reforms helped to reinforce the health system, with conflict-affected oblasts showing resilience in terms of avoiding large disruptions to care, adapting to reach inaccessible and insecure populations using mobile health units and alternative staffing practices, and decentralizing decision-making to primary care levels. Serious challenges remain for the continued provision of UHC to much of the country, given that a third of primary health units are conflict-affected and most oblasts will continue to host large numbers of internally displaced persons (IDPs).

There are competing **governance and leadership** needs between the relatively normally functioning health system and the disrupted health system in conflict-affected and occupied areas (Dale *et al.*, 2024; Habicht, Hellowell and Kutzin, 2024). The decentralization of decision-making to primary care units is viewed as flexible and adapted service delivery, but the delineation of responsibilities for local authorities to maintain primary care operations (i.e., paying for utilities) is not yet well outlined (Dale *et al.*, 2024). Improved governance strategies are needed to address overarching gaps in

health system functionality, particularly with the shortage and inequitable distribution of the health workforce, provision of essential services, performance monitoring and financial management (which includes public sector expenditure, and stewardship of international aid within a severely-constrained and challenging fiscal situation) (WHO Regional Office for Europe, 2023c, 2024). The integration of multiple governmental, national and international nongovernmental organizations and private actors intervening on service delivery in conflict-affected settings can be viewed as a source of so-called beneficial redundancy to avoid service interruptions. There has been less insight into health and the humanitarian, development and peace nexus (Spiegel, Kovtoniuk and Lewtak, 2023).

A severe restriction of **health financing** (by 10% in 2022) and a contraction in gross domestic product (by 35% in 2022) has reduced government revenue substantially, where government revenue accounts for 26% of primary care spending (Rabinovych et al., 2023; WHO Regional Officer for Europe, 2023b; WHO Regional Office for Europe, World Bank, ECHO, USAID, 2023). There is no specific system for financing the restoration of health facilities in frontline, recently reclaimed and conflict-affected areas, and no specific funding to account for influxes of IDPs. Private and local non-state actors that have repeatedly reinforced health care during conflict demonstrate the potential benefits of the private sector and local non-state actors to maintain and adapt to the health system in Ukraine (WHO Regional Office for Europe, 2023a).

Major challenges to **service delivery and access to care** in conflict-affected and recently reclaimed areas include the destruction of health care infrastructure, loss of the health workforce (e.g., through migration, because of retention issues or due to a desire to leave high-risk places) and shortages of essential medicines and medical supplies (WHO Regional Office for Europe, World Bank, ECHO, USAID, 2023; Haque *et al.*, 2024). There are increased needs for service delivery via primary care to address emergent needs like acute trauma, mental health, physical rehabilitation and noncommunicable diseases (Dale *et al.*, 2024). Service delivery for routine immunization of children remains concerning given operational breakdowns in conflict-affected areas for routine immunization and catch up immunization campaigns and low national baseline coverage for all routine antigens before the 2022 phase of conflict (Marchese *et al.*, 2022). Local coordination of financing for primary care has resulted in regional inequities in financing and delivering health care in conflict-affected oblasts. The Likarniana Kasa program (an informal hospital fund) provides some safety net to address gaps in coverage for those with poor financial access. IDPs have poor access to care based on a lack of incentives for the primary care network to integrate IDPs, administrative burdens of re-registration, costs, and time and availability of care (Dale *et al.*, 2024; WHO Regional Office for Europe, 2024). Health financing is increasingly impacting households who

cover out-of-pocket costs and catastrophic costs, amidst higher medication costs, poverty, and reduced incomes (WHO Regional Office for Europe, World Bank, ECHO, USAID, 2023).

Attacks against health facilities, health workers, ambulances and medical warehouses have been frequent and large-scale (Kim *et al.*, 2024). The lack of, and inequity in, distribution of the **health workforce** is a major challenge. Challenges to **medical products and technologies** include the increased costs of medications, and within conflict-affected areas, continuous pharmaceutical supply is challenged by disruptions in supply chains, access and transport, destruction of pharmacies and increased costs (Haque *et al.*, 2024). There is currently an overreliance on humanitarian channels for importing medications, which may have implications for access to medicines and medical devices in the long-term (WHO Regional Office for Europe, 2022a).

A digital **health information system** was implemented across the health facility and hospital network before the current phase of conflict (Malakhov, 2023), and it appears to be functioning in >90% of the most affected oblasts as of March 2024, and nationally (HeRAMS, 2024). Disease surveillance is based on extraction from the e-health system. This may not allow for timely, near-real-time warning of outbreaks and may not be optimal for achieving the reporting requirements of the International Health Regulations (IHR) (WHO Regional Office for Europe, 2022b).

Research theme and programme objectives

As described above, Ukraine faces diverse and complex health system challenges on account of the ongoing conflict. Health policy and systems research (HPSR) is ideally suited to provide needed evidence to mitigate these challenges. This is on account of its focus on understanding interactions among different health system components as well as interactions between health and other sectors, its multidisciplinary nature and its focus on addressing questions of relevance to policy- and decision-makers using a wide range of methods.

Resilience can be defined as "capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it" (Kruk et al., 2015). The overarching theme of research supported under this programme is to better understand factors that explain the resilience of the Ukrainian health system in terms of its ability to deliver health services during the active conflict since 2022. This would include systematically examining preparedness efforts related to each of the health system building blocks, how these health system

elements responded during different phases of the conflict, and what factors have facilitated (and hindered) recovery efforts. This includes analysing elements such as the retention of health workers in difficult circumstances, the role of volunteers to address human resource shortages and provide frontline assistance, governance arrangements and decentralization of decision-making (in particular flexibilities introduced during acute phases of the conflict), interactions between established health systems structures and the humanitarian response infrastructure and ensuring adequate and equitable financing for health. It also includes understanding and documenting reforms and preparations made prior to the war that have contributed to the resilience of the system in face of active conflict. Given the prolonged duration of the conflict and its differential impact on health systems in different regions of Ukraine (e.g., oblasts at the frontline and those in western Ukraine), we are looking to support studies that examine how preparedness, response and recovery efforts have varied across time (from 2022 to 2024) and in different regions of the country.

The objectives of the research supported under this programme of work are:

- To inform and seek to improve the delivery of health services in the context of the current conflict in Ukraine;
- To identify and document lessons around service delivery in conflict settings that may be applicable to other similar contexts; and
- To sensitize policy actors in Ukraine and the region of the potential of health systems research to be useful in conflict settings.

As a secondary set of objectives, this research should:

- Contribute to the strengthening of capacities of health policy and systems researchers based in Ukrainian institutions; and
- Catalyse interest in health policy and systems research in conflict settings among the broader health policy and systems research community at regional and global levels.

Expected outputs and outcomes

Teams supported under this programme of work are expected to generate high quality health policy and systems research addressing themes mentioned above. While teams are free to develop peer reviewed publications, given the focus of this work programme to inform policy and practice, teams will be required to produce products aimed at decision-makers, including policy and technical briefs and presentations in formats suitable for policy- and decision-makers.

Overall project success will be judged in terms of the extent to which the generated knowledge is perceived by programme implementers, policy-makers and development partners to be useful to inform practice and policy within Ukraine. The research team is expected to work closely with the WHO Country Office for Ukraine, the Alliance and WHE to put in place a process that engages these stakeholders in the co-creation of this knowledge from inception to project completion and potential policy uptake.

Eligibility and selection criteria

To be **eligible** for this call:

- At least one Principal Investigator must be based in a research/academic institution in Ukraine;
- Team members, as reflected in the expression of interest as well as the curricula vitae (CVs) of the PI and co-PIs, should reflect experience in health systems, and particularly issues around their resilience. They should also have relevant experience in applying methodologies needed to carry out the proposed research; and
- 50% of the core research team must comprise female researchers.

Collaboration across institutions is encouraged. Teams may choose to collaborate with institutions in high-income countries on the understanding that the Alliance and WHO will develop a contract with only one institution and that institution must be based in Ukraine.

Eligible proposals will be judged by at least two external reviewers based on **selection** criteria like:

- A clearly articulated policy- and practice-relevant research question and a methodology appropriate to answer that question;
- The potential of the research question to be feasibly answered within the programme timeframe;
- Experience of the team in conducting health policy and systems research relevant to the selected theme;
- Experience of the research team in engaging policy-makers in research processes;
- A clearly articulated overview of the process through which the team plans to implement this work programme from inception to project completion; and
- Value for money.

Shortlisted teams will be invited to submit a full protocol prior to final selection.

Budget, duration of work and process

A maximum of six expressions of interests will be invited to submit full proposals. Two proposals will be supported for funding in Ukraine. The maximum funding for a single proposal will be US$ 75 000 for the period from December 2024 – May 2026.

Following final selection, the research teams will be expected to engage closely with a range of country stakeholders including programme implementers and development partners to refine their proposal to better align it with policy-maker needs. This engagement will include:

a) presenting the proposed research plans and getting input and feedback;
b) identifying additional data sources and other approaches to address identified questions; and
c) identifying opportunities for the knowledge to feed into practice and policy.

Informed by this engagement, the selected research teams will be provided technical support to develop full protocols. Research teams should be aware that there may be significant changes to what they have initially proposed in the expressions of interest based on data availability, methodological feasibility and time constraints.

Application process

Deadline: 2 October 2024, 23:59 CEST

Proposals submitted after this deadline will not be considered.

Successful applicants can be expected to be notified within four 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 proposals should be made to alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Call for expressions of interest: Investigating service delivery in conflict-affected settings – a focus on Ukraine.**

Submissions of no more than **eight pages (1.15 spaced, using a standard font sized 11, and using regular margins)** should include the following sections and content:

1. Name and contact details the key contact person and lead institution.

2. **Details of the research team** including the position and qualifications of the Principal Investigator(s) and other team members. The description of the team should clearly provide information around a) team member's capacity and experience health systems/operational research, b) experience in working in Ukraine/other conflict-affected settings, c) engagement with policy-makers in evidence to policy processes. This section must also provide information on 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.**

3. **Technical details** that:
    a. Provide an **overview of relevant literature** from Ukraine and beyond related to the research question (no more than 1 page).
    b. Put forth a clear **research question** that is relevant to the theme of resilience and health systems adaptation over time and across different geographies in Ukraine during the period of the conflict and discusses how addressing the research question can help inform policy and practice related to the specific theme.
    c. Provide **information on the data sources** that the research team plans to use.
    d. Provide **information on proposed research methodology**. Teams are encouraged to use a range of mixed methods approaches bringing together quantitative data with the use of qualitative research approaches. Given the budget and timelines, we do not envisage supporting the implementation and subsequent testing of new interventions/models of care.
    e. Provide an **overview of the process** through which the team plans to implement this work programme from inception to dissemination of results. This section must explain the proposed approach to engaging policy-makers and other relevant stakeholders at each stage of the work programme. The overview should be accompanied by a Gantt Chart for the research.
    f. Discuss **anticipated challenges in terms of data availability, capacity and policy-maker engagement** in this process and provide information on how the team plans to mitigate these.

4. Provide an **itemized budget** for activities over the period from December 2024 to May 2026. Please also provide a summary budget of the total costs broken down by the following categories (not all may be applicable): personnel, supplies/facilities, equipment,

communications, travel and per diem, and others (meetings, production of dissemination products etc.) Given the duration of this grant, applying teams should note that extensions beyond May 2026 will not be possible.

In annex (and not included in the page count), teams must submit CVs of a) the Principal Investigator, b) any other individuals named as co-Principal Investigators, and c) policy-maker/implementer member of the core research team.

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.

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