Alliance for Health Policy and Systems Research

World Health Organization

Call for proposals

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

Published: 25 July 2024

Deadline: 19 August 2024, 23:59 CEST

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Overview

The Alliance for Health Policy and Systems Research is inviting proposals for health policy and systems research to investigate service delivery in the context of chronic conflict in Yemen. Teams are invited to submit proposals under one of the two themes, either: delivering services across jurisdictions or service delivery models and packages. The Principal Investigator and their institution must be based in Yemen, with collaboration (inside or outside the country) encouraged.

Background and rationale

The Alliance for Health Policy and Systems Research at WHO Headquarters, in collaboration with the WHO Health Emergencies Programme and with support from the United Kingdom of Great Britain and Northern Ireland Department of Health and Social Care (DHSC) 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.

Conflict-affected populations account for approximately one-quarter of the global population, including millions of forcibly displaced individuals (Bogale *et al.*, 2024). Settings with conflict are consistently characterized by some of the weakest health systems and worst health indicators globally (Alliance for Health Policy and Systems Research, 2008; Bogale *et al.*, 2024). They typically have very low levels of government health expenditure and significantly lower life expectancy compared to other low-income countries (Bertone *et al.*, 2019).

Armed conflict has profound and long-term impacts on health systems, exacerbating pre-existing underinvestment in health system development and introducing new threats, particularly in regions experiencing prolonged and recurrent crises (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 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, contributing to fragmentation of the health system (Dale *et al.*, 2024).

Populations in conflict-affected settings often face a higher burden of infectious diseases, malnutrition and mental health issues (Landry, Giebel and Cryer, 2021). The disruption of routine immunization services and lack of access to clean water and sanitation can contribute to large outbreaks of diseases such as measles, cholera and malaria (Checchi *et al.*, 2007; Lokot *et al.*, 2022). 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, 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 at an already-constrained primary care level (Charlson *et al.,* 2019).

Governance of health systems is another critical area that is undermined in conflict-affected settings (Lokot *et al.,* 2022; Bogale *et al.,* 2024). Fragmentation of authority leads to complicated *de facto* jurisdictional boundaries controlled by different entities. Different regions may be governed by different rules, regulations and health policies, complicating standardization and coordination of health services. In addition, state and non-state actors may have competing interests or distrust each other, thereby obstructing collaboration and humanitarian access across contested areas (Diggle *et al.,* 2017; Lokot *et al.,* 2022). Furthermore, the presence of multiple actors with overlapping mandates, and the lack of accountability mechanisms contribute to inefficiencies and corruption within the health sector (Lokot *et al.,* 2022). These governance challenges are compounded by volatile funding and reliance on international aid, which is often unpredictable and subject to political and security considerations (Alliance for Health Policy and Systems Research, 2008; Bogale *et al.,* 2024).

Therefore, the delivery of health services in conflict-affected settings requires negotiation and cooperation between state and non-state actors across these jurisdictional boundaries to ensure continuity of care and equitable health care access (World Health Organization, 2020). Adaptations to service delivery often involve decentralized service delivery, extensive community engagement and leveraging local governance structures to navigate the complexities of different jurisdictions (Durrance-Bagale *et al.,* 2022; Bogale *et al.,* 2024). Furthermore, 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 Yemen

The conflict in Yemen has been ongoing for over a decade. This has resulted in massive displacement of populations, widespread humanitarian crises, including recurrent food insecurity and famine and large infectious disease outbreaks, and significant disruption of essential services – including health care (Spiegel *et al.,* 2019; Rahmat *et al.,* 2022).

Access to health care is highly uneven across Yemen, with large portions of the population lacking access to basic medical care and substantial

disparities between regions (Garber *et al.*, 2020). Access to quality health care has been further impacted by the destruction of health infrastructure and associated shortages of health care workforce (UN Office for the Coordination of Humanitarian Affairs, 2024). Across Yemen, health facilities and other civilian infrastructure have been destroyed or severely damaged due to the conflict, leading to a critical loss of infrastructure necessary for providing care. Many hospitals and clinics have been targeted or have suffered collateral damage, making them unsafe for both patients and health care workers. Yemen has also experienced devastating attacks on health workers (Elnakib *et al.*, 2021; Safeguarding Health in Conflict Coalition, 2024), which has contributed to many health care professionals becoming casualties, choosing to flee the country or relocate to safer regions. This exodus has resulted in severe shortages of trained medical staff and has crippled the health system's capacity to deliver services, particularly in rural and conflict-prone areas.

In addition to these impacts, Yemen is facing substantial governance and jurisdictional challenges. The highly fragmented governance landscape has led to inconsistent health care policies and practices, making coordinated national health strategies impossible to implement (Hussein *et al.*, 2020; Dureab *et al.*, 2021). Within this landscape, the largely unregulated private sector has an outsized, primary role in health care provision and access via the private sector is generally unaffordable to those reliant on humanitarian assistance. As with many other conflict-affected settings, international aid organizations and nongovernmental organizations play a critical role in providing health care in some of these conflict-affected areas, with over 50 partner organizations working closely with local health actors to deliver health services to the population (Yemen Health Cluster, 2024), including through the use of community health worker programmes (Al Waziza *et al.*, 2023; Nassar and Al-Haddad, 2024). However, their operations are often hampered by security concerns, logistical challenges and the need to negotiate access with various controlling groups (Al-Awlaqi, Dureab and Tambor, 2022).

Given the near-collapse of the health system, the World Bank funded two large projects to support the delivery of humanitarian health and nutrition services nationally from 2021 to 2023: the Emergency Health and Nutrition Project (EHNP) and the Emergency Human Capital Project (EHCP), both of which were delivered through the Ministry of Public Health and Population, WHO, UNICEF and their local partners(The World Bank, 2023b, 2023a). This reinforced primary care in approximately 80% of health facilities in Yemen (WHO Yemen and The World Bank, 2023), and provided essential nutrition and water, sanitation and hygiene services, and institutional strengthening. This included the rollout of an updated Minimum Service Package at all levels, including support for nutrition, noncommunicable diseases and environmental health, trauma care, childcare, reproductive, maternal, newborn and child health. Identified challenges ranged from persistent

conflict blocking access, to persistent poor maternal and child health outcomes, challenges in service provision especially in rural and remote areas and among IDPs due to constraints in human and material resources, lack of electricity and water, low public expenditure for health coupled with decreased external funding, fragmented and vertical programming reliant on humanitarian partners and weak and fragmented governance of the health sector (Garber *et al.*, 2020; Dureab *et al.*, 2021; The World Bank, 2021; Al-Awlaqi, Dureab and Tambor, 2022; Alsabri *et al.*, 2022). The essential package of health services (EPHS) emphasizes the integration of services at the primary health care level, reducing the burden on secondary and tertiary care facilities, and ensuring that a range of essential health services are available at each point of care. Innovative delivery models for the EPHS have included the use of multisectoral approaches to scale-up support (in domains such as health, nutrition, and water, sanitation and hygiene.), integration of case management and therapeutic feeding to tackle severe acute malnutrition and using community health workers and task shifting to address the severe shortfall of health workers (Kimball and Jumaan, 2020; UNICEF Yemen, no date). It also includes mobile clinics and health outreach programmes and extensive partnerships with national and subnational/local organizations who can deliver the package in areas inaccessible to most international organizations.

Despite substantial literature on aid, refugees, internally displaced people and disease-specific issues within the humanitarian field, little attention has been given to health system and policy issues that can play a major role in informing practice, programming and policy in Yemen (Alliance for Health Policy and Systems Research, 2008; Lokot *et al.*, 2022).

Health policy and systems research (HPSR) has a significant role in building a robust evidence base to address Yemen's health system and policy-related challenges and guiding the development of a resilient health system (Alliance for Health Policy and Systems Research, 2008). HPSR's emphasis on context, its embrace of multiple disciplines and emphasis on co-creation of knowledge with policy-makers and programme implementers makes it uniquely suited to play this role. However, HPSR in Yemen, as in other conflict-affected settings, remains scarce and is often fragmented and small-scale (Blanchet *et al.*, 2017; Bertone *et al.*, 2019; Marzouk *et al.*, 2023).

Research themes and programme objectives

To fill this gap and catalyse evidence-informed decision-making to address health system challenges in Yemen, the Alliance for Health Policy and Systems Research in collaboration with the WHO Health Emergencies Programme (WHE) is issuing a call for innovative research focused on **two broad research themes**:

1. **Delivering services across jurisdictions held by different groups in conflict with one another, including both state and non-state actors**
   This theme seeks to support research that documents and investigates modalities to deliver services across jurisdictions overseen by non-state actor groups (including non-state armed groups) and state groups. The aim of research supported under this theme is to develop practical evidence on how to increase access to services for populations in different jurisdictions, and how coordination in the areas of health systems and service delivery has been managed between parties at conflict.

2. **Service delivery models to improve delivery of health services in chronic conflict settings**
   This theme will support research that can provide practical evidence on how to increase coverage of health services for conflict-affected populations (i.e., internally displaced persons, refugees and host populations) and enhance the resilience of communities and local health services. Knowledge generated through research on this theme should strengthen existing models of service delivery and also inform the development of new models of service delivery.

The objective of research supported under this programme of work is to:

- Inform and seek to improve the delivery of health services in the context of the current conflict in Yemen;
- Identify lessons around service delivery in conflict settings that may be of applicability to other similar contexts; and
- Sensitize policy actors in Yemen and the region of the potential of health systems research to be useful in conflict settings.

As a secondary objective, this research should:

- Contribute to the strengthening of capacities of health policy and systems researchers based in Yemeni 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 **one of the two** proposed 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. Teams will also be encouraged to **creatively use digital formats for dissemination,** an example

of this would be the development of short videos highlighting important findings.

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 Yemen. The research team is expected to work closely with the Alliance, WHE and the WHO at the country level 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:

- The **principal investigator** must be based in a research/academic institution in **Yemen.**
- Team members, as reflected in the expression of interest as well as the CV of the PI and co-PIs, should reflect experience in: a) service delivery or governance-related issues as relevant to the chosen theme, b) working in conflict-affected settings, c) applying the methodologies needed to carry out the proposed research.

Collaboration across institutions is encouraged particularly with institutions in other low- and middle-income countries (LMICs). Teams may choose to collaborate with institutions in high-income countries on the understanding that the Alliance will develop a contract with only one institution and that institution must be based in Yemen.

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 a phone interview with the Alliance Secretariat prior to final selection.

Budget, duration of work and process

A maximum of **two proposals** will be supported for funding in Yemen **(one per research theme).** The maximum funding for a single proposal will be **US$ 75 000 for the period from October 2024–April 2026.**

Following the selection of the research teams, the Alliance, WHE and selected research team will engage closely with a range of country stakeholders including programme implementers, authorities across jurisdictions, and development and humanitarian partners to generate broad stakeholder buy-in for this research programme. 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 Alliance and WHE will work closely with the selected research teams 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.**

Technical support will be provided through regular check-ins from the Alliance and WHE, as well as through written feedback on deliverables. Cross-team learning will be encouraged through engagement across research teams implementing this work programme both in Yemen and other settings. Programme implementers, policy-makers and development and humanitarian partners will be kept abreast of findings on a regular basis throughout the duration of the research.

Application process

Deadline: 19 August 2024, 23:59 CEST

Proposals 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 proposals should be made to alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Call for proposals: Investigating service delivery in conflict-affected settings – a focus on Yemen.**

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. Provide **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 Yemen/other conflict affected settings, c) engagement with policymakers 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 proposal** that:
    a. Clearly identifies which of the two themes the proposal is responding to, either:
        i. Theme 1: **Delivering services across jurisdictions**
        ii. Theme 2: **Service delivery models and packages**

        The same research team is eligible to apply for both themes. However, they must submit a **separate proposal** for each theme.
    b. Provides an **overview of relevant literature** from Yemen and beyond related to the identified theme (no more than 1 page).
    c. Puts forth a **clear research question** that is relevant to the specific theme and discusses how addressing the research question can help inform policy and practice related to the specific theme.
    d. Provides **information on the data sources** that the research team plans to use. Given the challenges of primary data collection (particularly the conduct of large surveys) in Yemen, research teams are encouraged to examine how they might use existing data sources and explore how they might use these in combination with primary data collection using qualitative methods. However, teams are free to suggest conducting a survey given available timelines, budgets and a security situation amenable to the conduct of such a survey or surveys.
    e. Provides **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 to examine interventions/models of care and governance arrangements that are already in place. Given the budget and timelines we do not envisage supporting the implementation and subsequent testing of new interventions/models of care.
    f. Provides 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 policymakers and other relevant stakeholders at each stage of the work programme. The overview should be accompanied by a Gantt Chart for the research.
    g. Discusses **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 October 2024to April 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 April 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, 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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