





# Call for proposals

Partnerships for stronger knowledge systems in Africa (KNOSA) – **West Africa** 

Published: 20 December 2024

Deadline: 30 January 2025 23:59 CET

## **Call for proposals**

Partnerships for stronger knowledge systems in Africa (KNOSA) – **West Africa** 

Published: 20 December 2024

**Deadline:** 30 January 2025, 23:59 CET

#### **Overview**

The Alliance for Health Policy and Systems Research is seeking proposals from partnerships between policy and research institutions based in West Africa, with a focus on strengthening institutional capacities and formalizing policy-research linkages and networks, to effectively support and sustain national knowledge systems that drive successful policy development and implementation. Eligible countries include: Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. This is a capacity strengthening call, and not a call for research proposals.

#### **Background**

In many countries, research evidence is insufficiently used and disconnected from policy-makers. In low- and middle-income countries (LMICs), there are still too few brokering institutions driving evidence-informed decisions. More capacity is needed to generate evidence in such a way that it can be presented credibly and ensure uptake to lead to tangible impact on policy and implementation.

Capacity strengthening efforts for research evidence use remain predominantly focused on researchers' individual-level capacities and continue to mainly address research generation activities (Lloyd et al., 2017). Locally relevant evidence is not always readily available. There is need to move away from simplistic supply-and-demand notions of knowledge translation, brokering and integration. Furthermore, difficulties in measuring knowledge system outcomes have resulted from a lack of standardized indicators and varying definitions and understandings of knowledge concepts (Siregar et al., 2023).

Knowledge systems are understood as "system-level interventions and infrastructure designed to strengthen capacity for the production and use of knowledge in specific citizen, policy and practitioner spaces" (Siregar et al., 2023). Yet many of the challenges facing research evidence use in LMICs relate to institutional-level weaknesses. Furthermore, the use of knowledge in policy settings, and how knowledge is - or is not - politically sensitive requires more attention. Mechanisms such as institutional policies and processes for prioritizing evidence integration into routine and existing decision-making workflows; platforms for learning and continuous improvement; mandating units for research evidence with committed budgets and quidelines; accrediting evidence-use curricula for civil servants; and institutionalizing cultures and incentive structures for evidence use, remain under-developed (Murunga et al., 2020, Shroff et al., 2017). Since the COVID-19 pandemic, there has been an increasing recognition of the need for systematized approaches towards learning and scale up of what is happening, what is working well, and what requires further work in strengthening and sustaining national knowledge systems (Global Commission on Evidence to Address Societal Challenges, 2024).

Beyond the quality and availability of research evidence, developing trusted relationships and priming research evidence for windows of opportunity are important facilitators of evidence research use (Oliver et al., 2014). However, formal linkages between policy-makers and researchers do not, by themselves, ensure robust partnership (Taddese, 2021). Knowledge systems are embedded in the broader political economy of a given country. They are

influenced by the existing set of knowledge translation, brokering and integration mechanisms in use – and by the diversity of actors who use them, and how (Combaz et al., 2023). Enhancing the perceived legitimacy of evidence-use processes through stewardship structures and decision-making authority can foster stronger institutional and networked environments (Parkhurst, 2017). By addressing system-level interventions – those focused on inter-institutional relationships and network-level engagement supported by strengthened information flows and discussion fora (Mirzoev et al., 2022, Potter and Brough, 2004) – institutional weaknesses that hinder knowledge system development can be better addressed.

Lastly, when it comes to scholarship on developing and sustaining knowledge systems in countries, LMIC perspectives remain poorly represented in the literature (Georgalakis, 2023). Further investment is needed to support a health policy and systems research agenda that adds both conceptual and practicable actions to the domain of evidence-informed policy-making, while enabling country actors in mutual learning and knowledge exchange.

In September 2024, the Alliance launched Partnerships for Stronger Knowledge Systems (KNOSA) in East Africa. This initiative was designed to foster collaboration and capacity building through strategic partnerships in four selected countries across the region. This call for proposals represents an extension of that work, aiming to identify and establish four new country partnerships in West Africa. The selected partnerships will play a critical role in replicating and adapting the KNOSA model to regional contexts, further strengthening our shared commitment to sustainable development and knowledge sharing.

#### **Objectives**

The Alliance for Health Policy and Systems Research (the Alliance) has a long-standing interest in directly supporting institutions to be increasingly effective in their contexts in applying their own abilities to generate, synthesizes and commission research evidence. In line with its new strategic plan, the Alliance aims for impact in strengthening institutional capacities to conduct research and generate evidence that genuinely informs and leads to change in policy and implementation by building on its previous and current investments in institutional mentorship. This is to further advance understandings of how research evidence is used, shapes policy-maker behaviours and strengthens institutional structures.

The objectives of KNOSA are to strengthen institutional capacities to increase the effectiveness of policy and research institutions working at the national level to deploy a range of evidence generation and synthesis approaches in their own contexts to generate impact on policy and implementation.

Specifically, KNOSA will build robust knowledge systems in Africa by strengthening institutional capacities and leadership to better inform national-level policy-making processes and steer implementation. This will involve:

- Establishing institutional partnerships between a set of African research and policy institutions;
- Building research-to-policy networks across institutions;
- Generating new knowledge and practice on institutional approaches for research evidence use and national knowledge systems, such rapid reviews, evidence synthesis, priority-setting, evidence-informed advocacy, dialogue and engagement with media and public;
- Improving local evidence-informed policy and practice;
- Co-designing a suite of system-level interventions across those institutions to strengthen the use of research evidence in national policy-making processes; and
- Increasing the scholarship on institutional capacity strengthening in LMICs by documenting and disseminating learning on capacity mechanisms for strengthening knowledge systems, both for global audiences and local practice.

Through this call, the Alliance is seeking proposals from partnerships between policy and research institutions based in West Africa. By policy institutions, we mean national government entities responsible for generating evidence and promoting its use within government (i.e., evidence support units, evaluation units, knowledge translation/brokering units, evidence working groups etc., located within ministries of health or other relevant government agencies). By research institutions, we mean domestic institutions external to government, with a mandate to generate policy- relevant research (i.e., think tanks, university departments or research centres). By partnerships, we mean policy institutions and research institutions based in the same country who are already working together or seeking to establish formal policy-research linkages in local efforts to enhance the national knowledge system. The proposal must demonstrate this partnership.

A total of four institutional partnerships across four West African countries will be selected.

# Specific tasks of the policy-research institutional partnerships

The policy and research institutional partnerships will:

- 1. Participate in a two-day inception/co-creation workshop. KNOSA will convene the successful institutional partnerships in West Africa for an inception workshop, together with East Africa teams and a set of global evidence-to-policy experts. The aims of this workshop will be to: (i) convene West Africa teams to share preliminary country plans; (ii) gather with East Africa teams for collective sharing and exchange; (iii) collaboratively adapt KNOSA's meta-narrative on systems change, including identifying knowledge system indicators at the levels of countries and the overall project; and (iv) engage with global topic experts. The result will be an adaptive theory of change and a strengthened foundation for KNOSA's evaluative approach.
- 2. <u>Implement a set of institutional capacity strengthening interventions</u>. Within the frame of the institutional partnerships, activities may include, but are not limited to:
  - Jointly identifying priorities and design for evidence generation and/or synthesis;
  - o Conducting institutional needs and assets assessments;
  - Strengthening trusted relationships between policy-makers and researchers through increasing capacities for local convening, dialogue and facilitation;
  - Strengthening technical capacities in evidence-informed policy-making, by training key staff in evidence synthesis, rapid review, policy analysis, evidence-informed advocacy and other relevant methods;
  - Institutionalizing capacity through curriculum development, policy fellowships and other resource allocations for retaining trained and devoted staff and teams within policy structures;
  - Developing knowledge products such as evidence checklists, dashboards, and policy briefs; and
  - Establishing institutional norms and practice guidelines for sustaining research evidence use.
- 3. Participate in annual cross-country learning/co-creation workshops through the project life cycle to foster exchange and further refine KNOSA indicators, outcomes and theory of change; and

 Document, through local practice briefs and other knowledge products as relevant (including peer reviewed papers), emerging learnings on contextualized capacity mechanisms for supporting and sustaining national knowledge systems.

### Eligibility and selection criteria

To be <u>eligible</u> for this award, the institutional partnership will demonstrate the following:

- Partnered policy institution(s) and research institution(s) as defined on page 4 of this call, are geographically located in one eligible West African country (Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone or Togo). Proposals will only be considered from organizations that are locally owned and operated within West Africa. Subsidiaries of organizations headquartered outside of Africa will not be considered. However, subsidiaries of organizations headquartered in other African countries are eligible to apply, provided they demonstrate significant local leadership and operations within West Africa.
- At least 50% of the named team members on the proposal should be women.

To be <u>competitive</u> as an institutional partnership, the following selection criteria apply:

- Documented experience of engaging in policy-research networks towards strengthening the national knowledge system.
- Demonstrated real-time institutional capacity challenges and/or opportunities, e.g., recent establishment of new governmental evidence structures or policies.
- Evidenced desire to participate in mutual knowledge exchange with other regional institutional partnerships.
- Value for money.

#### **Funding and period**

Four institutional partnerships will be funded up to a maximum of US\$ 145 000 each. No further funding will be provided by the Alliance within or beyond the project period. The activities of the institutional partnership are expected to run for 21 months, from April 2025 to December 2026.

The budget should include itemized activity and salary costs to implement interventions as listed in Tasks # 2 and #4 above, over a twenty-one-month period. Costs for the inception and annual learning co-creation workshops will be covered separately by the Alliance.

### **Application process**

Deadline: 30 January 2025, 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 to <u>alliancehpsr@who.int</u>. Please use the subject: WHO Bid Ref. Call for Proposals: Partnerships for stronger knowledge systems In Africa (KNOSA) – West Africa

Submissions of **no more than six pages** (standard font 11, 1.15 line-spacing, normal margins) should include the following:

- 1. **Name of the bidding institution**, including contact details and name of the key contact person.
- 2. **Motivation for applying**: how this work fits in with the bidder's expertise and aligns with current areas of work in strengthening national knowledge systems.
- 3. **Demonstration of existing or planned partnership**, including needs/assets of each organization, objectives of partnership, structures and procedures to manage the partnership, evidence of past partnership activities if relevant, and plans for sustained partnership.
- 4. Composition of the proposed team: names, expertise, function in institution, role in 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.
- 5. Description of the proposed focus of institutional capacity interventions, methods and approaches to be used, and expected outputs and outcomes over thirty months.
- 6. **Itemized budget for 21 months** based on the objectives and specific tasks of the institutional partnership outlined in this call. 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 other (meetings, publications, etc.).

Proposals can be submitted in English, French or Portuguese. Non-English proposals can be up to **eight pages**. Please note that regardless of the language used for the proposal, 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 call) should have a sufficient level of English to join these meetings.

#### **Notes for applicants**

- 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;
  - 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

- COMBAZ, E., CONNOR, M. & GEORGALAKIS, J. 2023. Knowledge translation in the Global South: An exploratory mapping of the literature. Brighton: Institute of Development Studies.
- GEORGALAKIS, J. 2023. Bridging the gap between scholarship and practice on research use. *Institute of Development Studies Blog* [Online]. Available from: <a href="https://www.ids.ac.uk/opinions/bridging-the-gap-between-scholarship-and-practice-on-research-use/">https://www.ids.ac.uk/opinions/bridging-the-gap-between-scholarship-and-practice-on-research-use/</a> [Accessed 27 July 2023.
- GLOBAL COMMISSION ON EVIDENCE TO ADDRESS SOCIETAL CHALLENGES 2024. Global Evidence Commission update 2024: Building momentum in strengthening domestic evidence-support systems, enhancing the global architecture, and putting evidence at the centre of everyday life. Hamilton: McMaster Health Forum.

- LLOYD, R., NEWBATT, E. & JACKSON, A. 2017. How to institutionalise evidence-informed priority setting. Rapid Literature Review for the International Decision Support Initiative (iDSI) ITAD.
- MIRZOEV, T., TOPP, S. M., AFIFI, R. A., FADLALLAH, R., OBI, F. A. & GILSON, L. 2022. Conceptual framework for systemic capacity strengthening for health policy and systems research. *BMJ Global Health*, 7, e009764.
- MURUNGA, V. I., ORONJE, R. N., BATES, I., TAGOE, N. & PULFORD, J. 2020.

  Review of published evidence on knowledge translation capacity, practice and support among researchers and research institutions in low- and middle-income countries. *Health Research Policy and Systems*, 18, 16.
- OLIVER, K., INNVAR, S., LORENC, T., WOODMAN, J. & THOMAS, J. 2014. A systematic review of barriers to and facilitators of the use of evidence by policymakers. *BMC Health Services Research*, 14, 2.
- PARKHURST, J. 2017. What is the 'good use of evidence' for policy? *The Politics of Evidence*. London and New York: Routledge.
- POTTER, C. & BROUGH, R. 2004. Systemic capacity building: a hierarchy of needs. *Health Policy and Planning*, 19, 336-345.
- SHROFF, Z. C., JAVADI, D., GILSON, L., KANG, R. & GHAFFAR, A. 2017. Institutional capacity to generate and use evidence in LMICs: current state and opportunities for HPSR. *Health Research Policy and Systems*, 15, 94.
- SIREGAR, F., MORALES, M., LAFRANCE, J., CORREA, J. & MENDIZABAL, E. 2023. Bridging text with context: Knowledge translation in the Global South. On Think Tanks.
- SUMNER, A., CRICHTON, J., THEOBALD, S., ZULU, E. & PARKHURST, J. 2011. What shapes research impact on policy? Understanding research uptake in sexual and reproductive health policy processes in resource poor contexts. *Health Research Policy and Systems*, 9, S3.
- TADDESE, A. 2021. Meeting Policymakers Where They Are: Evidence-to-Policy and Practice Partnership Models. *CGD Background Paper*. Washington DC: Centre for Global Development.

