

Call for proposals

Implementation research for the integrated
management of noncommunicable diseases

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Overview

The Alliance for Health Policy and Systems Research invites proposals for implementation research focused on integrated service delivery for the prevention and management of noncommunicable diseases (NCDs) in low- and middle-income countries (LMICs). This call is designed to meet the needs of implementers in LMICs, supporting their efforts to conduct implementation research, address implementation bottlenecks and sustainably scale up NCD care. The Principal Investigator must be a researcher or policy-maker based in a research institution in one of the the following countries: Bangladesh, Cambodia, Indonesia, Jordan, Morocco, Pakistan, Philippines, Somalia, Sri Lanka, Viet Nam and Yemen.

Background

Noncommunicable diseases (NCDs) pose a significant challenge to global development, particularly in low- or middle-income countries (LMICs), where they account for 86% of premature deaths (WHO, 2023). Despite global commitments, such as Sustainable Development Goal Target 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030, progress remains insufficient (Watkins *et al.*, 2022). Less than half of the proposed cost-effective NCD interventions, known as best buys, have been effectively implemented in LMICs (WHO, 2017; WHO, 2022).

The Alliance for Health Policy and Systems Research (the Alliance) and the World Health Organization (WHO) are committed to aligning research efforts with national priorities embedded in ongoing policy efforts, demonstrating the importance of locally relevant evidence in informing policy and improving NCD management. Implementation research offers a critical tool for bridging the gap between policy and practice, enabling countries to understand which NCD policies are most effective in specific contexts (Peters, 2013; Theobald *et al.*, 2018; Peters, 2019; Hategeka *et al.*, 2022; Marten *et al.*, 2021). The WHO Global Action Plan on NCDs Implementation Roadmap 2023-2030 has highlighted the transformational role of implementation research to unpack context-specific adoption and implementation factors that underpin NCD interventions (WHO, 2022; WHO, 2016a). Others have recognized its key role in closing the know-do gap, particularly when implementation research is embedded in health programmes and systems (Peters, 2023; Rasanathan *et al.*, 2024; Alliance for Health Policy and Systems Research, n.d.).

The burden of NCDs requires not just immediate action but also the institutionalization of implementation research within national health strategies. The Alliance, in partnership with the WHO Department of NCDs, Rehabilitation and Disability, is committed to strengthening local and national capacities for implementation research to improve integrated NCD management at the primary care level. This partnership has already resulted in a [first round of grants](#) supporting research teams in Ethiopia, Ghana, India and Nepal. These projects have developed and tested solutions to integrate NCD management into comprehensive systems centred around primary health care. This call, 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, aims to support the generation of locally relevant evidence to inform policy and practice, enhance the impact of ongoing NCD programmes, and strengthen national capacities.

Focus of the projects

Projects should consider and include all four of the following areas in their applications:

1) Integrated health services

Integrated health services are defined as those that are *managed* and *delivered* so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services coordinated across different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course (WHO, 2016; Adler *et al.*, 2023). Integration of services can also be considered across different health programmes (e.g., mental health, HIV, tuberculosis, and maternal and child health). Interventions and health services being considered should include WHO NCD service packages (e.g., WHO package of essential noncommunicable (PEN) disease interventions for primary health care (WHO, 2020a) or the HEARTS technical package for cardiovascular disease management in primary health care) (WHO, 2020b), in line with the national efforts to strengthen health systems to provide effective NCD services. Innovative approaches, including digital technology, community-based solutions, and others, to overcome barriers in NCD service delivery will also be considered.

2) Embedded implementation research

Projects should adopt an embedded implementation research approach. Policy-makers, service providers, local communities and relevant stakeholders should be part of research teams. They must demonstrate the potential to influence policy and transform health system practices. Projects need to state the implementation research framework being used, the implementation outcomes being measured, the type of embeddedness within the system and monitoring and evaluation approaches to measure impact.

3) Aligning research, implementation and policy cycles and driving impact

Proposals should demonstrate a deep understanding of the relevant national implementation and policy cycles and align their research activities with these timelines. Projects are encouraged to provide details of the current policy context and define the stages of policy development they plan to engage with (including agenda-setting, formulation, implementation and/or evaluation). Applicants should clearly outline how their research will contribute to the evidence base in ways that are both relevant and responsive to ongoing or upcoming policy discussions. Proposals must articulate a well-defined rationale

explaining how and why their research has the potential to drive meaningful change. This includes outlining specific pathways through which the research may influence policy and practice.

Additionally, proposals should consider potential barriers to change and suggest strategies for overcoming them, ensuring the research achieves tangible, lasting impact. Projects are expected to incorporate a political economy analysis of NCD service delivery, identifying opportunities for reform and explaining how their research will create conditions that enable meaningful change.

4) Institutional capacity strengthening

Projects are expected to contribute to institutional capacity strengthening. Projects and teams must support the institutionalization and capacity building of NCD implementation research. The proposed plans should also consider project sustainability and the potential for scale-up.

Specific tasks of the country teams

1. Conduct embedded implementation research to improve understanding of integrated service delivery for NCDs.
2. Generate a range of research and policy outputs related to specific NCD intervention aspects and establish a multistakeholder country advisory committee. While teams are free to develop peer-reviewed publications, the focus of this work programme is to inform policy and practice; teams will be required to produce products aimed at decision-makers to help improve policy implementation. These should include policy and technical briefs and presentations in formats suitable for policy- and decision-makers (e.g., meetings, policy and community dialogues, briefings, peer-reviewed publications, media bites, videos and/or podcasts). Teams will also be encouraged to use digital formats creatively.
3. Participate in a two-day co-creation workshop at the beginning of the project and cross-country learning/co-creation workshops throughout the project lifecycle to foster networking, share emerging findings and further refine research proposals. The costs of these workshops will be borne by the Alliance and **should not** be budgeted for in the proposal.
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 health system strengthening and improvement in primary health care systems to deliver integrated NCD services. The project should contribute to equity and health system resilience.

5. Projects are expected to work closely with the Alliance, WHO, and WHO country offices to regularly participate in knowledge exchange activities and engage with global, regional, national and subnational stakeholders and other grantees. The Alliance will facilitate learning and networking opportunities across research teams implementing this work programme in other settings and other research projects focusing on NCDs (e.g., NIHR Research Centres).

Funding and period

Up to four research teams will be funded up to US\$ 150 000 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 early 2025 to early 2027. Eligible research teams will have the opportunity to receive mentoring and support through relevant WHO networks.

Eligibility and selection criteria

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

- Teams are based at a research institution (this can include think tanks and/or be a consortium of research institutions as long as they are based in eligible countries) in Bangladesh, Cambodia, Indonesia, Jordan, Morocco, Pakistan, Philippines, Somalia, Sri Lanka, Viet Nam or Yemen.
- Teams are gender-balanced, with women comprising at least 50% of the research team;
- Teams include young researchers and should include at least one policy-maker currently or previously working in the health system at the national or subnational level whose role must be clearly identified in the proposal; and
- A clear articulation of how it addresses all the four areas outlined above.

To be **competitive** for this award, applications will be assessed across the following criteria:

- Documented experience in conducting implementation research, especially in the field of NCDs and health systems, 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 NCD integrated services and interventions identified in-country;
- Embeddedness of the research and approach to align research, implementation and policy cycles;
- The potential of the proposed research to contribute to improving NCD health outcomes and overall impact;

- The quality of research in terms of the appropriate use of implementation research, political economy analysis, methods selected, 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.

Application process

Deadline: 24 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 proposals: NCD implementation research.**

Submissions can be made in English, French or Arabic and should be 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. **Cover page:** including title of the project, institution name 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 NCD management. 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 (max 3 pages each) should be included as an annex to the submission, which does not count towards the page limit. All CVs should be compiled into a single PDF document.
4. **Technical focus:** Description of the national priority issue related to implementation research for NCD management and integrated services. The implementation research framework to be used, collaborating stakeholders (including policy-makers, implementers and communities), political economy analysis of NCD service delivery, plan for aligning research, implementation and policy cycles, contribution to institutional capacity, expected outputs and health and policy impacts should also be clearly described.

5. **Research plan and detailed budget for two years:** outline a two-year plan for the proposed research and engagement activities and provide a 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).

Submitted files should be named in the following format:

Institution_PIname_Country_File_Description.

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

- Adler, A.J., Drown, L., Boudreaux, C., et al. (2023) 'Understanding integrated service delivery: a scoping review of models for noncommunicable disease and mental health interventions in low-and-middle income countries', *BMC Health Services Research*, 23, 99. Available at: <https://doi.org/10.1186/s12913-023-09072-9> [Accessed 26 Sep. 2024].
- Alliance for Health Policy and Systems Research (n.d.) *Embedded Implementation Research for Programme Managers*. Available at: <https://courses.ahpsr.org/courses/embedded-implementation-research-for-health-programme-managers/> [Accessed 26 Sep. 2024].
- Hategeka, C., Adu, P., Desloge, A., Marten, R., Shao, R., Tian, M., Wei, T., Kruk, M.E. (2022) 'Implementation research on noncommunicable disease prevention and control interventions in low- and middle-income countries: A systematic review', *PLOS Medicine*, 19(7), e1004055. Available at: <https://doi.org/10.1371/journal.pmed1004055> [Accessed 26 Sep. 2024].
- Marten, R., et al. (2021) 'Committing to implementation research for health systems to manage and control non-communicable diseases', *Lancet Global Health*, 9, pp.e108-e109.
- Peters, D.H., et al. (2013) 'Implementation research: what it is and how to do it', *BMJ*, 347, f6753.

- Peters, D.H., Peters, M.A., Wickramasinghe, K., Osewe, P.L., Davidson, P.M. (2019) 'Asking the right question: implementation research to accelerate national non-communicable disease responses', *BMJ*, 365, l1868. Available at: <https://doi.org/10.1136/bmj.l1868> [Accessed 26 Sep. 2024].
- Peters, M.A., Cloete, K., Odwe, G., Tadele, G., Hirschhorn, L.R., Magge, H., et al. (2023) 'Embedding implementation research to cross the quality of care chasm during the COVID-19 pandemic and beyond', *BMJ*, 383, e076331. Available at: <https://doi.org/10.1136/bmj-2023-076331> [Accessed 26 Sep. 2024].
- Rasanathan, K., et al. (2024) 'Non-communicable diseases: can implementation research change the game for policy and practice?', *The Lancet*.
- Theobald, S., et al. (2018) 'Implementation research: new imperatives and opportunities in global health', *Lancet*, 392, pp.2214-2228.
- Watkins, D.A., et al. (2022) 'NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries', *Lancet*, 399, pp.1266-1278.
- World Health Organization (2016a) *A guide to implementation research in the prevention and control of noncommunicable diseases*. Geneva: World Health Organization. Available at: <https://iris.who.int/bitstream/handle/10665/252626/9789241511803-eng.pdf?sequence=1> [Accessed 26 Sep. 2024].
- World Health Organization (2016b) *Framework on integrated, people-centred health services: report by the Secretariat*. Geneva: World Health Organization. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1&ua=1 [Accessed 26 Sep. 2024].
- World Health Organization (2017) *Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases*. Available at: <https://www.who.int/publications/i/item/WHO-NMH-NVI-17.9> [Accessed 26 Sep. 2024].
- World Health Organization (2020a) *WHO package of essential noncommunicable (PEN) disease interventions for primary health care*. Geneva: World Health Organization. Available at: <https://iris.who.int/bitstream/handle/10665/334186/9789240009226-eng.pdf> [Accessed 26 Sep. 2024].
- World Health Organization (2020b) *HEARTS technical package for cardiovascular disease management in primary health care: risk based CVD management*. Geneva: World Health Organization. Available at:

<https://iris.who.int/bitstream/handle/10665/333221/9789240001367-eng.pdf> [Accessed 26 Sep. 2024].

World Health Organization (2022) *Implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030*. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add8-en.pdf [Accessed 26 Sep. 2024].

World Health Organization (2023) *Fact sheet on noncommunicable diseases*. Available at: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> [Accessed 26 Sep. 2024].



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