

# Call for expressions of interest

Building better ways of knowing: Exploring new methods in how health science knowledge is generated to advance improved solutions toward health equity

**Published:** 5 December 2025

**Deadline:** 16 January 2026, 23:59 CET

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## Overview

The Alliance for Health Policy and Systems Research (the Alliance) is seeking expressions of interest (EOIs) from civil society organizations (CSOs), nongovernmental organizations (NGOs), research institutions, think tanks, or consortia of these groups based in Brazil, India, Kenya, Nepal, Pakistan, Senegal, Sri Lanka or South Africa. Selected teams will generate new knowledge to advance practical policy solutions toward health equity. Teams will apply health policy and systems research to capture community-led, disruptive, and innovative strategies addressing social determinants of health, with particular emphasis on five priority areas: economic inequality, structural discrimination, climate change and health equity, conflict, and commercial and/or digital determinants.

## Background

Despite substantial evidence that social determinants have a profound impact on health equity, efforts to address these inequities often fall short. Reconsidering how knowledge is produced, who is involved in its creation, and how it is used to shape policy and drive action can help advance this agenda. With this in mind, the Alliance for Health Policy and Systems Research (the Alliance), with financial support from the Robert Wood Johnson Foundation (RWJF) and in collaboration with the Boston University School of Public Health and the World Health Organization (WHO) Department of Social Determinants of Health, [convened a meeting in Geneva, Switzerland, in October 2024 to explore strategies for reimagining research and learning for health equity](#). Experts from across the research-policy-implementation ecosystem developed an action-oriented agenda to strengthen knowledge generation and learning on the social determinants of health equity. Building on this effort, and with continued support from RWJF through a collaborative project with Washington University in St. Louis (WashU), where our collaborators from Boston University have since moved, the Alliance will now support and commission work in three to four countries to apply a health policy and systems research lens to health equity research.

In collaboration with WashU, this initiative aims to build and strengthen networks connecting researchers, policy-makers, and community leaders within and across countries. It will create platforms for dialogue and opportunities for peer and collaborative learning. Global and in-country workshops will enable stakeholders to share experiences and adapt successful practices across contexts and disciplines. Ultimately, the goal is to foster cross-disciplinary and cross-country collaboration for knowledge exchange and to develop practical tools and frameworks to inform policy and inspire systemic change.

## Objectives

Country teams will generate outputs – such as (but not limited to) research and learning case studies, including peer-reviewed publications when appropriate, that document successful efforts to reduce health inequities and improve social determinants of health. These outputs are intended to help change mindsets and ultimately translate evidence, knowledge and learning into actionable policy recommendations and drive meaningful impact for health equity policies and practices at national and subnational levels. Equipping teams to use digital storytelling, policy briefs and tailored toolkits for decision-makers, communities and practitioners, this work aims to demonstrate tangible impacts on policies and practices, enhance

the use of evidence in decision-making and support the broader adoption of equity-focused policy and systems approaches.

Expected (and desirable) outcomes for this work are:

- **Improved knowledge and understanding on how to improve health equity** as well as a greater shared understanding and appreciation of how to do health equity research differently, both within national research groups but also within communities and for policy-makers;
- **Strengthened national research and learning ecosystems** for SDH and equity (with greater or strengthened links to community groups) both within and across countries; and
- **Demonstrable changes in mindsets** and/or policy influence and impact on locally identified policy issues.

## Programme priority areas

Country teams will anchor their proposed work in one or more of the programme's five priority areas, each reflecting a key domain of the social determinants of health where community-led, disruptive and innovative strategies are urgently needed. These areas aim to strengthen the links between research, policy and implementation to reduce inequities. The five areas are:

- **Economic inequality:** Focusing on community-driven responses to poverty, livelihood insecurity, unequal access to services, or barriers created by financial hardship.
- **Structural discrimination:** Addressing forms of systemic exclusion – such as racism, caste-based discrimination, gender inequality, disability discrimination or other entrenched power hierarchies – through strategies that shift institutional practices, power dynamics or decision-making processes affecting health equity.
- **Climate change and health equity:** Exploring how communities are responding to climate-related risks, environmental vulnerabilities or adaptation challenges that disproportionately affect marginalized populations. Strategies may relate to resilience building, environmental justice or policy responses to climate-driven inequities.
- **Conflict:** Examining approaches led by communities living in or recovering from conflict-affected settings, including displacement, instability or chronic violence. This could include work that strengthens social cohesion, restores disrupted services or supports accountability in fragile contexts.
- **Commercial and/or digital determinants of health:** Investigating how commercial actors, digital platforms, technological systems or data-driven infrastructures influence health inequities. This may include community efforts to

counter harmful commercial industry practices, algorithmic bias, misinformation or inequitable access to digital tools.

Teams are expected to use community-led research approaches. Teams could apply systems thinking, power analysis, political economy analysis, and/or other relevant health policy and systems research approaches; however, not all applicants will have extensive experience using these approaches – the Alliance Secretariat is committed to supporting teams to develop and strengthen capacities to apply these approaches as part of this work. This work should embody inclusivity, collaboration and practical impact, producing clear, actionable research outputs advancing the translation of evidence into policy and practice.

## **Specific tasks of the country team**

Successful teams will:

1. Strengthen understanding of community-led strategies addressing the social determinants of health by using systems thinking, power analysis, political economy analysis and/or other health policy and systems research methods, to document retrospective and/or prospective efforts to reduce health inequities and improve social determinants of health. Teams will analyse how these strategies have influenced or can influence policy and implementation processes across one or more of the five priority areas.
2. Produce a set of high-quality research and learning outputs that capture disruptive and innovative community-led approaches and translate evidence into actionable recommendations. Expected outputs may include research and learning case studies, digital stories, policy briefs, tailored toolkits for decision-makers, peer-reviewed publications, community or stakeholder dialogues and other communication products such as videos or podcasts.
3. Participate actively in programme-wide learning and co-creation activities, including in workshops at the start of the project designed to facilitate peer exchange, methodological refinement and sharing of emerging findings over the two-year implementation period. All associated costs will be covered by the Alliance.
4. Demonstrate evidence of changed mindsets and/or policy and practice influence by the end of the grant period. Teams should show how their research and learning activities have contributed to changes or emerging shifts in policies, decision-making processes, institutional practices or implementation approaches at national or subnational levels. These early

outcomes may relate to strengthened equity-oriented policy-making, improved engagement of communities in policy dialogue, enhanced use of evidence in decision processes, or uptake of strategies addressing one or more of the five priority areas.

## Eligibility and selection criteria

To be **eligible**, Expressions of Interest will demonstrate the following:

- Teams have documented experience with community-led, disruptive and innovative strategies that address social determinants of health, and are based within or across civil society organizations, nongovernmental organizations, policy-making bodies, or research institutions (including think tanks). Consortia are permitted, provided institutions are in an eligible country: Brazil, India, Kenya, Nepal, Pakistan, Senegal, Sri Lanka or South Africa.

To be **competitive** for this award, the following criteria apply:

- Teams consider their own representation and are gender-balanced, with women comprising at least 50% of the research team (particularly in the senior roles of the team).
- Demonstrated experience in applying community-led strategies to influence policies or practices related to the social determinants of health, and clear evidence of effective multistakeholder engagement.
- A clear and feasible plan to work with policy-makers, communities, community health workers or other relevant actors throughout and beyond the proposed work.
- The potential of the proposed research and learning activities to contribute meaningfully to the objectives of the programme and to generate insights relevant to one or more of the five designated areas of focus.
- The quality of the proposed approach, including the suitability of methods, appropriateness of data sources, demonstrated capabilities of the team, and feasibility of delivering results within a two-year period.
- Strong justification for the budget requested and overall value for money.

## Funding and period

Up to four country teams will be funded, each receiving between US\$ 100 000 and US\$ 150 000 for a two-year period. No additional funding will be provided by the Alliance within or beyond the project

duration. The research and learning activities are expected to run for 24 months, beginning in early 2026, as part of a broader three-year initiative.

## Application process

**Deadline: 16 January 2026, 23:59 CET**

**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. Successful expressions of interest will be invited to develop and submit a full proposal shortly thereafter.

Proposals must be submitted exclusively through the Alliance's new online submission form: <https://ahpsr.org/submitting-expressions-of-interest-building-better-ways-of-knowing-exploring-new-methods-in-how-health-science-knowledge-is-generated-to-advance-improved-policy-solutions-toward-health-equi/>

Email submissions will NOT be accepted. For questions or technical support, applicants may contact the Alliance Secretariat at: [alliancehpsr@who.int](mailto:alliancehpsr@who.int).

To successfully submit a proposal, applicants must:

1. Complete all required questions in the online form.
2. Upload two documents:
  - a. a PDF version of the full expression of interest.
  - b. a Word version of the full expression of interest (.doc or .docx).
3. Upload a single PDF with:
  - a. CVs of team members (maximum three pages each).

## Important notes about the platform

This is a relatively new platform. Applicants may wish to:

- Draft responses in a separate document before transferring them online.
- Review the form ahead of time to prepare required information.
- Ensure content is not duplicated between uploaded files and form fields.

Expressions of Interest (EOIs) of no more than two pages (standard font 11, 1.15 line spacing, normal margins) should include the following:

- **Motivation for applying**  
Describe the institution or the consortium's background and

how the proposed work aligns with its expertise in addressing social determinants of health through community-led, disruptive or innovative strategies. Highlight how the proposed focus connects to one of the five priority areas and describe any previous or ongoing engagement with policy-makers, communities or other key stakeholders.

- **Technical focus**

Describe the proposed area of focus (aligned to one of the five priority areas) and outline the disruptive or innovative community-led strategies, past or ongoing, that the team will examine or build upon. Specify the research and learning approaches to be used, the stakeholders who will be engaged (including communities, policy-makers, and implementers), and the anticipated outputs and policy or practice impacts. Teams should emphasize community-level engagement and outputs, including digital storytelling, participatory tools, and approaches that translate evidence into actionable recommendations for both policy-makers and communities. Each team is expected to produce 2–3 outputs, such as published case studies, digital stories, policy briefs, decision-maker toolkits or other learning products.

- **High-level research plan and budget for two years**

Present an outline of the proposed research, engagement, and learning activities over a two-year period. Provide a high-level budget summary and justification within the available funding range (US\$ 100 000–150 000 over two years). The five WHO budget categories are: personnel, travel and per diem, communication and dissemination, other costs (such as meetings, dialogues, or engagement activities), and institutional overhead, which should be 5–7% of the project cost.

## **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.