Call for Expressions of Interest
Health Policy and Systems Research in the field of Access to Medicines in low- and middle-income countries

Issued: 7 May 2012

Deadline for submission of Expressions of Interest: 18 June 2012
1. Introduction

In 2010, the Alliance for Health Policy and Systems Research (herein referred to as the Alliance) initiated a new project on Access to Medicines (ATM) with the aim of generating and increasing the use of policy-relevant evidence on ATM in low- and middle-income countries (LMICs). The project adopts a health system perspective on ATM, building on the network of Alliance’s partners and its expertise in health policy and systems research (HPSR).

During its inception year, the ATM project commissioned a priority setting exercise aimed at identifying priority policy concerns and a priority HPSR agenda in ATM, suitable for LMICs₁. Priority-research questions that emerged from this exercise are the following:

- In risk protection schemes, which innovations and policies improve equitable access to and appropriate use of quality medicines, sustainability of the scheme, and financial impact on beneficiaries?
- How do policies and other interventions into private markets impact on access to and appropriate use of quality medicines?
- How can stakeholders use information and data routinely collected and available in the system in a transparent way towards improving access to and use of quality medicines?

The Alliance is eager to support research projects in LMICs that will address the priority research questions above and that will inform policies, strategies and interventions aimed at improving access to medicines. We are interested in learning about positive and negative effects on ATM of policies and interventions e.g. in risk protection schemes or private markets. The Alliance will support the publication and dissemination of the research results (peer-reviewed publications, journal supplements etc.). The Alliance will also ensure that policy lessons and evidence relevant for implementation arrangements in LMICs will reach policy- and decision-makers in national and international fora.

At this time, we have a total of US$ 1,200,000 to support six to ten proposed research studies over a period of 18 to 36 months.

2. Access to Medicines in LMICs: the need for Health Policy and Systems Research

Despite decades of successful implementation of national essential medicines programmes, ATM remains problematic for poor and vulnerable populations in many LMICs.

Health systems strengthening interventions are often designed within single building blocks of the system (health financing, human resources, health information, health service delivery, governance or medicines and health technologies – (WHO 2007)) and interconnections between systems components are frequently ignored. The role of medicines, for example, is commonly narrowed down to a system input, a commodity that should be available to allow service delivery. Populations’ access to medicines is addressed mainly through fragmented, vertical approaches usually focussing on supply. This approach has considerable consequences: with such a vertical and isolated approach, policies, interventions and actions aimed at improving ATM can only have a limited and short-term effect as many other system constraints hamper access to care and medicines. Indeed, the vertical focus of medicine interventions may be the source of the enduring lack of access to essential medicines for vulnerable populations in LMICs.

₁ Full research report available at www.who.int/alliance-hpsr
A wider systems approach to improving ATM seeks to ensure that policies are more effective at the system level and generate longer term equitable and sustainable results.

The recent priority-setting exercise performed by the Alliance identified research questions in access to medicines that demonstrate the need to explore the relationships between medicines and the other building blocks of the health system and analyse the health system determinants of access to medicines.

3. Possible research to be conducted under the call

This call aims to explore connections between medicines and three other essential functions of health systems: health financing, governance and health information.

Research conducted under this call will primarily seek to adopt a health system perspective - the research should incorporate a conceptual framework that demonstrates a health systems approach. Adopting a health system perspective may require a multi-disciplinary research team and the need to engage multiple health system stakeholders. If relevant, the research may try to explore the implications of the phenomena under study on human resources for health (capacity, workload, deployment, financial and non-financial incentives etc.).

The research application must also demonstrate a robust methodological approach adapted to the proposed research question.

We recommend that the research tries to adopt the following attributes, for which applicants will be given additional credits:

- **Equity** – should be an underlying value of the proposed research, although the scope of the proposed research may not allow to measure actual impact on disadvantaged and vulnerable populations.
- **Innovation** – the research should seek to promote innovation, either in the choice of research methods or the phenomena (policy, strategy or intervention) under study.
- **Policy relevance** – the research should seek to demonstrate potential influence on policy and decision-making: e.g. relevant timing of the research in the context, engagement of policy-makers in research team, plans for dissemination and policy dialogue.
- **Capacity building** – the research should seek to build health policy and systems research capacity for both researchers to conduct research and policy-makers to demand and use research.

Three core questions have been identified for this call:

**Question 1** - In risk protection schemes, which innovations and policies improve equitable access to and appropriate use of quality medicines, sustainability of the scheme, and financial impact on beneficiaries?

Medicines have been reported as contributing to a large portion of out-of-pocket expenditures in LMICs (Garg & Karan 2009), their impoverishing effect has been documented (Niëns et al. 2010). In a systematic review of research on medicines access and use in Mexico, Wirtz et al. (2008) report large inequities in medicines’ access. The positive impact of pre-payment schemes on access to medicine has been demonstrated (Wagner et al. 2010); however, the design of medicines’ benefit packages and pharmaceutical management strategies in pre-payment schemes may be challenging in resource-
constrained settings. These have been very weakly documented in LMICs so far (Faden et al. 2011).

Risk protection schemes should be understood here in their broad definition, including social health insurance, tax-based systems, voluntary contribution schemes or innovative mechanisms such as micro-financing etc. This should be considered in the light of the recent international move to universal-financing. The scope of the research should go beyond the assessment of the impact of risk protection schemes on medicines’ access but also document success and failures of implementation arrangements. Specific examples of research questions are as follows:

- What revenue collection, pooling and purchasing arrangements in risk protection schemes enable better access to quality medicines for poor and disadvantaged populations?
- How can risk protection schemes expand to cover unmet medicines needs while minimizing supplier-induced demand?
- How can risk protection schemes contribute to an effective control over price of medicines?
- What are the most effective contracting arrangements or provider payment methods to control utilization and ensure medicines access?
- Can risk protection schemes be expanded to cover private and informal health service delivery structures, such as accredited drug outlets?
- How can the beneficiaries of risk protection schemes be stimulated to better use medicines (adherence, use of generics, improved health seeking behaviour etc.)?
- How do beneficiaries of risk protection schemes respond to changes in the financial burden of medicines and how does this response affect their access to and use of quality medicines?

**Question 2 - How do policies and other interventions into private markets impact on access to and appropriate use of quality medicines?**

Cameron et al. (2009) report on the lower availability of essential medicines in the public sector compared to the private markets of LMICs; the difference is even more striking for selected essential medicines needed to treat chronic conditions (Mendis et al. 2007). Despite potentially higher prices, the private health market is widely used and preferred by patients (Mills et al. 2002; Maiga et al. 2003; Chalker et al. 2005). Documented interventions into private health markets have been analysed in a systematic review by Patouillard et al. (2007) and the authors conclude that better evidence of the impact of interventions on quality and use of health care is needed.

Interventions into private markets considered here may vary in nature and scope; they may result from commercial practices (e.g. medicines’ promotion) or may be implemented with the purpose of controlling or regulating the market (e.g. price controls or contracting); they may be financial (e.g. subsidies) or non-financial (e.g. medicines’ information). Specific research questions may be as follows:

- How can contracting with different organizations in private markets efficiently meet public objectives of medicines quality, access and use?
- Can risk protection schemes be expanded to cover private and informal health service delivery structures, such as accredited drug outlets?
- Which innovative financing mechanisms in private markets (e.g. micro-financing) improve medicines access?
- What are the determinants of price variations in private pharmaceutical markets?
- What are the effects of pricing policies in the private sector on medicines quality, access and appropriate use?
• Which strategies and innovations could improve perception and use of generic medicines in the private sector?
• Which innovative strategies targeting individuals and organizations in the private sector improve health seeking behaviour, and demand and use of quality medicines?
• How can information on medicines’ access, utilization, price or quality be collected in the private sector and used for better decision-making by patients, providers, health managers or policy-makers?

**Question 3 - How can stakeholders use information and data routinely collected and available in the system in a transparent way towards improving access to and use of quality medicines?**

Information on medicines exists in a fragmented manner in most health systems and is held by multiple stakeholders such as regulatory authorities, procurement agencies, risk protection schemes, health providers, private companies etc. who may have no interest or advantage in communicating. This research question aims to address this fragmentation, with the underlying hypothesis that better organization and sharing of information will support greater use of evidence in decision-making, better utilization of medicines and improve access.

Specific research questions may be as follows:
• Which routine monitoring systems can be used to effectively track variations in price quality and availability of medicines in order to inform decision-making?
• Which innovative methods can be used to share medicines’ information held by multiple stakeholders on different aspects of pharmaceutical systems (e.g. selection, procurement, price, quality, prescription behaviour, consumption behaviour, etc.)? What are the effects of these methods on access to and use of quality medicines?
• How can market surveillance data be used to evaluate pharmaceutical policies and strategies?
• What is the effect of medicines’ information disclosure on access to quality medicines and health system performance (e.g. disclosure of information on medicines research and innovation, registration, procurement and price, quality, utilization etc.)?
• What is the impact of medicines information collection and disclosure on utilization of quality medicines by consumers and their health seeking behaviour?
• How do feedback and disclosure of information on performance of different actors in the pharmaceutical system influence their behaviour and affect access to medicines (e.g. in the context of results-based financing arrangements)?
• Which indicators can be used to monitor and evaluate risk protection schemes with regard access to and utilization of quality medicines?
• How can information on medicines access, utilization, price or quality be collected in the private sector and used for better decision-making?

Research conducted under this call for all three questions above may be retrospective or prospective (within the budget limits of the grant). Activities may aim at documenting and analysing reforms, interventions or innovative implementation arrangements, and their impact on ATM. The research may also initiate innovative stakeholders’ participation and information sharing, and document their effect on ATM.

There is substantial overlap between the three main research questions addressed under this call. If relevant, applicants may therefore choose to combine research questions in their applications.
4. Selection and award process

The Alliance wishes to work closely with applicants to support the development of the research. Therefore, a call for Expression of Interest (EOI) is issued on 7 May 2012. The deadline for submission of EOs is 18 June 2012. During this period, an open period will allow potential applicants to contact the Alliance and seek clarification for all questions related to the call (research questions, eligibility, selection criteria etc.). Answers to questions will be summarized and posted on Alliance's website for consultation by all applicants.

On 18 June 2012, applicants must have submitted all sections of the application template in Annex 1. Word limits for each section of the application template must be strictly respected.

The Alliance will organize an independent external review of EOI by a committee composed of technical experts external to the Alliance.

Reviewers will assess:
- Goals and objectives of the research, relevance of the research question and whether the research demonstrates required attributes, especially whether the research adopts a health system perspective – 25%
- Robustness of methodological approach proposed, and innovation – 25%
- Appropriateness of budget for proposed research activities and clarity in budget proposal and justification – 10%
- Dissemination plan for the research results and evidence-to-policy activities proposed – 20%
- Technical skills of the research team, organizational capabilities, potential for capacity building of researchers (to conduct HPSR) and policy-makers (to demand and use HPSR) – 20%

The independent review process will take place between 18 June and 18 August 2012.

The independent review will include an adjudication committee composed of technical experts external to the Alliance and members of the Alliance's Scientific and Technical Advisory Committee, who will select successful applications.

Successful applicants will be notified by end August 2012.

A protocol writing workshop will be organized in Geneva, Switzerland, early October 2012. All successful applicants will be invited to develop their full research protocol, with technical support from academic experts, resource persons and Alliance Secretariat.

Deadline for submission of final research protocols is 22 October 2012. Submission of research protocols is open only to successful applicants of EOI who have participated in the protocol writing workshop.

An external review of the final protocols will be organized and successful research applications will be awarded at the end of 2012.

Please note that final award of research grant will be subject to successful application and independent peer-review of FINAL PROTOCOL. Successful application of Expressions of Interest does not guarantee final award of research grant.
Calendar of events (indicative timelines)

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<tr>
<td>Call for EOI</td>
<td>7 May 2012</td>
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<tr>
<td>Open period</td>
<td>7 May - 18 June 2012</td>
<td>Potential applicants can contact the Alliance for clarification on call requirements</td>
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<tr>
<td>Submission of EOIs</td>
<td>18 June 2012</td>
<td>Applicants must submit Full Expression of Interest (5,000 words)</td>
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<td>EOI review</td>
<td>18 June – 18 August 2012</td>
<td>External peer-review by 2 reviewers</td>
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<td>Notification of successful applicants</td>
<td>27 – 31 August 2012</td>
<td>Successful applicants will be invited to the protocol writing workshop</td>
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<td>Protocol writing workshop</td>
<td>1 – 5 October 2012</td>
<td>Tentative dates</td>
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<td>Submission of final protocols</td>
<td>22 October 2012</td>
<td>Submission of final protocols is open only to successful applicants of EOI who have attended the protocol writing workshop</td>
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<tr>
<td>Final external review of protocols</td>
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Applications are accepted by email to the Alliance for Health Policy and Systems Research (alliancehpsr@who.int).

The subject field of the email should contain: “EOI - access to medicines”.

The Alliance will notify all applicants of receipt of their applications.

All questions should be directed to the same email address. The Alliance will post responses on its website for all potential applicants to read, except for questions that may require confidential response.

5. Eligibility to apply

Organizations in low- and middle-income countries are eligible to apply to this call. Organizations in high-income countries are not eligible to apply. Collaborations between LMIC organizations and individuals and organizations in high-income countries are acceptable; however no more than 20% of the total grant value can go to those from high-income countries.
The following types of organizations can apply to this call: research organizations, including independent groups and those based within universities, think-tank organizations, NGOs and civil society organizations, government organizations with a mandate to conduct research or use research in policy formulation or decision-making.

Applications from UN agencies, including WHO, will not be considered. United Nations country or regional offices and HQ can be listed as collaborators but will not be entitled to receive any funding from the grant.

6. References


