



implementation **research** platform

The Alliance for Health Policy and Systems Research (**AHPSR**), The Department of Maternal, Newborn, Child and Adolescent Health (**MCA**), The Special Programme of Research, Development, and Training in Human Reproduction (**HRP**), the Special Programme for Research and Training in Tropical Diseases (**TDR**), and the Partnership for Maternal, Newborn, and Child Health (**PMNCH**), are pleased to announce a

Call for Proposals: Leadership Development for Enhanced Decision-Making

Issued: 16 February 2012

Deadline for Submission of Proposals: 15 April 2012



SECTION I: IMPLEMENTATION RESEARCH PLATFORM OVERVIEW

Despite increased support at both national and international levels, three health-related Millennium Development Goals (MDGs 4, 5 & 6) are unlikely to be reached. Research in maternal, newborn and child health and neglected infectious diseases has significantly advanced in recent years; however, it has focused mostly on the development of new interventions, rather than optimizing the delivery of existing interventions. The effectiveness and impact of current health expenditure, both within countries and through international donors, could be greatly enhanced if it: (i) was informed and assisted by implementation research and well-designed monitoring and evaluation in advance of, concomitant with and after programmatic implementation; (ii) was undertaken with the wider goals, policies, strategies, needs and opportunities of the entire health system in mind; and (iii) was more country - led. Implementation Research (IR) seeks to optimize the delivery of existing interventions and also explores the challenges that are faced when generalizing research findings 'in the real world'.

The **Implementation Research Platform (IRP)** was launched in November 2010 as a collaboration among WHO Departments and Partners with a goal of promoting and supporting Implementation Research to accelerate progress on health-related MDGs 4, 5, & 6. This goal will be achieved through the following objectives:

- Support country-led research, to derive lessons on best ways of scaling up interventions and services in low [and middle] - income countries and translate this into policy and action through appropriate advocacy and communication with suitable target audiences.
- Synthesize and disseminate evidence related to promising approaches for addressing health system barriers to optimize delivery for existing interventions.
- Build capacity for health systems research (with focus on implementation research) and knowledge translation.
- Create a common platform for promoting implementation research and contribute to methods for generating, synthesizing and translating knowledge from implementation research.
- Effective research collaboration of reproductive, maternal, newborn and child health, HIV/AIDS, TB, malaria and other neglected diseases in countries, under the umbrella of health systems.

SECTION II: PROGRAMME OBJECTIVES AND EXPECTED OUTCOMES

Evidence is seldom systematically or consistently used in health policy and management decision-making in low- and middle-income countries (LMIC). Among the challenges contributing to this problem is the limited capacity of decision-makers to *access* and *use* research evidence into complex decision-making processes. Moreover, decision-makers sometimes lack the necessary competencies to convey their needs for information and evidence to researchers. This limited capacity to '*demand*' research can hinder the ability of researchers to generate and synthesize relevant evidence. While the need for strengthening the capacity of decision-makers to *demand*, *access*, and *use* evidence is recognized, there is a dearth of evidence in the literature on what models of capacity strengthening are effective at improving the use of evidence in health policy and management decision-making processes.

The overall goal of this call is to enhance health policy and management decision-making processes in LMICs (particularly for the implementation and scale-up of effective interventions for MDGs 4, 5, and 6) through the identification and testing models of leadership development to strengthen the capacity of decision-makers to *demand*, *access* and *use* research. It is anticipated that this leadership development initiative will identify and evaluate models to achieve the following objectives:

1. strengthen the capacity of policy and decision-makers to *communicate their needs (demand)* for information and evidence;
2. strengthen the capacity of policy and decision-makers to *access* and *use* relevant research findings; and
3. facilitate the integration of research in routine decision-making and program management processes.

To achieve these outcomes, the Implementation Research Platform will support 2 institutions to identify and test models and/or promising strategies for strengthening the capacity of decision-makers in LMICs to communicate their needs for evidence, as well as to access and use evidence. These models and promising strategies should be part of an overall programme for leadership development for decision-makers at the national or local levels. The evaluation design should be robust, include both quantitative and qualitative indicators to demonstrate programme impact, as well as insights on how best to implement the intervention and the feasibility for scale-up of the model.

The models tested as part of this call should have the potential to be replicated in LMIC settings. These models should either target individual decision-makers or the overall decision-making body either at the national, provincial, state, or local (programme) level. Examples of models of leadership development that could be tested include (but not limited to) innovative strategies such as peer-to-peer mentorship programs, and sabbatical exchanges for decision-makers and researchers. In particular, programmes with a focus on young (under 40) and female decision-makers are encouraged.

The expected outcomes of this call will be the generation of evidence on the effectiveness of strategies to strengthen the capacities of decision-makers to *'demand'*, *'access'* and *'use'* evidence in health policy and management decision-making. Additionally, this work should result in recommendations for the implementation and scale-up of these models in diverse country settings. Finally, this program should result in the decision-makers from LMICs being provided with leadership development through a promising model that can be replicated. The timeline for the review of evidence, identification, implementation, and evaluation of these models is 24 months.

SECTION III: ELIGIBILITY CRITERIA & AVAILABLE FUNDING

Two awards up to USD \$275,000 each will be provided to institutions for a two-year study period. Nationally accredited academic/research institutions are eligible to apply. Although the activities must be carried out in LMICs, institutions from high-income countries are eligible to apply if they can demonstrate the ability (through institutional arrangements) to implement these models in LMICs.

SECTION IV: CONTENT of APPLICANT PROPOSAL

Proposals should be a maximum of 10,000 words excluding annexes. The proposal should include the following:

- (1) Project Name
- (2) Complete contact details of the principle researcher(s), to include: name, institution, Curriculum vita, mailing address, e-mail, phone and fax number
- (3) Team composition (including their contact details & CV)
- (4) Objectives and description of the model that will be tested - A brief summary of the plan to develop and implement the models of capacity building, noting how they were identified and why, stating in detail how each model will strengthen (a) the capacity of policy and decision-makers to *communicate their needs (demand)* for information and evidence; (b) strengthen the capacity of policy and decision-makers to *access and use* relevant research findings; (c) facilitate the integration of research in routine decision-making and program management processes; and (d) how this model might be replicated in other LMIC settings
- (5) Description of the evaluation plan to assess the impact of the models in achieving the objectives above
- (6) Ethical issues (if any) anticipated
- (7) Expected results and plan for dissemination of findings
- (8) Timetable
- (9) Budget (detailed) & narrative

SECTION V: SUBMISSION GUIDELINES

Interested applicants should submit a one-page letter of intent (LOI) by **10 March 2012** to warrinerj@who.int with a copy to allianceloi@who.int. The LOI is required for submission of a full proposal. LOIs are non-binding and used for administrative and review planning

purposes. The LOI must identify an applicant Principal Investigator (PI), the institution from which the PI is applying, the title of the project, and the budget being requested.

Following the submissions of the LOI, interested applicants will have an opportunity to participate in a teleconference (during the week of 12-16 March 2012) where additional clarifications about this announcement can be sought. Three teleconferences will be organized to ensure that individuals from different regions of the WHO may participate between the hours of 8:00 and 18h00.

Group 1: PAHO Region (North, Central, and South America)

Group 2: EMRO, EURO & AFRO Regions (Europe, Africa, Central Asia, and Middle East)

Group 3: SEARO & WPRO Regions (Asia, South, and Southeast Asia)

Full proposals, in English, should be sent electronically to John Warriner at warrinerj@who.int with a copy to allianceloi@who.int by **April 15, 2012**. If possible, proposals should be sent in PDF format, using a font size of at least 11 and a file size **not** exceeding 2MB. Proposals received after the deadline will not be reviewed and scored. Hard copies will not be accepted.

IMPORTANT: Please make sure to include the following wording in the subject line of the e-mail: **Call for Proposal: Leadership Development**

SECTION VI: SELECTION CRITERIA

Proposals will be reviewed on a competitive basis by an external panel of independent experts identified by the IRP Secretariat and will be evaluated according to merit and relevance to the Call. The proposals will be assessed on the following criteria:

- (A) The likelihood that the models proposed will strengthen the capacity of decision-makers in LMIC settings (20%)
- (B) Appropriateness of methods for achieving the objectives of the proposal (20%)
- (C) Feasibility of implementing and evaluating the models in the given time (20%)
- (D) Capacity of the team: multi-disciplinary expertise, research experience, experience of working with both public and private sectors (20%)
- (E) The appropriateness of the budget and the overall cost-effectiveness of the proposed activities (20%)