Alliance for Health Policy and Systems Research (AHPSR)

The role of non-state providers in strengthening health systems towards Universal Health Coverage (UHC)

REQUEST FOR BIDS: TECHNICAL SUPPORT CENTRE

Bid closes: July 28th 2014

Background

The Alliance for Health Policy and Systems Research (AHPSR) (http://www.who.int/alliance-hpsr/en/), in collaboration with the WHO Department of Service Delivery and Safety (SDS), Canada’s International Development Research Centre (IDRC) and the Rockefeller Foundation, is launching a new research program focused on the role of non-state providers in strengthening health systems towards the achievement of Universal Health Coverage (UHC). There is an increasing awareness that despite substantial investments made over the past thirty to forty years in low and middle income countries (LMICs), governments cannot be viewed as the sole or even principal provider of healthcare in many countries. Recent years have witnessed an increased recognition of the role of non-state providers in the health systems of low and middle income countries as well as rapid expansion in their numbers (Walker et al, 2009). These changes have led to a growing realization of the need to harness the capacities of these actors in achieving Universal Health Coverage through policy and regulatory mechanisms as well as engaging with them through arrangements including contracting-out, franchising and social marketing.

The AHPSR has issued a call for proposals from researchers to support the development of analytical case studies to explain the performance (including success or failure) of interventions to engage non-state providers in strengthening health systems towards the achievement of Universal Health Coverage. We aim to generate new knowledge that describes interventions adopted, and analyse what worked and what did not work and why. In addition to the technical content of the intervention, we are interested in understanding how the interactions and dynamics between the policy environment (including policy and regulatory changes), political, economic, institutional, historical factors and individual actors influenced the degree of success of the intervention. Through this learning, we hope to generate cross-cutting lessons with policy applicability beyond the scope of the countries studied.

For the purpose of this call, interventions include the range of mechanisms or policies that governments use to influence non-state providers to improve health outcomes including: quality (both technical and perceived quality), efficiency (production of maximal services from a given set of inputs), equity (the extent to which interventions reach the poor), and accessibility (in both physical and financial terms) (Waters et al 2003; Walker et al 2009). Examples of interventions include: regulatory (setting and enforcing standards for non-state providers) and policy changes; contracting
(purchasing services from the non-state sector); financing and social marketing (provision of financial incentives for the non-state sector to meet public objectives) and training (which includes providing education and support to non-state providers).

In line with Palmer (2006), we define non-state providers as “all providers who exist outside the public sector, whether their aim is philanthropic or commercial, and whose aim is to treat illness or prevent disease. They include large and small commercial companies, groups of professionals such as doctors, national and international non-governmental organizations, and individual providers and shopkeepers. The services they provide include hospitals, nursing and maternity homes, clinics run by doctors, nurses, midwives and paramedical workers, diagnostic facilities such as laboratories and radiology units, and the sale of drugs from pharmacies and unqualified static and itinerant (mobile) drug sellers including general stores.” Additionally, they may use either modern or traditional systems of medicine.

In common with the definition in the World Health Report 2013, we define Universal Health Coverage (UHC) as a state in which all people are able to obtain the health services they need without suffering financial hardship when paying for them. UHC consists of three inter-related components: i) access to the full spectrum (promotive, preventive, curative, rehabilitative and palliative) of quality health services according to need; ii) financial protection from direct payment for health services when consumed; and iii) coverage for the entire population (World Health Organization, 2013).

Through this request for bids, the AHPSR is seeking to recruit an institution to provide ongoing technical support for this new programme of research. Institutions should preferably have demonstrated expertise in examining the role of non-state providers towards the achievement of public health goals, experience in supporting researchers and handling multi-country studies.

*PLEASE NOTE THAT THIS IS NOT A CALL FOR RESEARCH PROJECTS*

Objectives and specific tasks of the technical support centre

The chosen institution is expected to provide ongoing technical support to the selected research teams in collaboration with the AHPSR for a period of 3.5 years (Please see timeline below). Support will be required in the following areas: a) Development of research protocols; b) technical support to research projects up to the production of final deliverables.

Specific tasks of the institution will include:

1. Co-organizing and facilitating a protocol development workshop for selected teams. The institution is expected to prepare the workshop agenda in consultation with Alliance Secretariat staff, suggest additional technical experts to facilitate the workshop if necessary, agree with participants on timelines for important milestones, as well as achieve the objectives of the workshop. The protocol development workshop is expected to:
   a. Help grantees refine research questions
   b. Discuss and refine analytical frameworks to enable analytical generalizability across the studies, along with discussing multi-country issues more generally
   c. Support grantees to develop a draft protocol and research plan with timelines for each study
2. Supporting selected teams in: a) finalising their research protocols and data collection instruments, b) responding to ethics review questions.

3. Co-identifying and providing technical support to selected teams towards the satisfactory completion of their intermediate and final deliverables.

4. Preparing and facilitating a mid-term capacity development workshop in collaboration with the AHPSR secretariat to provide face to face feedback and technical support to ongoing project activities and enable sharing of lessons across projects.

5. Reviewing intermediate and final deliverables from research teams and providing comments and suggestions to improve the technical quality of these products.

The timeline for key tasks is as follows:

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<tr>
<th>DATE(S)</th>
<th>EVENTS</th>
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<tr>
<td>December 8th-12th 2014</td>
<td>Protocol Development Workshop</td>
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<tr>
<td>January- February 2015</td>
<td>Review of Final Protocols</td>
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<tr>
<td>End of May 2015</td>
<td>Expected Start Date of Project</td>
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<tr>
<td>Early-Mid 2017</td>
<td>Mid Term Capacity Development Workshop</td>
</tr>
<tr>
<td>End of May 2018</td>
<td>Expected End date for project</td>
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A total budget of between **US$ 100,000- 150,000 for three and a half years** will be granted to the selected institution for the completion of the above tasks according to agreed timelines. This budget **excludes the cost of participation related to the workshops.**

**Eligibility Criteria**

To be eligible for funding, the team should demonstrate that it:

1) Possesses a thorough understanding of the potential range of interventions (including regulatory and policy interventions) available to governments to engage non-state providers towards the achievement of public health goals as well as of current debates around UHC in LMICs.

2) Is well versed in health systems analysis, case study methods and policy analysis that would enable it to understand the roles of interactions and dynamics between the policy environment, political, economic, institutional, historical factors and individual actors in influencing the degree of success of the intervention.

3) Is experienced in quantitative and qualitative techniques and analysis.

Experience in managing multi-country studies is an asset

The above criteria would be judged on the basis of:

a. Publications and teaching experience
b. Demonstrated field experience in providing technical support for the design, monitoring and evaluation of interventions
Applicants should note that bids will also be assessed in terms of value for money. The selected institution will be expected to work in collaboration with the AHPSR secretariat.

Interactions between the institution and research teams in the field will be primarily in English. However, given the likely selection of research teams from Francophone Africa, institutions should be able to demonstrate that they have the capacity to provide technical support in French either internally or in collaboration with experts/institutions that can do so. Institutions from high, middle or low income countries are eligible to apply. Two institutions can collaborate to jointly apply for this bid as long as the institutions have well established pre-existing collaborations between them. However, the bid must identify a single Principal Investigator.

**Application process**

**Deadline: 28th July 2014**

Bids submitted after this deadline will not be considered. Successful applicants can expect to be notified within three 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 bids should be made at alliancehpsr@who.int. Please use the subject: WHO Bid Ref. Request for Technical Support Centre: Non State Providers

Submissions of not more than 5 pages should include the following:

- Motivation for applying: how this work fits in with the bidder’s academic background or interests
- Name of the institution/s including contact details and name of the PI
- Composition of the proposed team: names, expertise, function in institution, role in team and experience relevant to the call
- Team’s demonstrated expertise in examining issues around the role of non-state providers towards the achievement of public health goals as well as the team’s expertise in the area of UHC, with supporting references of academic records and field experience
- Demonstration of the team’s broader work on research on health systems strengthening in LMICs, including description of familiarity with range of methods, with supporting references of academic records and field experience
- Description of the approach that will be used to provide ongoing support to research teams
- In the case of a joint bid, nature and history of pre-existing collaboration between collaborating institutions named on the bid
- Itemized budget

**Note 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 an applicant of its choice, even if its bid is not the lowest;
   b. Accept or reject any bid, and to annul the solicitation process and reject all bids at any time prior to award of contract, without thereby incurring any liability to the affected applicants and without any obligation to inform the affected applicants of the grounds for WHO’s action;
   c. Award the contract on the basis of the Organization’s particular objectives to an applicant whose bid is considered to be the most responsive to the needs of the Organization and the activity concerned;
   d. Not award any contract at all;
   e. WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obligated to reveal, or discuss with any applicant, how a bid was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any applicant.

4. **WHO is acting in good faith** by issuing this request for bids. However, **this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.**

5. **WHO reserves the right to enter into negotiations** with one or more applicants of its choice, including but not limited to negotiation of the terms of the bid(s), the price quoted in such bid(s) and/or the deletion of certain parts of the work, components or items called for under this bid.

6. **Within 30 days** of receipt of the contract, the successful applicant shall **sign and date** the contract and return it to WHO according to the instructions provided at that time. If the applicant does not accept the contract terms without changes, then WHO has the right not to proceed with the selected applicant and instead contract with another applicant of its choice.

References
