

Alliance for Health Policy and Systems Research (AHPSR)

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

CALL FOR PROPOSALS

1. INTRODUCTION

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 (Walker, 2009). 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. 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.

This area of research was identified through a consultative priority setting process supported by the Alliance for Health Policy and Systems Research (HPSR) that sought to identify priority research questions relating to non-state providers. There were three main inputs into the priority setting process: key informant interviews with health policymakers, researchers, community and civil society representatives across 24 low and middle income countries in four regions (Latin America & the Caribbean, East Africa, South-East Asia and the Middle East/North Africa); an overview of relevant literature reviews to identify research on the topic; and inputs from nine key informants (largely researchers) at a consultative workshop held at Bellagio, Italy in 2008 (Walker, 2009). More recently, the importance of this area of research has been emphasized at major global health forums including the Second Global Symposium on Health Systems Research in Beijing in 2012 and the biennial Private Sector in Health Symposium, held in conjunction with the International Health Economics Association Conference.

Based on the above mentioned priority setting exercise, this programme of work seeks to support the development of analytical case studies to explain the performance (including successes and failures) 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** among the policy environment (including policy and regulatory changes), historical, political, economic, institutional 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.

2. DEFINITIONS

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 line 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 as a result. 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).

3. RESEARCH QUESTION

Research funded under this call must contribute to answering the following **overarching** research question:

What are the factors that have enabled or hindered interventions by governments to engage non-state providers in strengthening health systems towards the achievement of Universal Health Coverage and what are the reasons for it?

Research is expected to:

1. Describe a particular intervention in terms of:
 - a. Background setting and the problem that the intervention sought to address
 - b. Its aims to: i) expand coverage (in terms of population, geography and services); ii) improve quality (both technical and perceived quality); and iii) enhance equity and responsiveness
 - c. Scope, in terms of population covered, geographical area served and services offered (if applicable)
 - d. The type of non-state provider engaged (non-profit or formal sector, allopathic providers or providers of traditional medicine, for example). Since the aim of this work is to draw generalizable lessons on the engagement of non-state providers towards Universal Health Coverage, interventions examined for the purpose of this call should be at a scale where they meaningfully contribute to Universal Health Coverage.
2. Use clearly defined criteria and perspectives drawing on mixed methods to explore and explain the reasons for the performance of the intervention along the dimensions mentioned above and analytically reflect on and seek to understand them (Adam et al, 2012).
3. Describe how the intervention was implemented and if it was implemented differently from its original design, explain why this was the case, paying particular attention to the role of context, among others.
4. Use a range of approaches and methods depending on the specific research question proposed. Examples of approaches that might be used include Realist Evaluation (Pawson and Tilley, 1997), Complexity Science, Systems Thinking (de Savigny and Adam, 2009) and complex adaptive systems perspectives (Paina and Peters, 2011), employing relevant tools that allow for exploring the complex nature of these types of interventions and policies and the dynamics involved such as, resistance to change (Kamozura and Gilson, 2008), emergence of networks (Agyepong, 2012) and coping mechanisms (Xiao et al 2012). Examples of relevant tools may include, but are not limited to employing causal loop diagrams (Rwashana 2008, Agyepong 2012), social network analysis (Blanchet, 2012) and analysis of the role of different actors and their power (Agyepong and Xiao, 2012). **Irrespective of the approach and methods used, the analysis must explore and examine the interactions and dynamics between various factors, policies and actors to explain the findings, taking into account and exploring the role of context.**
5. Contribute to a better understanding of why strategies to engage non-state providers towards Universal Health Coverage work or not, enabling the refinement and improvement of existent interventions or policies.
6. Generate generalizable lessons to inform larger policy debates about the effective engagement with non-state providers towards Universal Health Coverage. As a result,

researchers should aim to generate broader and, to the extent possible, generalizable lessons with policy applicability beyond the scope of the countries studied. **Studies on interventions that sought to engage non-state providers in strengthening health systems towards the achievement of UHC but did not succeed in doing so, are encouraged in this Call as long as there is sufficient learning to be obtained from the analysis of these interventions and the scale of implementation is large enough to provide useful lessons for other settings.**

7. Focus on a single LMIC or consider a group of two-three LMICs.

4. DURATION AND ELIGIBILITY CRITERIA

1. Duration of research grants can be up to **36 months. A total budget of US\$ 1 million is allocated for this call. Between 8-12 proposals** will be awarded amounts of **up to** US\$ 120,000 depending on the context in which the study is taking place.
2. The Principal Investigator must be a researcher in an institution based in a low or middle Income Country¹, who: a) is experienced in carrying out health systems research, and b) can demonstrate familiarity with debates around: i) engaging non-state providers towards strengthening health systems, ii) Universal Health Coverage. Previous experience in working on issues around engaging non-state providers for strengthening health systems is an asset but will not be used to rule out candidates.
3. The team should demonstrate the required technical expertise relevant for the proposed research study (e.g. policy analysis, quantitative analysis, health system analysis, qualitative research methods).
4. A balanced gender composition, ensuring that women constitute at least 50% of the research team.
5. Individuals from high-income countries are **not** eligible to apply as principal investigators. Collaborations between organizations based in LMICs and individuals and organizations in high-income countries are acceptable on the condition that **not** more than 20% of the total grant value can go to individuals or organizations based in high-income countries. Applications from UN agencies including WHO will **not** be considered, and although UN country or regional offices can be listed as collaborators, they will **not** be entitled to receive any funding from the research grant.
6. Teams from Francophone Africa are especially encouraged to apply.

¹ <http://data.worldbank.org/about/country-classifications/country-and-lending-groups>

5. APPLICATION PROCESS, SELECTION AND ADJUDICATION

1. All submissions must be made **online** at www.ahpsrproposalsubmission.org (**Please note that this site will be active from June 16th 2014**)
2. Hard copies of submissions will **NOT** be accepted.
3. **All submissions must be written in English or French.**
4. The Proposal of not more than 10,000 words should:
 - a. **Describe the specific intervention proposed for study** as mentioned above.
 - b. **Provide information on the criteria and perspectives** that will be used to judge the extent of success of the intervention as explained above, including data sources and methods.
 - c. Provide a **specific** research question as well as an initial hypothesis of factors and their interactions that the researchers believe explains the performance of the intervention.
 - d. Provide information on **how the proposed hypothesis will be tested**, including **data sources and methods**.
 - e. Provide **details of the research team** including the position and qualifications of the Principal Investigator and other team members as well as their previous involvement in research, providing references of published work. The description of the team should also give an indication of the team's capacity for applying policy analysis, health system and mixed methods approaches.
 - f. Provide an estimate and itemized **budget** summary and narrative justification of the budget components.
5. Applicants must submit their proposals by **August 5th 2014, 2359 hours Central European Time**. This is a firm deadline. Proposals **received after the deadline will not be accepted or considered**.
6. All proposals will be technically reviewed and scored by two independent external technical specialists. Final decisions regarding funding will be made by a selection committee, comprised of two members of the Alliance for Health Policy and Systems Research, Scientific and Technical Advisory Committee and external experts.
7. Proposals will be **judged** according to the following criteria:
 - a) Relevance of the proposed research to the present call and potential to contribute to the literature.
 - b) The intervention studied and its scope to contribute to strengthening health systems towards the achievement of Universal Health Coverage

- c) Potential for the research to provide generalizable lessons on the role of non-state providers in strengthening health systems towards the achievement of Universal Health Coverage.
 - d) Suitability of methods and study design proposed as mentioned above.
 - e) Capacity of the research team to implement the proposed study
 - f) Appropriateness of the budget and timing for proposed research activities.
8. Though the final selection of proposals to be funded will be made largely upon the scores awarded to the proposals, it will also consider diversity of interventions, examined in terms of:
- a. the scale of non-state provider contribution to UHC (local/regional/national);
 - b. the type of non-state provider (non-profit, for profit, faith based groups);
 - c. the nature of the service provided by the non-state provider, in terms of complexity of service provided as well as level of integration in the public system.

The final selection may also take account geographic distribution and country income status.

9. Successful applicants will be notified by **mid October 2014**
10. All research teams selected for funding will be invited to a protocol development workshop from **8th-12th December 2014** facilitated by experts in the field. **Applicants should note that PIs are required to attend this workshop as a pre-requisite for receiving funding. The dates for this workshop are not likely to be changed.** The aim of the protocol development workshop is to:
- a. Refine research questions
 - b. Discuss analytical frameworks and methods to guide each study to enable analytical generalizability across the studies
 - c. Develop a draft protocol and research plan for each study
11. Research teams should thus expect that their proposed study may undergo significant revision at this stage.
12. Based on inputs from the protocol development workshop, teams will be expected to develop the protocols by the end of **February 2015**, at which point they will be submitted to the WHO Ethical Review Committee (ERC). Teams will also be expected to obtain local ethical board clearance in the study setting, as applicable.
13. It is expected that projects will become operational by the end of **May 2015**, subject to Ethical Review Committee clearances.
14. A mid-term workshop will be held in **early-mid 2017** to provide face to face feedback and technical support to ongoing project activities and enable sharing of lessons across projects.
15. All research projects are expected to end by **May 2018**.

16. The Alliance HPSR and its collaborators, including the Department of Service Delivery and Safety, IDRC and the Rockefeller Foundation - are "engaged funders" and they are particularly concerned about ensuring high technical quality of work conducted through their grants programmes. A coordinating center, with proven expertise in the area of health systems research and on efforts to engage non-state providers towards strengthening health systems will support the implementation of all research projects.
17. Research results will be disseminated either as a published book or through a special issue/ series of articles published in an international journal. Research teams will be encouraged to disseminate their findings through various mechanisms including but not limited to policy briefs or workshops.
18. Please direct all questions concerning this call for proposals, by email, to the Alliance for Health Policy and Systems Research (alliancehpsr@who.int).

6. TIMELINE FOR CALL

EVENT	DATE (S)	COMMENT
Call posted	5 th June 2014	
Deadline for submission of proposals	5 th August 2014	
Notification of successful proposals	Mid October 2014	All grantees will be invited to a protocol development workshop
Protocol Development Workshop	8 th -12 th December 2014	
Final protocol received	End of February 2015	
Project start date	End of May 2015	
Mid-term capacity building workshop	Early-Mid 2017	
Project end date	End of May 2018	
Dissemination Activities	May 2018-March 2019	

7. REFERENCES:

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