1. **Purpose of the Consultancy**
   The purpose of the consultancy is to develop three case studies, a policy document and a manuscript for publication to learn from country experiences of using the embedded approach for health systems strengthening in three countries of Africa.

2. **Background**
   The Alliance for Health Policy and Systems Research (hereo referred to as the Alliance) is a partnership hosted within the World Health Organization with the goal of promoting the generation and use of health policy and systems research as a means of strengthening health systems in low- and middle-income countries. Its four strategic objectives are to: 1) provide a unique forum for the health policy and systems research community; 2) support institutional capacity for the conduct and uptake of health policy and systems research; 3) stimulate the generation of knowledge and innovations to nurture learning and resilience in health systems; and 4) increase demand for and use of knowledge for strengthening health systems. More information about the Alliance may be found on its website here: [www.who.int/alliance-hpsr](http://www.who.int/alliance-hpsr).

Embedded research is a novel approach to research that has fostered substantial interest and is increasingly being used within the field of health policy and systems research. According to Koon et al. (2013), to embed health policy and systems research means to integrate it within decision-making processes for health policies, programmes, and services. In embedded research, decision-makers are engaged in the research process and the research is aligned with the decision-making timeframe. It has been proposed that embedding may be catalysed through three mechanisms, specifically by: 1) integrating funding for research and programme activities; 2) applying research and scientific inquiry in programme activities; and 3) sharing responsibility for decision-making.

Since the publication of the WHO Strategy on HPSR in 2012, the Alliance for HPSR has played a leading role in spearheading the embedded approach. It has brought together a wide range of stakeholders including the Doris Duke Charitable Foundation (DDCF), UNICEF and Gavi, to advocate for its adoption, support embedded research projects in LMICs globally and build momentum for embedding research as an intrinsic and routine part of health programs and policies. While this has led to significant learning it has also brought to the fore many challenges faced by health systems researchers, decision-makers and funders in using the embedded approach including questions of control over the research process, maintaining objectivity and neutrality, developing appropriate incentive structures and issues of capacity within Ministries of Health, as well as dealing with uncertain time horizons to demonstrate results and change.
The Doris Duke Charitable Foundation’s African Health Initiative is supporting projects to design, implement, and evaluate models of care that link research on implementation directly to the delivery of integrated primary healthcare in three countries of Sub-Saharan Africa: Ghana, Mozambique, and Ethiopia. Embedded research in these interventions aims to: (a) Gather information that reflects decision-maker needs and priorities; (b) Communicate findings in ways that are accessible and engaging to decision makers; (c) Generate and appraise evidence at the individual and institutional levels; and (d) Provide information that is timely and relevant to policymakers. Embedded research can directly inform implementation decisions at each stage of the intervention. It is demand-driven and participatory to the extent that non-researchers participate in setting research questions, providing feedback to researchers on the relevance of their findings, and helping generate evidence through ongoing policymaker-researcher engagement.

Studying how the embedded approach has enabled the use of research in health systems strengthening interventions in Ghana, Mozambique, and Ethiopia will build understanding of how best to integrate, institutionalize, and sustain this approach towards the development of the learning health systems in other LMICs.

3. **Planned timelines (subject to confirmation)**
   Start date: 01/04/2018
   End date: 30/01/2019

4. **Work to be performed** - The objective of this work is to develop case studies on the experiences of the use of the embedded approach in these three countries. This will enable us to understand how the embedded approach was conceptualized as well as the mechanisms through which it actually proceeded to strengthen health systems or not.

   The case studies have three core objectives, which will be examined separately for each country and then compared across the three countries.

   **Objective 1** - How the three country projects have understood the embedded approach. This will include the motivation for using the embedded approach within the country, activities selected as part of the embedded approach and the influence of earlier work using the approach on their current understanding of the embedded approach.

   **Objective 2** - Understand how the embedded approach was implemented, including, adaptations made to the implementation of the embedded approach over time and why in each of the three countries, mechanisms through which the embedded approach works or does not work and how the embedded approach was used to link the program and policy levels, if at all.

   **Objective 3** - Understand how the use of the embedded approach has contributed to improving program implementation and strengthened health systems including learning from the three countries on what aspects of the approach can be modified and what must remain the same.

   We expect the studies to be informed by background documents including published literature on embedded research, policy documents from the three countries as well as key informant interviews carried out with national and district level decision-makers in each of the three countries.
The following deliverables are expected from this work:

- Four-six page document for policymakers on the rationale for the embedded approach and learning from these countries
- Report of three country case studies
- One research article

5. Technical Supervision

The selected Consultant will work under the supervision of:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Officer</td>
<td>Dr Zubin Shroff, Technical Officer, HIS, HSR</td>
<td><a href="mailto:alliancehpsr@who.int">alliancehpsr@who.int</a></td>
</tr>
<tr>
<td>Manager</td>
<td>Dr Abdul Ghaffar, Executive Director, HIS, HSR</td>
<td><a href="mailto:alliancehpsr@who.int">alliancehpsr@who.int</a></td>
</tr>
</tbody>
</table>

6. Specific requirements

Qualifications required:
- Masters University degree in public health, with a focus in international health and health systems. Doctoral degree in public health with same focus as above desirable

Experience required:
- At least 7 years of relevant experience in global health, including work experience in LMIC settings
- Experience in health systems research, specifically conducting document and literature reviews, qualitative data collection, such as surveys and interviews;
- Experience in coordinating research, including conducting calls for research, developing proposals and protocols, obtaining ethical approval, and monitoring the status and progress of research projects;

Skills / Technical skills and knowledge:
- Demonstrated knowledge of health systems research;
- Demonstrated understanding of research and policy-making processes, evidence use in decision-making
- Demonstrated ability to produce technical reports and academic publications
- Ability to deliver results while working remotely and independently;

Language requirements:
- Expert English
7. **Place of assignment**  
This assignment will be performed at the consultant’s chosen place (residence or other venue). Travel to three countries will be necessary to carry out the work.

8. **Medical clearance**  
The selected Consultant will be expected to provide a medical certificate of fitness for work.

9. **Travel**  
The Consultant is expected to travel according to the itinerary and estimate schedule below:

<table>
<thead>
<tr>
<th>Travel Dates</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/04/2018</td>
<td>21/04/2018</td>
<td>Accra, Ghana</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To present case study proposal, get country feedback and conduct Key Informant Interviews in Ghana</td>
</tr>
<tr>
<td>15/07/2018</td>
<td>21/07/2018</td>
<td>Maputo, Mozambique</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To conduct Key Informant Interviews in Mozambique</td>
</tr>
<tr>
<td>15/10/2018</td>
<td>21/10/2018</td>
<td>Addis Ababa, Ethiopia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To conduct Key Informant Interviews in Ethiopia and present preliminary results to country stakeholders</td>
</tr>
</tbody>
</table>

All travel arrangements will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive subsistence allowance.

Visas requirements: it is the consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.

10. **Instructions for applicants**- Applications to this consultancy should be no more than 3 pages long and should include the following:

- Motivation and relevant background: how this work fits with the individual’s academic/professional background or interests and a brief description of relevant experience related to the requirements and competencies;
- Proposed budget and timeline based on the expected number of days worked for each deliverable specified;
- Contact information including email and telephone number.

Attachments to the technical bid should include a brief (no more than 2 pages) curriculum vitae or resume of the applicant.
Applications must be received at WHO at the e-mail address: alliancehpsr@who.int (use subject: WHO Bid Ref. Country case studies on embedding research for HSS ) no later than 20th March 2018 23:59 GMT.