Call for Proposals

*Embedding RApid Reviews in Health Systems Decision-Making (ERA)*

Deadline for Submission of Proposals: 30 April 2018 23:59 GMT
1. Background

As many countries are beginning to demonstrate commitment towards universal health coverage (UHC), coinciding with a global momentum towards the Sustainable Development Goals (SDGs), there is increasing demand for relevant, contextualized evidence to strengthen health policy and systems. This requires the generation and use of research valued and prioritised by health systems stakeholders [1,2]. Policymakers require and increasingly demand context-sensitive and demand-driven research increases its applicability and likelihood of being used to enhance the performance of health systems [4, 5].

A strong facilitator to the uptake of health systems research is the collaboration and interactions between researchers and decision-makers [6, 7]. There is increasing interest globally in co-production of research with decision-makers and embedding of primary research and evidence synthesis within decision-making institutions to support policy and practice [8, 9].

This approach is portrayed in the WHO Strategy on Health Policy and Systems Research, *Changing Mindsets* (2012), which calls for greater alignment and embedding of research into health systems processes [10]. Building on the importance of engaging policymakers, the World Health Report 2013 on *Research for Universal Health Coverage* also stresses the need to stimulate demand-driven embedded research to strengthen health systems and move towards UHC [11].

2. Alliance HPSR approach

To tackle this challenge, the Alliance for Health Policy and Systems Research (HPSR) – an international partnership hosted by the World Health Organization - has pioneered a focus on embedding research within health systems [12]. The Alliance has also developed a programme of work focusing on rapid reviews stemming from decision-makers’ requests, to ensure timeliness, relevance and uptake of health policy and system syntheses.

Rapid review is one the most frequently voiced needs of health systems decision-makers in LMICs seeking to address urgent policy and systems priorities [13]. Reviews of health policy and systems evidence support decision-makers by providing relevant and actionable evidence at every step in the decision-making process [14, 15]. Policymakers and health systems managers require rapid reviews that address a range of questions including the effectiveness of health systems interventions and policies, how and in what settings these interventions work, their cost-effectiveness, as well as the legal, ethical, and societal implications of implementing the interventions [6, 15].

Learning from its experience in supporting embedded research and engaging with decision-makers in various settings [12], the Alliance will seek to embed the rapid review production directly within health decision-making institutions in low- and middle-income countries (LMICs).

**Embedding RApid Reviews in Health Systems Decision-Making (ERA)**

The Alliance is developing an initiative entitled *Embedding RApid Reviews in Health Systems Decision-Making (ERA)*, to stimulate the production and use of demand-driven and policy-relevant knowledge. As such, the Alliance will support embedded rapid review generation directly within
health decision-making bodies in LMICs. The embedded platforms will respond to timely requests for rapid health policy and systems research syntheses requested by policymakers and decision-makers.

The Alliance will support four (4) embedded ERA platforms in 2018-2019 in four different LMICs. The platforms will benefit from scientific support provided by a technical assistance center, with oversight by the Alliance.

As such, the Alliance invites proposals to establish the ERA platforms at national/federal or state/provincial level. This call is open to public health system decision-making institutions, e.g. Ministry of Health.

Scope and objectives

The objectives of this call are to:

- develop embedded rapid synthesis platforms that are responsive to policy needs and priorities in LMICs;
- foster the use of reviews and related products to support evidence-informed decision-making; and
- strengthen institutional capacity in LMICs for conducting, packaging and communicating reviews of health policy and systems research.

The embedded ERA platforms will operate directly within a national/federal or state/provincial public health system decision-making institution. Private and public-private institutions are not eligible under this scheme. Academic institutions can partner in the bid, but are not eligible to be the lead institution receiving and managing funding.

The embedded platforms should respond to timely requests for rapid health policy and systems research syntheses, directly expressed by policy-makers and decision-makers. The embedded platforms are designed to develop rapid reviews synthesizing and analysing existing research, and not to generate primary research.

It is envisaged that ERA platforms will produce rapid reviews and other rapid evidence products (e.g. rapid evidence-for-policy briefs), as described in the Alliance publication Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide. For instance, rapid reviews are defined as a type of knowledge synthesis for which the steps of the systematic review are methodologically tailored (e.g., streamlined or accelerated) to the knowledge user’s needs, producing relevant evidence in a shorter timeframe.


The rapid syntheses will emanate from direct requests by decision-makers, including but not limited to policymakers, health system managers, implementers and policy analysts. The rapid syntheses will focus on health policy and systems issues prioritised by health system stakeholders and include local and context-sensitive evidence. The ERA platforms should put forth an expertise in evidence synthesis – including rapid reviews – as applied to health policy and systems research.
3. Funding and period

The maximum amount of funding available from the Alliance will be up to USD 200,000. No further funding will be provided by the Alliance within and beyond the project period. The activities will be implemented in 2018 and 2019 and the end-date should not exceed 15 November 2019.

4. Technical support

Conducting rapid syntheses poses specific challenges pertaining to robustness and transparency of review methods [16]. The Alliance recognizes the need to support the conduct of HPSR synthesis specifically in relation to rapid syntheses - and therefore will organise technical assistance to the embedded ERA platforms. As such, the Alliance is commissioning a Technical Assistance Center specialised in methods and application of rapid reviews of health policy and systems evidence, to strengthen the activities of the ERA platforms in LMICs.

Technical assistance will be provided to the ERA platforms by experts in both rapid review methods and rapid response services tailored to the needs of LMIC health systems. Ongoing technical support will be provided throughout the course of the programme via interactions by email and/or telephone, as well as in the form of training sessions (webinars, workshops) and meetings (virtual and in-person). The technical assistance centre will organise in 2018 an in-person inception and training workshop in each of the country selected to host an ERA platform. The country workshop and the activities of the technical assistance centre are already budgeted by the Alliance HPSR and potential bidders for the ERA platforms do not need to include them in their proposal.

Requirements

6.1 The ERA platforms need to be based in a low- or middle-income country, as per the World Bank classification of lending groups¹.

Organizations from high-income countries are not eligible to apply.

6.2 The ERA platform should benefit from in-kind and/or financial support from the health system institution for its operational activities. The co-funding should be explicit and detailed in the proposal.

6.3 At least 50% of the team should consist of women.

6.4 Bidders for this contract should also demonstrate the following:

- Relevant expertise related to evidence synthesis with a strong emphasis on rapid reviews;
- Proven experience and expertise in producing policy-relevant HPSR synthesis responding to timely requests by policy- and decision-makers; and
- Strong expertise in conducting and supporting rapid evidence assessments pertaining to health policy and systems issues.

7 Timeline and Budget

The bidder should submit a detailed timeline and budget for this work. Alliance staff will periodically review progress and provide feedback to the bidder. The final budget will be contingent on the scope of the proposed work. The payments will be linked to satisfactory completion of the deliverables.

8 Instructions to Bidders

Format and Content of the Bid

Bids should be not more than 8 pages and should include the following:

The proposal should include the following components:

i) Contact details of the bidder (“project leader(s)”) including email and telephone number.

ii) Statement of interest highlighting a strategic vision for the ERA platform.

iii) Letter of support from the health system institution where the ERA platform will be housed, outlining the in-kind and/or financial support for the operational activities of the platform.

iv) A description of capacity to conduct evidence syntheses and promote the use of review findings to support health system strengthening, taking into account capacities of the team - rapid review methods, evidence synthesis project management and capacities to promote the use of evidence in policy and practice. The health system institution should describe any planned collaboration with researchers and explicitly outline how these operations will be embedded directly within health systems. Services located outside the health system will not be eligible for this funding.

v) Strategy describing how the ERA platform will be developed and will operate, including stimulating demand and responding to requests by decision-makers for rapid evidence syntheses. The proposal should clearly outline an engagement strategy tailored to the different types of outputs, e.g. rapid reviews and rapid policy briefs.

vi) Methodology: Proposed methodological approach to carry out the work.

vii) Commitment and capacity to prepare policy relevant products such as a policy brief, SUPPORT summary and/or a user friendly summary from reviews. The proposal should describe the policy relevant products that will be prepared.

viii) Detailed description of staffing and organizational arrangements, including identification of the ERA platforms leads, short institutional profile(s) and profiles of anticipated team members, including information on collaborators, if any (full CVs can be annexed to the 8-page proposal), proposed responsibilities and proven experience/expertise in rapid reviews and health policy/systems research.

ix) A detailed workplan and budget inclusive of all costs. The host institutes are expected to provide financial and/or in-kind support.

Communications during the Call Period

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 3 working days prior to the closing date for the submission of offers.

Contact and email for submissions of all queries:
alliancehpsr@who.int
(use subject: WHO Bid Ref. Embedding Rapid Reviews in Health Systems Decision-Making (ERA))

The Alliance HPSR team at WHO will respond via email to any request for clarification of the call that
it receives by the deadline indicated above.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this call to the final selection, contact with WHO officials concerning the call process shall not be permitted, other than through the submission of queries, unless a presentation or meeting is initiated by WHO, in accordance with the terms of this call.

**Period of Validity of Proposals**

The offer outlined in the proposal must be valid for a minimum period of 120 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

**Closing Date for Submission of Proposals**

Proposals must be received at WHO at the e-mail address: alliancehpsr@who.int

Please use subject: WHO Bid Ref. *Embedding RApid Reviews in Health Systems Decision-Making (ERA)*

no later than 30 April 2018 23:59 GMT.

WHO may, at its own discretion, extend this closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.

**Amendment of the Call**

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) bidder, modify the call 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.

All prospective bidders that have submitted a proposal with regard to the call will be notified in writing of all amendments to the call and will, where applicable, be invited to amend their proposal accordingly.

**Clarification of Proposals**

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

### 9 Award of Contracts

**Award Criteria**

Contracts shall be awarded based on a combination of criteria including the bidder’s motivation statement, exposure to or experience of, working in the area of evidence synthesis, the content of the proposal in terms of comprehensiveness, and value for money.

However, WHO reserves the right to:
a) Award the contract to a bidder of its choice, even if its bid is not the lowest;

b) Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;

c) Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO’s action;

d) Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the Organization’s needs and the activity concerned;

e) Not award any contract at all

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 bidder, how a proposal was assessed, or to provide any other information relative to the evaluation/selection process or to state the reasons for elimination to any bidder.

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

WHO’s Right to enter into Negotiations

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

Signing of the Contract

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

Only the successful bidder(s) will be contacted

For more information on the Alliance HPSR, please visit: http://www.who.int/alliance-hpsr/en/.
10 References


