Alliance for Health Policy and Systems Research (AHPSR)
Health Policy Analysis (HPA) Mentorship Programme for Doctoral Students
CALL FOR COORDINATING CENTRE

Background

The Alliance for Health Policy and Systems Research (AHPSR) is launching a new programme of work to help strengthen capacity to conduct health policy analysis (HPA) in low-and-middle income countries (LMICs).

Too often, policymaking has been viewed as a primarily technical activity, where the central issue is designing the ‘right’ or technically sound policy to address the problem at hand devoid of systematic analysis of the socio-political context that shapes the evolution, adoption, design and implementation of that policy (Fox and Reich, 2013). It is therefore not surprising that these technically right policies are often not adopted, not implemented or implemented badly and associated with sub-optimal improvements in health.

Responding to this, health policy analysis (HPA) seeks to understand and explain the policy process recognizing the primacy of socio-political and economic forces in shaping the policy process and in turn influencing policy outcomes. To do so, it analyses the role of individual variables such as institutions, interest groups, ideas and ideologies and how these interact with each other to influence policy processes (Fox and Reich, 2013).

In spite of the potentially major role of policy analysis in enabling improved health policy processes, this is, particularly with respect to low-and-middle-income countries (LMICs), an understudied area within Health Policy and Systems Research (HPSR). Research output in this area remains low with a systematic review identifying only 391 articles from 1994-2007 (Gilson and Raphaely, 2008). The number of individuals within the HPSR community who identify themselves as health policy analysts is relatively small. This is particularly the case in LMICs. The systematic review mentioned above found that only 30% of the health policy analysis articles relevant to LMICs were produced by LMIC based first authors, and out of the 33 authors with two or more first authored publications, only seven individuals were based in LMICs (Gilson and Raphaely, 2008). There is therefore a need to build research capacity in this area, particularly in institutions in LMICs.

Responding to the limited generation of health policy analysis in LMICs, this programme of work seeks to build capacity to conduct HPA among doctoral level students based in research institutions in low-and-middle income countries through the provision of:

1. Hands-on and distance technical support to design and conduct HPA studies in LMICs over a period of two years

2. Financial support in the form of stipends for these doctoral students of up to USD 20,000 each to support this research for a period of up to two years

Through this program, it is envisaged to create a network of HPA researchers based in LMIC research institutions who can in turn take the field forward.
At this time, the AHPSR is seeking to recruit an institution with significant expertise in a) health policy analysis and, b) capacity building, including teaching and training in the area of health policy analysis and health policy and systems research in LMICs to support the Alliance in providing ongoing technical assistance and coordination for this programme of work.

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

Specific Tasks of the Coordinating Centre

The coordinating centre will support the responsible technical officer at the Alliance Secretariat in the development and management of this programme by:

a. Developing a programme document to provide an overview of work planned – and to be undertaken over the proposed two year duration of the programme
b. Developing a call for proposals to invite applications from doctoral students based in LMIC research institutions for the programme in consultation with the Alliance HPSR secretariat
c. Playing a leading role in the selection of the final eight proposals from the applications received based on pre-defined screening and eligibility criteria and a clearly defined process developed in consultation with the Alliance HPSR secretariat
d. Administering the grant awards to the eight students over a two year period
e. Developing the technical content for and organizing two workshops for the eight students and their supervisors. The first of these will likely take the form of a protocol development workshop, and the second, an analysis workshop; but the workshops’ focus will be adapted to address the cohort’s needs once selected.
f. Organizing webinars on policy analysis theories and methods on areas of common interest to the eight students
g. Providing technical support to the eight students throughout including working with them towards the development and submission of one draft manuscript linked to their research, and contributing to the body of health policy analysis work – through emails and conference calls.

Institution’s Profile

The selected institution will have an established reputation in the field of health policy analysis as well as in teaching and training of health policy analysis and health policy and systems research in LMICs. This reputation should be based on both:

a. Publications on health policy analysis in LMICs
b. Proven track record of teaching, mentoring of dissertations related to health policy analysis and health policy and systems research on LMICs more generally, both of the Principal Investigator and of others in the proposed team

Given the expected focus of the programme on supporting students from LICs and the predominance of African countries among LICs, experience in health policy analysis in African settings and experience of teaching and training of HPA and HPSR in Africa is strongly desirable.

The selected institution will be expected to work independently, regularly completing and reporting on agreed products, while maintaining an ongoing collaborative relationship with the AHPSR Secretariat.
Institutions from low-and-middle income countries (LMICs) are eligible to apply.

A total budget of maximum **US$ 325,000 for two years** will be granted to the selected institution for the completion of the above tasks according to agreed TORs. This budget includes overheads and the cost of the workshops.

**Application Process**

**Deadline: 7 November 2016**

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 Coordinating Centre: HPA Mentorship Programme**

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 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
- Description of the team’s expertise in publishing health policy analysis and teaching and training of health policy analysis, with supporting references of academic records and field experience
- Description of the institution’s broader work on teaching and training of health systems researchers in LMICs
- Description of the approach that will be used to:
  - Provide ongoing support to selected doctoral candidates
- 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:**
