CONSULTANCY

Initial Terms of Reference

This consultancy is requested by:

<table>
<thead>
<tr>
<th>Department</th>
<th>Health Systems Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster:</td>
<td>Health Systems and Universal Health Coverage</td>
</tr>
</tbody>
</table>

1. Purpose of the Consultancy

The purpose of the consultancy is to generate rigorous, prospective evaluation evidence about embedded implementation research, with a view to unveil the underlying mechanisms and conditions that may facilitate the co-production of evidence by researcher and decision-maker teams, and to demonstrate whether this approach can effectively stimulate the use of evidence for health programme or policy improvement. This evaluation will be guided by an evaluation framework for embedded implementation research that will be developed and refined based on the real-world experiences of 10 embedded implementation research projects carried out in Latin America and the Caribbean. The application of this framework for the purpose of this evaluation will serve to empirically test and validate the framework to shed light on the core elements of embeddedness, the underlying pathways of change, and assess their contribution to evidence uptake in programme decision-making and the potential for longer term improvements in health services and systems outcomes. From this consultancy, the Alliance for Health Policy and Systems Research will gain a global public good for embedded implementation research to contribute to the science on the topic. As part of this consultancy, the consultant will develop and refine the evaluation framework, three case studies, and a cross-case synthesis report.

2. Background

The Alliance for Health Policy and Systems Research is an international partnership hosted within the World Health Organization with the aim of promoting the generation and use of health policy and systems research as a means to strengthen health systems in low- and middle-income countries. Since 2012, the World Health Organization has called for greater embedding of health policy and systems research through its inaugural strategy on health policy and systems research entitled Changing Mindsets, as well as the release of the 2013 World Health Report on Research for Universal Health Coverage. As the entity within the World Health Organization tasked with the promotion of health policy and systems research, the Alliance has championed and pioneered the approach through the release of multiple advocacy papers published in high-impact journals, such as the Bulletin of the World Health Organization. The Alliance has also directly supported a portfolio of embedded health systems research initiatives. One of these initiatives, called Improving Programme Implementation through Embedded Research (iPIER), has been undertaken in partnership with the regional office of the Pan American Health Organization to provide small research grants of approximately US$ 35,000 over a 12-month period to decision-maker and researcher teams engaged in embedded implementation research in countries in Latin American and the Caribbean region. To date, three calls for research have been implemented, with the current call starting in 2017 and supporting seven ongoing projects. A prospective evaluation of the process of carrying out these embedded implementation research projects is currently underway; however, this activity is limited as it doesn’t take into account the contribution of embedded research to evidence uptake in programme decision-making or the longer term outcomes in health services and systems.
3. Planned timelines (subject to confirmation)
Start date: 1 February 2018
End date: 31 December 2018

4. Work to be performed

Output 1: Cross-Case Synthesis Report
The consultant will generate evaluation evidence on embedded implementation research by producing a cross-case synthesis report of the analysis of three cases during the co-production of evidence, engagement with evidence, and enactment of programme changes (evidence application) by 31 December 2018.

Deliverable 1.1: Evaluation Framework
The consultant will develop and refine the evaluation framework based on a focused desk review and series of stakeholder interviews by 28 February 2018.

Deliverable 1.2: 3 Case Studies
The consultant will produce three case studies by 30 November 2018. These cases will be based on a document review and interviews prospectively following the selected projects and teams over a period of 12 months after completion of the research grant. The case studies will be developed in three stages: co-production of evidence, engagement with evidence, and enactment of programme changes (evidence application). Within-case analysis of these three phases will be conducted.

5. Technical Supervision
The selected Consultant will work on the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer</th>
<th>Manager</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Abdul Ghaffar, Executive Director, Alliance for Health Policy and Systems Research, Health Systems and Universal Health Coverage Cluster</td>
<td>Dr Abdul Ghaffar, Executive Director, Alliance for Health Policy and Systems Research, Health Systems and Universal Health Coverage Cluster</td>
<td><a href="mailto:alliance-proposals@who.int">alliance-proposals@who.int</a></td>
</tr>
</tbody>
</table>

6. Specific requirements
- Qualifications required:
Masters University degree in public health, with a focus in international health, health systems, or implementation research preferred.

- Experience required:
At least 4 years of relevant experience in the evaluation of public health interventions;
Work experience in international settings, specifically countries in Latin America and the Caribbean;
Experience in conducting literature and document reviews;
Experience carrying out qualitative data collection and analysis.
- Skills / Technical skills and knowledge:
  Demonstrated knowledge of evaluation designs and approaches;
  Demonstrated knowledge of health systems and implementation research;
  Demonstrated understanding of embedded research;
  Demonstrated ability to produce technical and academic publications;
  Ability to think objectively, analytically, and critically;
  Skills in interpersonal communication and writing.

- Language requirements:
  Expert English; Intermediate Spanish.

7. Place of assignment
This assignment will be performed at the consultant’s chosen place (residence or other venue). It will also include nine trips to the countries selected for the case studies, three during each phase of data collection.

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 estimated schedule below:

<table>
<thead>
<tr>
<th>Travel dates</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 03/01/2018 To 03/31/2018</td>
<td>TBD</td>
</tr>
<tr>
<td>Purpose:</td>
<td>To carry out interviews on evidence co-production in three countries</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel dates</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 06/01/2018 To 06/30/2018</td>
<td>TBD</td>
</tr>
<tr>
<td>Purpose:</td>
<td>To carry out interviews on engagement with evidence in three countries</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel dates</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 10/01/2018 To 10/31/2018</td>
<td>TBD</td>
</tr>
<tr>
<td>Purpose:</td>
<td>To carry out interviews on enactment of programme changes in three countries</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.