REQUEST FOR PROPOSALS

Contract type: Agreement for Performance of Work (APW)
Issue Date: 20 November 2012
Closing Date / Time: 10 December 2012, 17:00 CEST

Request for Proposal: Manuscripts for peer-reviewed publications on the factors contributing to progress (or lack off) to achieve MDGs 4 and 5 among the 75 countdown countries and development of tailored actionable recommendations to accelerate progress.

1. Background

Significant progress has been made towards the Millennium Development Goals (MDGs), including the reduction of extreme poverty, attainment of universal primary education, and the promotion of gender equality. Even though there have been some notable successes in Reproductive, Maternal, Newborn and Child Health (RMNCH), progress on MDGs 4 (reduce child mortality) and 5a (reduce maternal mortality) remains uneven, and insufficient in many places. For example, of the 75 countries with the highest burden of maternal and child mortality (as identified by the Countdown to 2015), and based on 2010 data, only 8 countries are ‘on track’ for MDGs 4 and 5a, including Bangladesh, Cambodia, China, Egypt, Eritrea, Lao, Nepal and Vietnam. Furthermore, while some notable progress in reducing under-five mortality has been documented in the 2012 report by the UN Interagency Group for Child Mortality Estimation (IGME), the findings revealed an underlying rise in neonatal mortality around the world, even in countries with the lowest levels of under five-mortality. Similarly for maternal mortality, an estimated 287,000 maternal deaths occurred globally in 2010, a decline of 47% of maternal death from 1990. However, Sub-Saharan Africa (58%) and Southern Asia (30%) accounted for 88% of deaths among the Countdown countries in 2010; within these regions, India (20%) and Nigeria (14.5%) alone account for more than one-third or all maternal deaths. These findings call for a deeper understanding of the underlying health and non-health factors to better understand reasons for progress or (lack of) in reducing mortality and what can be done to accelerate progress.

This request for proposals is issued by the Partnership for Maternal, Newborn and Child Health (PMNCH), in collaboration with the Alliance for Health Policy and Systems Research (HPSR). It emanates from the urgent need to share evidence-based information on what worked in achieving progress in reducing under-five and maternal mortality across countries and what can be done given the limited time and resources to achieve faster reductions in mortality in the near future.

2. Objective

The goal of this work is to employ quantitative modeling techniques to 1) better understand the underlying factors (health and non-health) that contributed to more or less progress in reducing under-five and maternal mortality among the 75 countdown countries ; 2) extract tailored “actionable” options or interventions that may enhance progress given the lessons learnt and experience so far.

It is expected that at least two separate analysis (and manuscripts for peer-reviewed publication) for under-five and maternal deaths will be required, if not three if it is deemed beneficial to conduct analysis for neonatal mortality separately.

The selected team will work closely with staff from the Alliance for Health Policy and Systems Research in developing the conceptual framework and in interpreting the results and actionable options.
3. Deliverables

I) Two to three manuscripts for publications covering the objectives above, the first two focussing on under-five and maternal mortality and potentially a third focussing on neonatal mortality, a decision that can be made later during the course of the analysis. The Alliance for HPSR and the PMNCH will negotiate with potential journals the possibility of publishing these papers as a special issue together with other components of this project.

The manuscripts will follow the format required by the Journal and will target a mixed audience of researchers, public health practitioners, decision makers and national and global health stakeholders. While the underlying work is highly analytical, the manuscripts should be written in an accessible form for the general reader.

II) A slide presentation summarizing the methods, findings and key recommendations.

III) A PMNCH Knowledge Summary highlighting the main findings (to be completed with the support of PMNCH and Alliance for HPSR staff). PMNCH Knowledge Summaries (KS) synthesize evidence in a short, user-friendly format to support partners’ advocacy, policy, and practice, and are available online at: http://portal.pmnch.org/knowledge-summaries

4. Requirements/Competencies

Bidders for this contract must demonstrate the following qualifications:

- Demonstrated expertise in health economics, modelling, reproductive, women’s and child health and health systems;
- Demonstrated ability to communicate scientific information to a varied audience, particularly in the realm of policy and advocacy;

5. Activity timeline

The final manuscripts are to be completed and submitted for publication by first of June 2013.

6. Instructions to Bidders

The application will be a short concept note (not more than 4 pages in total) that includes the following elements:

- Short institutional profile/s and profiles of anticipated team members, including the main writer/s
- A brief description of previous work in the area of health economics, epidemiology and women’s and children’s health
- A brief description (not more than one page) of the proposed approach to conduct this analysis, including key methodological approaches (understanding that this may change as the work develops).
- Estimated and itemized budget summary.
- Contact details of the lead coordinator.

7. About PMNCH and the Alliance for HPSR

The Partnership for Maternal, Newborn & Child Health (www.pmnch.org), hosted by the World Health Organization, is a partnership of over 400 organizations from seven constituencies: governments; UN and multilateral organizations; donors and foundations; non-governmental organizations; healthcare professional
associations; academic, research and training institutions; and the private sector. The vision of the Partnership is the achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health. PMNCH will work towards this goal by supporting the alignment of Partners’ strategic directions and catalyzing collective action to promote universal access to essential interventions for women’s and children’s health.

The Alliance for Health Policy and Systems research (http://www.who.int/alliance‐hpsr), also hosted by the World Health Organization, is an international collaboration of more than 350 partners with the overall goal of promoting the generation and use of health policy and systems research as a means to improve health and health systems in developing countries. The Alliance pursues this goal by developing and harnessing existing methods and approaches to improve both the quality of research and its ultimate uptake.

Please apply by email only to:

Dr. Carole Presern  
Director  
The Partnership for Maternal, Newborn & Child Health  
Email: pmnch@who.int

Questions, if any, may be directed to the same email address.