

Call for proposals

Implementation research for the prevention and control of noncommunicable diseases

Published: 25 October 2022

Deadline: 30 November 2022, 23:59 CET



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Overview

The World Health Organization (WHO) Noncommunicable Disease Department and the Alliance for Health Policy and Systems Research invite proposals for implementation research that addresses integrated service delivery for the prevention and management of NCDs in low- or middle-income countries (LMICs). This call is tailored to the needs of implementers in LMICs, to support their desire to conduct implementation research, to address implementation bottlenecks, and ultimately sustainably scale-up NCD care. The Principal Investigator (PI) must be a researcher based in a research institution in a LMIC. Priority will be given to countries engaged in existing capacity strengthening activities for NCD-related implementation research (Ethiopia, Ghana, India, Myanmar and Nepal). Other LMIC countries will be considered based on strength of proposal and funding opportunities.

Background

The World Health Organization (WHO) NCD Department and the Alliance for Health Policy and Systems Research invite proposals for implementation research that addresses integrated service delivery for the prevention and management of NCDs in low- or middle-income countries (LMICs).

Integrated health services are those that are managed and delivered so that people receive comprehensive health promotion, disease prevention, diagnosis, treatment, management, rehabilitation, and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life-course.

Experiences from implementation of WHO packages of essential noncommunicable disease interventions (PEN) in primary health care in some LMICs have demonstrated some improvements in NCD prevention and control. However, sustainable improvement and scale-up remains to be seen, and countries are still facing challenges related to resources and capacity. Knowledge gaps remain in how to adapt the multiple interventions, overcome more traditionally reductionist, linear understandings of policy-making, and engage communities and populations. Many LMICs emphasize the urgent need for technical assistance to integrate NCD services into primary health care. Researchers participating in recent implementation research activities conducted by WHO and University of Texas, funded by the Norway NCD Flagship initiative, highlighted the importance of implementation research on multi-level interventions, to advance policy and practice.

The WHO Technical Advisory Group for NCD-related Research and Innovation (TAG-NCD R&I) was established in July 2021. A growing network to support implementation research includes TAG-NCD R&I members, the Alliance for Health Policy and Systems Research, the Global Alliance for Chronic Diseases (GACD), WHO Collaborating Centres, and the Special Programme for Research and Training in Tropical Diseases (TDR).

The overall goal of this initiative is to promote the generation of high quality, locally relevant evidence on the implementation of interventions to prevent and control NCDs.

This call is tailored to the needs of implementers in LMICs, to support their desire to conduct implementation research, to address implementation bottlenecks, and ultimately sustainably scale-up NCD care.

Scope: what areas are being considered?

Types of intervention:

- Implementation of multiple interventions or service packages for priority NCDs (such as WHO PEN or HEARTS package);
- Innovative (such as digital technology), municipal and community-based solutions to address critical challenges and barriers of delivering NCD services;
- Strengthening health systems and primary health care to provide NCD services;
- Integrated services through people-centred primary health care approaches;
- Integration with other disease services (platform or programme) – such as mental health, HIV, TB, RMNCH, severe NCDs, or neglected tropic diseases – to maximize impact;
- Effective models of care, including evolution and changing strategy to meet new priorities of the population and improve the performance of the health system; and
- Projects targeting multiple sites/districts within one country, or including multiple countries.

Project proposals should:

- Contain an element of equity and resilience tailored to the essential health care needs of a post-COVID-19 environment;
- Emphasize the engagement of research teams, service providers or clinical teams and local communities through implementation;
- Show potential of generating policy to transform or change of health care practice; and
- Include any technical assistance required to support the development of the research protocol or deliver the research project.

Management and oversight

WHO Secretariat and the Alliance for Health Policy and Systems Research will lead the evaluation of proposals. Upon assessment of the application, the WHO Secretariat will issue Technical Service Agreements with three–five selected research institutions. WHO and the Alliance for Health Policy and Systems Research, in collaboration with WHO country offices, will manage and oversee the implementation of this work by the research institution.

Timelines

The timeline for the activities for call for proposal is March 2023–March 2024.

The eligible research teams from each country, once selected, have the option to receive mentoring and support through relevant partners in the WHO implementation research network.

Eligibility

The Principal Investigator (PI) must be a researcher based in a research institution in a low- or middle-income country. Priority will be given to countries engaged in existing capacity strengthening activities for NCD-related implementation research (Ethiopia, Ghana, India, Myanmar, Nepal). Other LMIC countries will be considered based on strength of proposal and funding opportunities. Teams must be gender-balanced with women comprising at least 50% of the research team. Teams must have the ability to engage directly with and coproduce the research with national or sub-national health policy-makers. Teams must, in their proposals, be able to demonstrate their plans for engaging with policy-makers.

Application process

Deadline: 30 November 2022, 23:59 CET

Bids submitted after this deadline will not be considered.

Successful applicants can expect to be notified within one month 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 and by posting a message on its website and social media channels.

Submissions of bids should be made at alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Call for Proposals: Implementation Research for NCDs**

Submissions should be made in English and be **no more than five pages, excluding annexes** (standard font size 11, 1.15 linespacing, normal margins, A4 paper), and should include the following:

1. **Title** of the proposed study.
2. Single point of **contact** for the applicant team for all correspondence relating to this call.
3. **Rationale** for the study and **relevance** for the country.
4. **Implementation research question(s)**, and potential to contribute to the objectives of the initiative and identified priorities for the country.

5. **Description of the integrated NCD services or care model(s) under consideration.** This can be shaped further during protocol development phase.
6. **Description of proposed methodology** (study design and methods) and approaches to promote the uptake of research outcomes.
7. Composition of the **proposed team**, including:
 - I. Role and responsibilities of proposed Principal Investigator, co-applicant, and any other member of the team proposed to work on the study.
 - II. Institutional capacity, experience of conducting implementation research, reference to past relevant work, and partnership experiences in terms of collaboration with other institutions, with clinical group and community in the country.
 - III. As an annex, an updated CV should be provided for Principal Investigator and co-applicant, and a one-page biography with relevant credentials and experience relevant to the call, for each additional named team member.
8. **A plan for publication and dissemination**, including at least one peer-reviewed publication and a policy brief.
9. **Timeline** of activities for 12 months, maximum of 18 months.
10. **Itemized budget** for the planned activities not exceeding US\$ 50 000. The budget should be in US dollars. Please, also provide a summary budget of the total costs broken down by the following categories (not all may be applicable): personnel, supplies/facilities, equipment, communications, travel and per diem, and other (meetings, publications, etc.) Institutional overheads should not exceed 13%. If it is a joint application, please separate the budget for each institution, and provide estimated budget for the project implementation in the study country. Note that the WHO may challenge proposed costs that is does not consider appropriate or do not offer optimal value for money.

Communications during the call period

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

Contact and email for submissions of proposal: alliancehpsr@who.int

Please use the subject: **WHO Bid Ref. Call for proposals: Implementation Research for transforming NCD Integrated Care.**

Questions related to this initiative: martenr@who.int

Evaluation criteria

Proposals will be evaluated by a technical panel of external reviewers and adjudicated by a committee comprised of members from the WHO Integrated Service Delivery Unit and its implementation research partners.

The following evaluation criteria will be applied:

1. Understanding of the scope, and a clear goal in relation to how the proposed study can contribute to the identified priorities;
2. Quality of the research plan: clear rationale, relevant and researchable question, understanding barriers and/or facilitators of NCD service delivery in the setting, the potentials of care models under consideration;
3. Clear plan for dissemination and utilization of implementation research for policy, and/or model evolution;
4. Track record of the team, skills and experience in implementation research, clarity of roles and responsibilities;
5. Track record of technical assistance and collaboration in the implementation research; and
6. Competitiveness of total costs, and value for money from the activities proposed.

Research teams might be expected to liaise with the WHO country office to comply with reporting requirements and contracting.

Notes 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.



Contacts

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