



implementation **research** platform

The Alliance for Health Policy and Systems Research (**AHPSR**), the Department of Maternal, Newborn, Child and Adolescent Health (**MCA**), the Special Programme of Research, Development and Research Training in Human Reproduction (**HRP**), the Special Programme for Research and Training in Tropical Diseases (**TDR**), and the Partnership for Maternal, Newborn, and Child Health (**PMNCH**), are pleased to announce a

Call for Proposals for Implementation Research

Deadline for Submission of Proposals: 15 September 2012



BACKGROUND

Despite the existence of proven solutions and increased support at national and international levels, progress in improving reproductive, maternal, newborn and child health has been unacceptably slow, as have efforts to address HIV/AIDS, TB and malaria.

- More than 287 000 women die each year from complications related to pregnancy and child birth, even though proven interventions to prevent these deaths are available.
- Approximately 7.6 million under-five children, including 3.1 million newborns, die each year from diseases that are preventable or treatable with existing interventions.
- The majority of these deaths occur within the most disadvantaged populations in the poorest countries of the world: Asia and sub-Saharan Africa account for 75% of all maternal deaths and under-five child deaths.

There is an urgent need for implementation research to improve the effectiveness of existing interventions to save lives, prevent and treat illness and maximize the impact of health expenditures.

POSSIBLE RESEARCH

The purpose of this Call is to support implementation research that contributes to the scale-up of effective health interventions related to MDGs 4, 5 and 6 in one of the three priority areas described in the following section. The research proposals may be submitted for one of the following priority areas:

i) Strategies to facilitate the integration of services to result in improved health outcomes and greater efficiencies:

Integrated service delivery is “the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.” Different type of services or operational programmes can be combined together to ensure and enhance collective health outcomes.

Integrating or linking various programmes or services has been shown to be beneficial for improving outcomes in diverse contexts, but usually on a limited scale. More evidence is required on the effectiveness of strategies facilitating the integration of services (various elements as indicated above) for greater efficiencies and improved health outcomes.

ii) Strategies to improve the performance of health workers (through strengthened supervision and increased motivation) to deliver quality services

Several evaluations have shown that inadequate performance of health workers in low and middle income countries (LMICs) worsens reproductive, maternal, newborn and child mortality. Health workers' performance is driven by motivation and job satisfaction, knowledge, skills and attitudes of health workers, their supervision, accountability systems and working conditions.

Several strategies have been tested for improving workers' performance. At the health-system level, certain strategies have been tested, such as changes in payment systems, supervision, decentralization, community participation and accountability mechanisms. At the facility level, tested strategies include: quality assurance and performance-improvement interventions, and activities in human resources management; which mainly focus on performance-based incentives, supportive supervision, training and improving leadership and management. Although some information exist on the benefits of these strategies, information on how to implement them in an effective and sustainable way in the context of large-scale programmes is still lacking.

iii) Strategies for community engagement to increase awareness of, access to, and utilization of health services, and provision of appropriate services at the community level.

Many public health programs, including disease specific control, have adopted community engagement strategies to improve access and expand coverage. Community-based approaches have increasingly been used as means to enhance ownership in primary health care; and to increase awareness of, access to and utilization of health services by women and men for both communicable and non-communicable diseases. Nonetheless, there remain knowledge gaps in understanding and evaluating the implementation of these approaches, including, but not limited to:

- ✓ *innovative health care strategies at the interface of peripheral health services and communities;*
- ✓ *community capacity to sustain human and financial resource requirements;*
- ✓ *community health systems strengthening; and many others.*

Implementation Research can bring insights into these issues and certainly generate evidence on how to improve, scale-up and sustain community-based efforts/ existing interventions.

The proposed research should seek to adopt a systems perspective which may require a multi-disciplinary research team and the need to engage multiple stakeholders, including the women and men at whom the services are ultimately

directed. In addition to ensuring a systems perspective, research-study supported through this call should incorporate the following considerations:

- **Equity** – the proposed research should consider the potential benefit and empowerment of vulnerable populations, particularly women and children.
- **Innovation** – the proposed research should to respond to implementation issues not previously addressed by other research and strive to use new methods and approaches or apply existing methods in new ways.
- **Capacity building** – the proposed research study should provide opportunities to strengthen capacity for the conduct of research and use of evidence for the implementation and scale up of effective interventions. It should also ensure a gender balance in its capacity building activities.

DEFINITION OF IR

Implementation research is research that:

- Identifies common implementation problems and their main determinants that hinder effective access to interventions;
- Develops and test practical solutions to tackle these problems that are either specific to particular health systems and environments, or address a common problem faced by several countries in a region; and
- Determines the best way of introducing potential practical solutions into the health system and facilitates their full-scale implementation, evaluation and modification as required.

FUNDING

The size of the budget for each grant should be based on the scope and focus of each research study appropriate for the setting the study will be carried out. The budget for the 2-year research study cannot exceed US\$ 350 000. Additional funding from other sources should be sought if the budget is anticipated to exceed this amount.

SUBMISSION PROCESS

The deadline for submission of proposals is the **15th September 2012**. Interested applicants should pre-register online by 20th August 2012 through the IRP proposal submission site at <http://www.implementationresearchplatform.org/call-for-proposals/>. Pre-registration is required for submission of a full proposal. Pre-registrations are non-binding and used for administrative and review planning purposes.

Interested applicants will have an opportunity to participate in a teleconference (during the week of 13th - 17th August 2012) where additional clarifications about this announcement can be sought. Three teleconferences will be organized to ensure that individuals from different regions of the WHO may participate between the hours of GENEVA time 08:00 and 18:00.

- Group 1: PAHO Region (North, Central, and South America)
- Group 2: EMRO, EURO, & AFRO Regions (Europe, Africa, Central Asia, and Middle East)
- Group 3: SEARO & WPRO Regions (Asia, South, and Southeast Asia)

Full proposals of no more than 5,000 words must be submitted online through the Implementation Research Platform proposal submission site. Hard copies of research proposals and emails of proposals will not be accepted. All proposals must be written in English.

Proposals received after the deadline will not be reviewed and scored.

SELECTION AND AWARD PROCESS

All proposals will be reviewed on a competitive basis by an external committee of independent experts and will be evaluated according to merit and relevance to the Call. The proposals will be assessed on the following criteria:

- Relevance of the proposed research to the priority areas under the Call and the feasibility of the approaches proposed to achieve results within two years – 25%
- Appropriateness and robustness of proposed methodological approach, and capacity of the research team to implement the proposal – 45%
- Appropriateness of budget and timing for proposed research activities, and precision and clarity in budget proposal and justification – 15%
- Dissemination plan for the results and the likelihood that the proposed research will influence implementation and/or scale up of the intervention under study – 15%

ELIGIBILITY CRITERIA AND REQUIREMENTS

Individuals from institutions in low- and middle-income countries that are engaged in research are eligible to apply to this call. Individuals from institutions in high-income countries are not eligible to apply. Collaborations between LMIC organizations and individuals and organizations in high-income countries are acceptable; however, research proposals should be led by an individual or

institution from a LMIC. Additionally, no more than 20% of the total grant value can go to those from high-income countries or to institutions in high-income countries. Applications from UN agencies, including WHO, will not be considered. United Nations country or regional offices and headquarters can be listed as collaborators but will not be entitled to receive any funding from the research grant.

Additionally, the following criteria should be met:

- The composition of the research team must be multidisciplinary in two aspects:
 - mix of technical expertise (e.g. social sciences, epidemiology, health economics, policy, anthropology; etc.) relevant to the proposed study
 - mix of roles and responsibilities within the health system of the country (e.g. researchers, policy-makers, programme managers, members of NGOs/civil society; as well other development partners including UN agencies not involved in the reviewing applications; etc.);
- Each research team must include at least one decision-maker (at the national or district level) who should be part of the core decision-making team of the research project. The decision-maker should have responsibility for the implementation or scale-up of the intervention under study.

The following types of organizations can apply to this Call: research organizations, including independent groups and those based within universities, think-tank organizations, NGOs and civil society organizations, government organizations with a mandate to conduct research or use research in policy formulation or decision-making.

IMPLEMENTATION RESEARCH PLATFORM OVERVIEW

The Implementation Research Platform (IRP) was launched in November 2010, supported by grants from the British, Norwegian and Swedish Governments, as a collaboration among WHO Departments and Special Programmes with a goal of promoting and supporting IR to accelerate progress towards MDGs 4, 5, & 6. This goal will be achieved through the following objectives:

- Support country-led research, to derive lessons on the best ways to scale-up interventions and services in low- and middle- income countries (LMICs) and translate these into practice and action through appropriate advocacy and communication with suitable target audiences;
- Synthesize and disseminate evidence related to promising approaches for addressing health system barriers in order to optimize delivery for existing

- interventions;
- Build capacity for health systems research (with focus on implementation research) and knowledge translation;
 - Create a common platform for promoting IR and contributing to methods for generating, synthesizing and translating knowledge from IR; and
 - Effective research collaboration of reproductive, maternal, newborn and child health, HIV/AIDS, TB, malaria and other neglected diseases in countries, under the umbrella of health systems.

For full details of the call and to submit a proposal, please visit:
<http://www.implementationresearchplatform.org/call-for-proposals/>

TIMELINE FOR CALL

Event	Date(s)	Comment
Q&A period Teleconferences	13 th - 17 th August 2012	Frequently Asked Questions will be posted on IRP Proposal Submission Site
Deadline for online Pre-Registration	20 th August 2012	IRP Proposal Submission Site
Deadline for online Submission of Full Proposals	15 th September 2012	Online, IRP Proposal Submission Site (<5,000 words)
Proposals Review	15 th September – 15 th October 2012	Review Committee composed by external experts outside IRP
Notification of Successful Applicants	Early November 2012	All successful applicants will be invited to attend protocol development workshop
Protocol Development Workshop	November 2012	Geneva, Switzerland