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**Contract Type:** Agreement for Performance of Work (APW)

**Date:** 27 June 2017

**Closing Date/Time:** 18 July 2017 23:59 GMT

**Request for Bid:** Agreement for performance of work to conduct rapid scoping review of embedded research

## **1. BACKGROUND**

Embedded research is a novel approach to research that has fostered substantial interest and is increasingly being used within the field of health policy and systems research. According to Koon et al. (2013), to embed health policy and systems research means to integrate it within decision-making processes for health policies, programmes, and services<sup>i</sup>. In embedded research, decision-makers are engaged in the research process and the research is aligned with the decision-making timeframe<sup>ii</sup>. It has been proposed that embedding may be catalysed through three mechanisms, specifically by: 1) integrating funding for research and programme activities; 2) applying research and scientific inquiry in programme activities; and 3) sharing responsibility for decision-making<sup>iii</sup>. While these foundations and others exist, there is a need to explore how this approach is understood within health policy and systems research and the broader field of public health, as well as other sectors, such as education and the environment.

The Alliance for Health Policy and Systems Research (hereto referred to as the Alliance) is a partnership hosted within the World Health Organization with the goal of promoting the generation and use of health policy and systems research as a means of strengthening health systems in low- and middle-income countries. Its four strategic objectives are to: 1) provide a unique forum for the health policy and systems research community; 2) support institutional capacity for the conduct and uptake of health policy and systems research; 3) stimulate the generation of knowledge and innovations to nurture learning and resilience in health systems; and 4) increase demand for and use of knowledge for strengthening health systems. More information about the Alliance may be found on its website here: [www.who.int/alliance-hpsr](http://www.who.int/alliance-hpsr).

Since 2012, the Alliance has advocated for the adoption of the embedded approach by supporting the inaugural World Health Organization strategy for health policy and systems research entitled Changing Mindsets that calls for greater embedding of health policy and systems research<sup>iv</sup>. The Alliance also collaborated in the launch of the Statement on Advancing Implementation Research and Delivery Science that states that embedding implementation research in policy and programmatic processes is preferable<sup>v</sup>. Further calls by the Alliance to embed health policy and systems research have been published in high impact journals, such as the Bulletin of the World Health Organization<sup>vi</sup>. The Alliance has continued to provide leadership and exposure for the approach through the release of its current flagship report Open Mindsets, as well as its participation at international conferences and meetings, such as the Global Symposiums on Health Systems Research<sup>vii</sup>. The Alliance has also directly contributed to establishing the approach within the field by supporting a portfolio of 50 embedded implementation research projects in low and middle income countries around the world. Through these activities, the Alliance has identified and engaged with diverse organizations and actors who are interested in or already involved with this approach.

## **2. OBJECTIVES & METHODS**

From this work, it has become apparent that there is a diverse group of organizations and actors that are currently involved in supporting and carrying out research that is embedded within health policies, programmes, and services, but with little collaboration or engagement. Further, multiple definitions and related models and concepts of embedded research exist,

such as the coproduction and integration of knowledge, which hinder the understanding and diffusion of this novel approach. Preliminary searches carried out in an ad hoc manner to support the Alliance's research and activities have identified a small body of literature on the topic of embedded research; however, there has been little effort to systematically identify and assess it<sup>viiiix x xi xii</sup>. The purpose of this rapid scoping review will be to understand the current body of literature on embedded research and comparable approaches to identify areas of consensus and gaps for further research, as well as inform the Alliance's activities as a leader of the embedded approach within the field of health policy and systems research.

### Scope of the exercise

The objective of the review is to synthesize and assess:

- i) The available literature on embedded research and comparable approaches, including knowledge coproduction and integration, in health policy and systems research as well as other sectors, such as education and the environment;
- ii) Existing definitions, models, and frameworks for embedded research and comparable approaches, in health policy and systems research as well as other sectors, such as education and the environment; and
- iii) Organizations, initiatives, and projects that are employing embedded research and comparable approaches to research in health policy and systems research.

The review shall:

- highlight the available literature on embedded research and comparable approaches in health policy and systems research, as well as other sectors, such as education and the environment;
- outline similarities and differences between existing definitions, models, and frameworks for embedded research and comparable approaches;
- identify outcomes, facilitators, and barriers to the embedded research approach;
- map the networks of organizations, initiatives, and projects involved in embedded research and comparable approaches;
- identify gaps and propose areas for further research and activity in the area of embedded research and comparable approaches;
- draw on a variety of search engines/databases, including those for traditional public health research as well as others that are broader in scope.

### Methods

We understand a rapid scoping review as an iterative process whereby existing literature is identified, examined and conceptually mapped, and knowledge gaps are identified. For the purpose of this work, a rapid scoping review involves the synthesis and analysis of a broad range of research and non-research material to provide greater conceptual clarity about a specific topic or field of evidence<sup>xiii</sup>.

The scoping review should follow the methodology put forth by Arksey and O'Malley (2005) namely the framework for conducting a rapid scoping review including the following key phases:

- 1) Identifying the research question
- 2) Identifying relevant documents
- 3) Study selection
- 4) Charting the data
- 5) Collating, summarizing and reporting the results

For the rapid scoping review, literature can be sourced through a variety of approaches including the screening of bibliographic databases, scanning the websites of institutions active in the field, contacting experts, and hand-searching retrieved documentation. Bidders may propose complementary surveys and in-depth interviews with key informants in the field.

For further details, please consult:

Arksey, H., O'Malley, L. 2005. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 8(1).

### **3. FUNDING**

The maximum amount of funding available from the Alliance for this work will be USD 30,000. No further funding will be provided by the Alliance within and beyond the project period.

### **4. DELIVERABLES**

The following deliverables are expected from this work:

1. Search strategy, including detailed research objectives, search term matrix, and databases;
2. Draft report of results, for review by the Alliance;
3. Final report of results, responding to the feedback received from the Alliance on the draft report.

### **5. REQUIREMENTS/COMPETENCIES**

Bidders for the contract should demonstrate the following:

- Experience in conducting scoping reviews;
- Expertise in health policy and systems research, with familiarity of embedded research a plus;
- Experience with intersectoral collaboration, specifically within the education and environmental sectors.

### **6. ACTIVITY TIMELINE & BUDGET**

This rapid scoping review must be completed before the end of September 2017. Alliance staff will review progress and the draft and provide feedback to the bidder. The final budget will be contingent on the scope of the proposed work. Payments will be linked to satisfactory completion of the stated deliverables.

### **7. INSTRUCTIONS TO BIDDERS**

Given the urgent nature of this rapid scoping review, we are requesting that applicants respond to this request with a brief bid.

#### **Format and Content of the Bid**

Technical bids should be no more than 3 pages long and should include the following:

- Motivation and relevant background: how this work fits with the bidder's academic/professional background or interests and a brief description of relevant experience related to the requirements and competencies;
- Short institutional profile and profiles of anticipated team members, including the main bidder;

- Proposed budget and timeline based on the expected number of days worked for each deliverable specified;
- Contact information for the bidder including email and telephone number.

Amendments to the technical bid should include a brief (no more than 2 pages) curriculum vitae or resume of the bidder and anticipated team members.

#### Budget

The proposed budget should be based on the expected time, and resources necessary to carry out this rapid scoping review. It should also be commensurate with the level of experience of the individual(s) who are carrying out this work and consistent with the costs of doing similar work in the country or region where the applicant(s) is based.

#### Right to the Work

Under this type of WHO standard contract, all rights in such work, including ownership of the original work and copyright thereof, shall be vested in WHO, which reserves the right;

- to revise the work,
- to use the work in a different way from that originally envisaged, or
- not to publish or use the work.”

#### Joint Proposal

Two or more entities may form a consortium and submit a joint proposal offering to jointly undertake the work. Such a proposal must be submitted in the name of one member of the consortium - hereinafter the “project leader”. The lead organization will be responsible for undertaking all negotiations and discussions with, and will be the main point of contact for WHO. The lead organization and each member of the consortium will be jointly responsible for the proper performance of the contract.

#### Communication during the period of the call

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 3 working days prior to the closing date for the submission of offers.

Email for submissions of all queries: [alliancehpsr@who.int](mailto:alliancehpsr@who.int)  
(use subject: WHO Bid Ref. Scoping review on embedded research)

The Alliance HPSR team at WHO will respond via email to any request for clarification of the call that it receives by the deadline indicated above. A consolidated document of the WHO’s response to all questions (including an explanation of the query but without identifying the source of enquiry) will be posted on the internet site where the bid itself is posted.

There shall be no individual presentation by or meeting with bidders until after the closing date. From the date of issue of this call to the final selection, contact with WHO officials concerning the call process shall not be permitted, other than through the submission of queries, unless a presentation or meeting is initiated by WHO, in accordance with the terms of this call.

#### Period of Validity of Bids

The offer outlined in the bid must be valid for a minimum period of 120 calendar days after the closing date. A bid valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder's consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its bid.

#### Closing Date for Submission

Bids must be received at WHO at the e-mail address: [alliancehpsr@who.int](mailto:alliancehpsr@who.int) (use subject: WHO Bid Ref. Scoping review on embedded research) no later than 18 July 2017 23:59 GMT.

WHO may, at its own discretion, extend this closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.

#### Amendment of Call

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) bidder, modify the call 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.

All prospective bidders that have submitted a bid with regard to the call will be notified in writing of all amendments to the call and will, where applicable, be invited to amend their bid accordingly.

#### Clarification of Bid

WHO may, at its discretion, ask any bidder for clarification of any part of its bid. The request for clarification and the response shall be in writing. No change in price or substance of the bid shall be sought, offered or permitted during this exchange.

### Award of Contracts

Contracts shall be awarded based on a combination of criteria including the bidder's motivation statement, exposure to or experience of, working in the area of evidence synthesis, the content of the bid in terms of comprehensiveness, and value for money.

However, WHO reserves the right to:

- Award the contract to a bidder of its choice, even if its bid is not the lowest.
- Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest.
- Accept or reject any bid, and to annul the solicitation process and reject all bid at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO's action.
- Award the contract on the basis of the Organization's particular objectives to a bidder whose bid is considered to be the most responsive to the Organization's needs and the activity concerned.
- Not award any contract at all.

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 bidder, 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 bidder.

NOTE: WHO is acting in good faith by issuing this call. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.

WHO's Right to enter into negotiations:

WHO reserves the right to enter into negotiations with one or more bidders 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 call.

Signing of the Contract

Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract and return it to WHO according to the instructions provided at that time.

If the bidder does not accept the contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice.

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- <sup>i</sup> Koon, A., Rao, K., Tran, N. & Ghaffar, A. 2013. Embedding health policy and systems research into decision-making processes in low and middle income countries. *Health Research Policy and Systems*.
- <sup>ii</sup> Ghaffar, A., Langlois, E., Rasanathan, K., Peterson, S., Adedokun, L., Tran, N. 2017. Strengthening health systems through embedded research. *Bulletin of the World Health Organization* 95(87).
- <sup>iii</sup> Peters, D., Tran, N., Taghreed, A. 2013. *Implementation Research in Health: A Practical Guide*. Geneva, Switzerland: Alliance for Health Policy and Systems Research.
- <sup>iv</sup> World Health Organization. 2012. *Changing Mindsets: Strategy on Health Policy and Systems Research*. Geneva, Switzerland: World Health Organization
- <sup>v</sup> Alliance for Health Policy and Systems Research, United States Agency for International Development and the World Bank Group. 2014. Statement on advancing implementation research and delivery science. Retrieved from: <http://www.healthsystemsglobal.org/the-irds-statement/>
- <sup>vi</sup> Ghaffar, A., Langlois, E., Rasanathan, K., Peterson, S., Adedokun, L., Tran, N. 2017. Strengthening health systems through embedded research. *Bulletin of the World Health Organization* 95(87).
- <sup>vii</sup> World Health Organization. *Open Mindsets: Participatory Leadership for Health*. Geneva, Switzerland: World Health Organization
- <sup>viii</sup> Tugwell, P., Knottnerus, J. 2017. Benefits of embedding researchers in a health service setting. *Journal of Clinical Epidemiology* 85.
- <sup>ix</sup> Scott, C., Seidel, J., Bowen, S., Gall, N. 2009. Integrating health systems and integrated knowledge: creating spaces for putting knowledge into action. *Healthcare Quarterly* 13.
- <sup>x</sup> Best, A., Terpstra, J., Moor, G., Riley, B., Norman, C., Glasgow, R. 2009. Building knowledge integration systems for evidence-informed decisions. *Journal of Health Organization and Management* 23(6).
- <sup>xi</sup> Nutley, S., Walter, I., Davis, H. 2009. Promoting evidence-based practice. *Research on Social World Practice* 19(5).
- <sup>xii</sup> Walley, J., Khan, M., Shah, S., Witter, S., Wei, X. 2007. How to get research into practice: first get practice into research. *Bulletin of the World Health Organization* 85(6).
- <sup>xiii</sup> Arksey, H., O'Malley, L. 2005. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 8(1).