



Asia Pacific Observatory on Health Systems and Policies

CALL FOR EXPRESSION OF INTEREST

For institutions or consortium of institutions to work with the Asia Pacific Observatory on Health Systems and Policies

A. BACKGROUND

What is the APO

The Asia Pacific Observatory on Health Systems and Policies (APO) was created in 2011 to fill the knowledge gap on important health systems and policy issues in the Asia Pacific region.

The APO is a collaborative partnership of governments, international agencies, foundations, and researchers. It is unique in the region as it brings together policy makers and researchers *to identify relevant issues for analysis, synthesizing and disseminating findings around important policy questions, and encouraging use of evidence by policy makers.*

The APO is now in the process of identifying a new cohort of institutions to work with over the next 3–5 years.

APO medium-term strategy

The APO's medium-term strategy is set within the framework of Universal Health Coverage (UHC) and the Sustainable Development Goals. In order to support countries in the Asia Pacific region to achieve UHC, APO is focusing on four broad thematic areas:

- 1. Challenges and solutions for primary health care:** which include primary health care response to the *changing patterns* of disease; delivering health services in *health emergencies and urban settings*; improving *quality of care*, engaging with the *private sector*, use of *new technologies* for improved service delivery, improving *equitable access to medicines* and *strengthening workforce* distribution, competencies and performance.
- 2. Challenges and solutions for hospital care:** the need for more evidence on *integrating care* between frontline, secondary and tertiary care; evidence on the internal *reconfiguration of hospitals* to manage changing challenges, especially non-communicable diseases; *antimicrobial resistance* and *health security emergencies*. As well as how to improve *quality of care*, and *the use of new technologies* to improve access and quality.
- 3. Challenges and solutions for financial risk protection, and resource allocation to advance UHC:** introducing *benefit packages* and their impact on resource allocation, accountability, responsiveness, efficiency, equity and quality of care; ways to *strengthen governance of prepayment*

schemes; experience with *strategic purchasing*, including for health promotion and prevention services, and engaging the private sector.

4. Health system performance with a focus on equity: sharing country experiences where there has been *improved national capacity to monitor national and sub-national health system performance, and equity trends* especially in decentralized health systems, and *use of data* in policy and resource allocation decisions.

In addition, the APO will be working on monitoring country health systems through in-depth health system reviews (HiTs) and building health system research capacity by working with institutions in various Asia Pacific countries.

APO products

The APO has four types of products to support its functions and deliver on its strategic thematic areas:

- **Health system reviews (known as HiTs)** are the best-known APO products. They provide a detailed description of a country's health system, as well as policy and reform developments. HiTs may be accompanied by short country-specific HiT policy notes on selected topics arising from the HiT, requested by policy makers and used as a basis for further dialogue.
- **Thematic policy briefs** provide concise summaries of evidence across countries on selected topics of regional relevance. The briefs are short, provide options for action and are supported by a working paper which gives detail of the available evidence and the basis for any recommendations.
- **Comparative country studies** are original cross-country analyses on selected health policy and systems issues, using both primary and /or secondary data. Both national and international researchers are involved.
- **Policy dialogue** is mainly associated with a new APO publication, or linked to national or regional events discussing health policy issues on which APO has contributed knowledge.

How the APO works

The APO commissions work in two different ways. Most publications are based on a pre-approved programme of work submitted by selected institutions or consortia. Proposals are reviewed by the APO Strategic Technical Advisory Committee (STAC) and the Board. Once approved, the APO provides funds directly to the institution or consortium concerned. The proposals must be within the remit of APO strategic directions mentioned above.

In addition, *ad hoc* requests for other work can come from different sources. These are reviewed by the Secretariat and evaluated by STAC. If approved by the Board, the Secretariat will liaise with the most appropriate institution or consortium to carry out the work.

B. CALL FOR EXPRESSION OF INTEREST

To support the future programme of work, APO is looking for institutions or consortia of institutions, with expertise in health system analysis and a track record of working closely with national policymakers.

To reflect the fact that policymaking in health involves many different partners and is a multi-disciplinary process, APO is looking for institutions with expertise in health, public policy, social sciences as well as experience in working with multiple stakeholders and in particular, engaging with senior policymakers.

Any institution based in a country in the Asia Pacific region may apply. The Asia Pacific is defined as countries in the Western Pacific or South-East Asia regions of WHO. A list of these countries can be found at Annex 1.

Interested institutions should have the following attributes:

- Knowledge of health systems and experience in analyzing the development challenges countries face across the Asia Pacific region
- A proven record of engaging with policymakers and, using high quality analysis, policy synthesis, and presentation skills, to facilitate use of evidence for policy change
- A proven record of high quality analysis and research as evidenced by publications in reputable, peer-reviewed journals
- Demonstrated ability to work with diverse country partners on the development of collaborative and comparative knowledge products, including working with national research institutions/ ministries of health and finance/ legislative bodies/development agencies
- Experience of institutional capacity building, particularly in relation to policy-related research
- Strong links to existing health systems-relevant networks across the region is an advantage
- Strong English language skills, particularly writing skills
- Specific experience in a particular sub-region (such as the Pacific, Mekong, ASEAN, East-Asia or Indian Sub-continent) may be an advantage, but this would not be considered a pre-requisite for selection

An ideal consortium might include:

- A coalition of institutions/thinktanks that together have expertise in health system, public policy, social science analysis and/or track record of engaging policymakers.
- Consortia should have proven expertise in more than one country and ideally should include institutions from more than one country.
- Consortia must show commitment to the work of APO by offering an in-kind contribution to the proposed programme of work, for example through staff time (costed at international rates).

C. CONTRACTUAL ARRANGEMENTS

The APO welcomes Expressions of Interest from single institutions or consortia. To ensure the best institutions are engaged APO reserves the right to suggest several institutions to work together as a consortium for specific projects.

Duration of appointment

Selected institutions and consortia will be appointed for a period of three years with a contract and work plan negotiated annually subject to review of performance. The three-year appointment is renewable for a further two years subject to satisfactory performance.

Relationship between selected consortia or institutions and the Observatory

The selected consortia (or institutions) present their proposals and progress reports to the APO's Strategic Technical Advisory Committee (STAC), which in turn makes recommendations to the APO's Board. The STAC meets face-to-face at least once a year. In addition, the APO draws on the experience and expertise of consortia representatives in setting the overall strategic agenda for its work.

Funding terms

Precise contractual arrangements will be agreed with the Observatory secretariat in WHO (in line with WHO's contractual rules) but payment terms will be flexible and predictable. For example, institutions / consortia might be given block funding support to produce a defined number of products over a 12-month period. This type of arrangement will foster a close and collegial relationship between the Secretariat and the institutions.

There may also be *ad hoc* funding for specific products that come in addition to the block funding. Selected institutions should show commitment to the APO in form of in-kind contribution, for example, through time allocated by senior staff to the work done with APO.

Specification of outputs

Work to be produced will be set out in an annual work plan agreed with the Secretariat and be based on APO's medium-term strategy. All APO publications will be subject to the overall peer review process which is managed by the Secretariat. List of current APO outputs are mentioned in the background section.

Copyright

Copyright of Observatory products will rest with WHO. Individual authors will be fully acknowledged. Publication of 'spin-off publications', including articles in peer reviewed journals, is encouraged with due acknowledgement given to APO.

D. APPLICATION PROCESS

Assessment criteria

Assessment of institutions will be based on demonstrable proof of the required attributes as mentioned in the call for expression of interest above.

In the case of a consortium, clarity in roles and responsibilities among partnering institutions must be clearly delineated.

Length and format of application

Institutions or consortia interested in working with APO should submit an application using the attached application form. The main body of the application should be a maximum of 10 pages (font size 12pt); any CVs, or standard text on the institution(s) applying, should be included in annexes.

Deadline and submission

1st week of May 2019 (2 months period)

Withdrawal of applications

Applicants may withdraw an application at any time. Request to withdraw an application should be emailed to: asgarin@who.int, with a copy to: apobservatory@who.int

Incomplete, false or misleading applications

The application is the main source of information available for the assessment. As such, it must contain all the information necessary for assessment without the need for further written or oral explanation. All details in the application must be current at the time of application.

If an application is incomplete or contains information that is found to be misleading, it will be excluded from consideration for funding, for this EoI and any future funding call issued by WHO on behalf of the Observatory.

Examples of false or misleading information in an application include, but are not restricted to:

- providing fictitious track records;
- falsifying claims on publications records; and
- providing a dishonest statement regarding time commitments that institution staff will spend on Observatory work.

Removal of applications

Any applications that are ineligible or clearly non-competitive will be removed from further consideration. Exclusion of ineligible applications may take place at any time during the selection process. Grounds for exclusion include:

- the application does not meet the eligibility criteria;
- the application does not address the assessment criteria; and
- the application includes incomplete or misleading information.

Proposal review

A subcommittee involving selected members of Internal Review Panel, Chairs of STAC and the Board, and the APO secretariat will review and submit their comments to the Board. The APO Board will make the final selection on a consensus basis during their meeting in June 2019.

Indicative timeline

- 14 March: EoI to be posted
- 12 May: Deadline for submission of EoI (midnight, India Standard Time)
- 30 May: Review meeting of the subcommittee
- 14 June: Board decision

Annex 1: List of countries in the Western Pacific and South-East Asia regions of WHO

American Samoa (USA)
Australia
Bangladesh
Bhutan
Brunei Darussalam
Cambodia
China
Cook Islands
DPR Korea
Fiji
French Polynesia (France)
Guam (USA)
Republic of Korea
Hong Kong (China)
India
Indonesia
Japan
Kiribati
Lao People's Democratic Republic
Macao (China)
Maldives
Malaysia
Marshall Islands
Micronesia, Federated States of
Mongolia
Myanmar
Nauru
Nepal
New Caledonia (France)
New Zealand
Niue
Northern Mariana Islands, Commonwealth of the (USA)
Palau
Papua New Guinea
Philippines
Pitcairn Islands (UK)
Samoa
Singapore
Solomon Islands
Sri Lanka
Thailand
Timor-Leste
Tokelau (New Zealand)
Tonga
Tuvalu
Vanuatu
Viet Nam
Wallis and Futuna (France)