



Health Systems Research Initiative

Notes from the Committee

October 2018

This note provides an update on the Committee's perspective on the types of proposals received and funded (or short-listed for funding), and notes ways in which the Committee would like to see the Initiative and submissions to the Initiative further evolve.

1. *Appropriate focus for the scheme:* in the very first year of the Initiative the Committee commented that many of the applications received had an individual disease focus, and frequently were focused primarily on evaluating effectiveness of a particular health service delivery model (often through cluster randomized trials), with limited emphasis on broader health system effects or systems thinking. The balance of applications to the Initiative has shifted substantially, and the large majority of applications are now health systems strengthening studies. While the Initiative continues to receive some proposals that are focused on assessing the effectiveness of disease-specific interventions with little reference to the health system, most applications now either have a strong health systems focus, or at least acknowledge the health systems effects of the intervention. To strengthen the health systems focus even more, applicants are encouraged to:

- a. Ensure that health systems researchers are engaged as part of the research team: such researchers will be able to help identify likely health systems effects of an intervention, and steer the research team towards asking appropriate research questions
- b. Consider how the findings from the proposed study, especially if it has a single disease focus, may inform work on other related conditions or diseases.
- c. Address how the proposed study will help strengthen country and/or local health systems in low and middle income countries (appreciating that "strengthening health systems" may have diverse interpretations).

2. *Theoretical foundations for the study:* health systems research is a predominantly applied field; however the Committee members continue to be concerned about the lack of theorization in many of the proposals received. We are agnostic about the type of theory that may inform the study but believe that many applications would be stronger if the research proposal was embedded within an appropriate theoretical framework. Such a framework could draw from any of the relevant disciplines (economics, sociology, anthropology, political science etc.).

3. *Demonstrate knowledge of relevant health systems empirical literature:* It is also important that submissions demonstrate knowledge of relevant empirical literature particularly from low and middle income countries, and exactly what the proposed study might add to this literature. While applicants typically include in their application relevant literature about the health condition, or health service they are proposing, applicants do not always reflect on the relevant health systems literature, for example literature around performance based financing, or approaches to strengthening community governance, or quality improvement approaches.

4. *Gaps in proposals received:* there are still notable gaps in terms of the types of proposals received by the initiative. The Committee would particularly like to encourage applications in the following area:

- a. Political science and research that examines issues such as health system governance and accountability, corruption, priority setting, and political challenges to effective implementation of health systems strengthening strategies;
- b. Inequality in all of its dimensions – socio-economic, gender, racial/ethnic;
- c. Intersectoral aspects of health and health systems such as strategies for strengthening health systems to deal with emerging zoonotic diseases, early childhood health, or non-communicable disease;
- d. The private health care sector including the role of private health insurance, how to regulate private sector actors as well as the effect of different systems interventions on both public and private sector actors.

5. Capacity strengthening: the focus of the Health Systems Research Initiative is not primarily on capacity strengthening however the Committee appreciates proposals that involve health systems research capacity development as an integral part of the proposal, as this also addresses broader goals of strengthening country health systems.

6. Success of proposals from developing country applicants: the Health Systems Research Initiative committee continues to be concerned about the ratio of successful high income country applicants to successful applicants from low and middle income countries. We believe that better briefings and guidance from the funders may help to better prepare applicants from low and middle income countries for the call. We strongly encourage funders to pursue such briefing strategies through webinars, conferences and other appropriate fora. The Committee examines submissions carefully in order to assess the extent to which proposals are clearly led, co-developed and/or informed by low and middle income country research teams. Typically, the Committee is sceptical of proposals that appear to be written outside of the country and do not clearly respond to local concerns. Applications with strong local principal investigators or co-principal investigators are likely to be viewed favourably, and the Committee also considers the breakdown of budgets between low and middle income country partners, and high income country applicants.

7. Evidence to policy: many proposals submitted to the Health Systems Research Initiative describe fairly formulaic dissemination strategies that demonstrate little critical thought about how to engage in-country actors. The Committee appreciates proposals that demonstrate familiarity with the array of in-country stakeholders and research engagement strategies that respond to stakeholders' specific interests. For proposals that involve scaling up of a specific intervention, or adoption of policy lessons by government, then engagement with public sector actors may be key to the credibility of the proposal.

8. Cross-country studies: such studies need strong justification of why the specific countries included in the proposal are the right ones for the research. We have found that often multi-country proposals build off of existing collaborations and the countries involved may not be the best suited to answering the research question. Research teams need to justify carefully why a multi-country study is appropriate and necessary (especially as these tend to be expensive), and why the specific countries have been selected.

9. Costs and cost justification: previous feedback from the committee appears to have led to much more reasonable budget requests than was the case in the first year of the Scheme. We continue to encourage applicants to provide more detail in the cost justification wherever feasible, especially if the applicants are making assumptions about how the work will be done that have significant implications for costs (e.g. using researchers from high income countries rather than drawing on in-country expertise).

10. Foundation grants: As of 2018 there have been a number of changes to the Foundation grants. Teams may now propose a budget of up to GBP 200,000 and up to 24 months' duration. Further, two different sorts of proposal may be submitted: the first type is similar to proposals previously submitted as Foundation grants in that it seeks to build the necessary knowledge and methodological base for a full proposal, the second type of Foundation grant takes an exploratory approach, for example, looking into existing health systems and investigating the underlying causes beneath perceived problems. Historically, the relationship between the work proposed in the application and future work that the Foundation grant is intended to prepare for was often unclear. Applicants should be sure to clearly describe what work will be done by the Foundation grant and what it is hoped to do in a future research proposal or other follow-on work. Please also note the new timing for Foundation grants, which must now be submitted in June with decision-making in October.

11. Principal and Co-Investigator time: Many applications name many researchers as Principal Investigator/Co-Investigator, with very small amounts of time. While it is good to demonstrate the commitment of a relevant range of expertise, the Committee will wish to be sure that there is sufficient commitment of time by the lead applicants.

