

Section 3

Terms of Reference

Delivering Effective Health Services Research Programme Consortia

Introduction

1. This Terms of Reference define the services sought by DFID in relation to a competitive call for proposals in 2010. To facilitate continuation of the services as provided for in the 2010 award of services the Terms of Reference will continue to govern delivery for this Contract.

Objective

2. The **goal** of the *Delivering Effective Health Services* RPC will be to produce high quality evidence that improves the health of the poorest in developing countries. The **purpose** of the RPC will be to deliver new knowledge about how to deliver basic curative and preventative health services across health care programmes.

Recipient

3. The recipient of the outputs of the programme is the global development community. As such, the research outputs will be **global public goods**, to be used to shape international health policy. Specific users of the information generated are likely to include: developing country governments; ministries of development in OECD countries; international organisations, such as the WHO and civil society groups concerned with health and health service delivery issues.

Scope

4. The detailed design for the research will be done by the consortia as they develop their proposals and will form the scope of work. The research should provide new knowledge about how to deliver basic curative and preventative health services across different health care programmes. Operational research is particularly needed to inform and strengthen basic health services at the district and primary care level. We especially need more evidence on how to deliver and sustain services in fragile and post-conflict states, where systems are weak and governments less able to offer and sustain essential services. Research should also address the social, gender related, economic and behavioural factors behind successful programme implementation. We welcome a focus on health services for **communicable disease control** (e.g. malaria, TB and neglected tropical diseases) because these will remain a priority focus for DFID.

Method

5. The RPC will create robust **new knowledge**, and will be expected to play an important role in **synthesising existing knowledge**. Particular emphasis will be placed on ensuring that research addresses questions that have **clear operational relevance**. This does not preclude the kinds of conceptual and theoretical work that can underpin good policymaking. It does require, however, that the proposed research question is sensitive to the current and anticipated needs of policy makers, politicians and communities, and able to demonstrate this in their work. There will be a strong practical focus on what has and has not worked and on where, why and how. The RPC will extract key lessons and implications for DFID, HMG and national international actors more widely.
6. The RPC will also focus on the **uptake of relevant research findings**. For example, innovative partnerships that support multi-media communication, and facilitate access to key policy forums will be strongly welcomed.
7. The RPC will operate in ways that **strengthen the capacity of southern researchers** and institutions and that stimulate and give profile to southern-led research initiatives.
8. The RPC is expected to deliver the following **outputs**:
 - Methodologically rigorous, peer reviewed evidence about delivering effective health services;
 - A steady flow of clear, operationally relevant and accessible messages for policy makers;
 - A range of multi-media outputs to engage a range of audiences in developing countries and internationally at various levels;
 - Stronger capacity for research in developing countries;
 - Stronger policy networks, which demonstrate clearer effective demand for evidence, and which regularly draw on the research teams' advice and guidance.

Research Uptake

9. Investing appropriate financial and human resources in research communication and uptake activities is seen by DFID as an essential part of ensuring that the research which we fund is useful, that it translates into demonstrable results in policy and practice and that it enhances the likelihood of longer-term developmental impact. Guidance is currently under development across all UK Government departments as to the types of activities we would wish to strongly encourage as part of your research uptake strategy and those which are not deemed an appropriate spend of taxpayers money. This is expected to be finalised shortly. In the meantime, you are strongly advised to commence strategic thinking and planning of an outline research uptake strategy as indicated in your original proposal, but to maintain close contact with relevant DFID

staff in order to seek guidance regarding delivery of potential activities (including websites) during your inception phase. Value for money considerations and efficiency savings should be explicitly indicated as part of your strategy wherever possible.

Programme management

10. The programme will be managed in accordance with the “*Research Programme Consortia Terms of Reference*” and the “*Monitoring and evaluation – a guide for DFID contracted research programmes*” <http://www.research4development.info/dfidguidancenotes.asp>. This includes information on relationships with DFID, programme staffing, communications, monitoring and evaluation and capacity building.

Reporting

11. Reporting requirements are covered in “*Research Programme Consortia Terms of Reference*” and “*Monitoring and evaluation – a guide for DFID contracted research programmes*” <http://www.research4development.info/dfidguidancenotes.asp>

DFID co-ordination

12. DFID Research is the sole funder of the project and the Research Director will be responsible for ensuring the programme is implemented to plan.

Background

13. DFID research priorities are to: make health programmes more effective; research into health systems; and developing new technologies for diseases of the poor. DFID is also committed to capacity building for southern researchers and institutions and communications to improve the uptake of research findings and the integration of research and policy.
14. There are still major barriers to achieving the three health MDGs. While research has shown us *what* essential health programmes developing countries need, we need more evidence across more countries to show *how* more people can have access to and use health services. Service delivery is the defining function of a health system. Where existing health services, especially primary care services, are not well organised, we miss critical opportunities to deliver more effective care. Improving service delivery means addressing the technical, operational and implementation challenges that often beset health care programmes. Research should include an emphasis on the quality of health services, ensuring minimum standards and seeking consistent improvement.

15. We welcome research that moves beyond a single disease focus, to one that addresses the service delivery platforms which underpin disease control and prevention programmes. We welcome a focus on health services for **communicable disease control** (e.g. malaria, TB and neglected tropical diseases) because these will remain a priority focus for DFID.
16. Effectiveness of drug delivery systems is included within the scope of this theme. The RPC should **not** focus on examining the efficacy of drugs.
17. Examples of questions under this theme might include, but are not limited to:
- How to increase the cost-effectiveness, quality and impact of health services.
 - How can the management and supervision of health services be improved, in order to improve the delivery of health services, particularly for marginalised populations?
 - What are the best service delivery models for populations and vulnerable groups that are frequently excluded – either because of geographical isolation, dispersed habitations or social exclusion?
 - What is the best way to introduce and maintain effective diagnostic services in resource poor settings? How to improve the quality of diagnostic services at the dispensary and health centre level?
 - How to effectively target treatment and strengthen delivery of care through public and private sectors in rural and urban settings.
 - In fragile/post-conflict states, how best can services be delivered to ensure the building up of local capacity, while improving the quality of basic health services?
 - For large countries with a Federal system, what are the best means of delivering health systems, to ensure the catalysing impact of both national and state/provincial levels?
 - What are the factors (and barriers) that facilitate early acceptance and adoption of new approaches and technologies among health workers?
 - How can high quality services be provided for major communicable diseases, while ensuring an integrated approach to service provision?
 - What is the best way of delivering whilst linking different disease efforts? (e.g. scaling up the fight against malaria with expanded efforts against parasitic diseases.)
 - How best to diagnose and treat people with co-infections.
18. The Terms of Reference for the RPC model and the scope of research in this theme have already been developed, through extensive consultation processes over the past 18-24 months. The detailed design for the research will be done by the consortia as they develop their proposals.

Research Ethics

19. Researchers, evaluators and implementing agencies should adhere to clear, best practice ethical guidelines (e.g. confidentiality, disclosure, adequate and informed consent, explicitly ensuring 'do no harm'), building on existing WHO resources and academic ethics protocols.
20. Specifying and ensuring compliance with ethical standards should form a part of research design, preparation of research teams, and delivery. All study team members and members of organisations involved in research delivery, should be carefully selected and receive specialised training and on-going support in research ethics.
21. Allied to ensuring best practice in research ethics, we expect the lead Supplier to ensure that clear ethical standards in research management are established, communicated, complied with, and monitored, including in relation to financial management and people management by all agents involved in research delivery and (particularly) all recipients of UK aid funds. The Supplier will be expected to develop a strategy for RPDC programme delivery.
22. Suppliers will be required to have written protocols for research/evaluation ethics and ethical clearance and to demonstrate adherence to WHO protocols and DFID research and ethical guidelines. During implementation, ethical review will be the responsibility of an appropriate Ethical Review Committee, established by the Supplier.

Transparency

23. DFID has transformed its approach to transparency, reshaping our own working practices and pressuring others across the world to do the same. DFID requires Suppliers receiving and managing funds, to release open data on how this money is spent, in a common, standard, re-usable format and to require this level of information from immediate sub-contractors, sub-agencies and partners.
24. It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this DFID – further IATI information is available from;
<http://www.aidtransparency.net/>

Duty of Care

25. The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements.

They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

26. The Supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

27. During the programme, it is DFID's expectation that any contracted supplier will provide a full Duty of Care assessment for each potential country/area of work where in-country ground work is expected to be necessary.

28. If the programme activities take place in medium or high risk locations, DFID will share available information with the Supplier on security status and developments in-country where appropriate.

29. The supplier confirms that:
 - a) They fully accept responsibility for Security and Duty of Care.
 - b) They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
 - c) They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

If service providers are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above no Contract can be awarded.