



# Asia Pacific Observatory on Health Systems and Policies

## CALL FOR EXPRESSION OF INTEREST

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

### A. Background

The Asia Pacific Observatory on Health Systems and Policies (APO) is a partnership, hosted by WHO. It was established in 2011 as a partnership between WHO Western Pacific and South-East Asia regions, the World Bank, Asian Development Bank, Member States, and Academic Institutions, to address the gap in regionally relevant Health Policy and System Research (HPSR) in Asia Pacific. It aims to improve the competency and capacity of the regional and domestic HPSR ecosystem and support policymakers toward effective evidenced-informed policies.

The context in which the APO works has evolved significantly over the last 13 years, requiring the partnership to evolve and change in response to the emerging health needs and demands in the region. The contextual changes for APO include the global development community moving from MDGs to SDGs, increased attention on gender equality, social inclusion, and climate change, more global interest in HPSR, and an increased focus on HPSR activities and players within Asia Pacific. Effective HPSR requires both strategically focused research coupled with a culture of evidence-informed policymaking. APO is committed to facilitating both the development of this culture across the Asia Pacific as well as the stewardship of quality research.

The APO Medium-Term Strategy 2024-2030 (MTS 2024-30) builds on APO's past learnings, reflections on both global and regional progress and priorities of the partners and charts a path that ensures continuity of its core work, supported by necessary shifts in focus and emphasis. The MTS 2024-30 harmonizes well with updated regional agendas, organizational strategies, and priorities of WHO, the World Bank, the Asian Development Bank and bilateral development partners which include an emphasis on gender equality, inclusion, and climate change across all activities. It is designed to complement their work at regional and country levels. The strategy also aligns with and remains responsive to, domestic policy priorities by further focusing APO's activities on supporting local policymakers and strengthening the local HPSR ecosystem. As part of this, the APO will facilitate the development of stronger networks of policymakers and academic institutions as the backbone required to generate relevant evidence. Capacity building will be a core focus, underpinning knowledge generation, co-creation, exchange, and brokering.

The MTS 2024-30 prioritises five cross-cutting themes based on priorities and challenges identified by countries, development agencies and funding partners. These themes provide space for academic institutions and policymakers to co-design policy-relevant research and its application. These five themes are:

- Models of sustainable financing, commissioning, delivering, and harmonising, people-centred services including primary health care to achieve UHC
- Approaches to achieve and maintain fit-for-purpose health workforce now and into the future.
- Tackling inequities in health due to gender, social inequities, being uncared, or unreached.
- Use of digital health technologies and data to enhance health system outcomes
- Health system resilience and adaptability to external and evolving pressures such as climate change and pandemics.

The purpose of this call is for institutions to join APO as a consortium to collaborate with APO on specific projects within the five themes above. The initial stage of selecting consortia will involve a review of the consortia application by the APO Secretariat and the Board. If approved, the duration of collaboration with APO will be for five years initially.

## B. APO products

Thematic consortia are expected to be involved in the following APO products:

- **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.
- **Journal articles** that may be linked to the work commissioned by APO
- **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.
- **Webinar and other events** that can further enhance the reach of the APO's commissioned activities with policy makers.

## C. How the APO works

Through APO secretariat, the consortia may be asked by the APO Board members, national and regional policymakers, development partners or grant-issuing agencies to work on specific projects that are deemed to be important policy questions. The consortia members can also present and discuss possible research topics to be approved by the Board.

The funding for any activity will be provided by APO or through grants that are given by funding agencies with the support of APO. An element of cost sharing is expected from consortium members for each project. This is generally linked to senior staff within the institutions providing pro bono support for each project.

## D. CALL FOR EXPRESSION OF INTEREST

To support the future programme of work, APO is looking for consortia of institutions, with expertise in one of the above five themes and a track record of working closely with national policymakers. Where possible, consortia should augment this capability by including experts from other fields such as public policy and social sciences. The following attributes are sought in the consortia and their members:

- 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 in Annex 1.
- An institution can be a member of different consortia as long as they apply to different thematic areas. (For example, X can be a member of Consortium 1 under equity and 2 under PHC but cannot be a member of Consortia 3 and 4 if they both apply under PHC theme).
- A consortium should consist of 3-6 institutions.
- Consortium members should be from more than one country.
- There may be more than one consortium for each of the five themes, APO Board can ask institutions working on the same topic to merge.
- Institutions should have a proven record of high-quality analysis and research on the theme as evidenced by publications in reputable, peer-reviewed journals or grey literature.
- Institutions should have 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.
- Institutions should demonstrate their 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.
- Institutions should have experience in institutional capacity building, particularly in relation to policy-related research.
- Within WHO SEAR and WPR regions, there is no geographical limit to the membership design of the consortium. However, some projects may focus on specific regions (such as South Asia or Pacific islands). In this case, the APO secretariat will work with the consortia to identify institutions that are best suited for the project.
- In developing the consortium proposals and any future project proposals, the consortia, should consider gender equality, disability equity, as well as social inclusion issues.
- All members of the consortium, if they are not a government entity, must clear WHO FENSA (Framework of Engagement with Non-State Actors) regulations.

### An ideal consortium might include:

- A coalition of institutions/thinktanks that together have expertise in the selected theme from different angles, be it 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 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).

## E. CONTRACTUAL ARRANGEMENTS

### Duration of appointment

Selected institutions and consortia will be appointed for a period of five years with a contract and work plan approved by the APO Board subject to review of performance.

### Relationship between selected consortia or institutions and the Observatory

The selected consortia present their proposals and progress reports to the APO's Board or its technical Internal Review Panel members (IRP) through the secretariat.

### 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, 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. Consortium members should show commitment to the APO in the form of in-kind contribution, for example, through time allocated by senior staff to the APO funded work.

### Specification of outputs

Work to be produced will be set out as an agreed workplan 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.

### 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 acknowledgment given to APO.

## F. 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.

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

EXTENDED 20 January 2025

### Withdrawal of applications

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

### APO review of applications

A subcommittee involving selected members of the Internal Review Panel, selected Board members 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 next Board meeting in early 2025

## 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)