

Call for proposals

Health policy analysis for health taxes:
Lessons from countries

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Overview

This call for proposals is for up to eight country case studies examining how political economy factors influence the design, adoption and implementation of health taxes at national or sub-national levels. Informed by qualitative data from key country stakeholders, research teams will develop analytical case studies based on a common conceptual framework. Principal Investigators must be based in a research institution in one of the following countries: Bangladesh, Ethiopia, Ghana, Indonesia, Mongolia, Myanmar, Nepal, Nigeria, Pakistan, Peru, Timor-Leste, Uganda, Ukraine or Viet Nam. The case study proposed should be about one of the above countries.

Background

Non-communicable diseases (NCDs) are responsible for more than 70 percent of deaths, three-quarters of which occur in low-and middle-income countries (LMICs). This is expected to rise to 85 percent by 2030. In response to this challenge, the WHO has developed a list of interventions, the NCD Best Buys (WHO, 2017). However, recent analysis revealed that, on average, less than half of these best buy policies are implemented (Allen et al., 2020). There remains a lack of evidence on them, which limits their adaptation and implementation (Allen et al., 2018). In fact, there is a need for commitment to accelerate implementation and to document and codify local adaptations (Marten et al., 2020). A mid-point evaluation of the WHO NCD Global Action Plan 2013-2030 (NCD-GAP) found that “research has been the weakest NCD-GAP objective in terms of implementation and that progress in implementing research linked to the NCD-GAP has been slow and incremental” (WHO, 2020). This is particularly important as policies evaluated in one setting may not be effective in another setting; an understanding of the local context can help accelerate implementation (Isaranuwachai et al., 2020).

To help address and overcome these gaps, health policy analysis – examining policy processes in terms of interactions among ideas, interests and institutions and grounded in local settings and context– is critical to overcome barriers and accelerate improved policy development and implementation to manage and control NCDs. Conventional health policy methods tend to be reductionist, conceptualizing chains of cause and effect as linear rather than understanding them in their environment (Milsom et al., 2020). Risk factors for NCDs must be situated within their larger social, economic and political contexts (Lee and Freudenberg, 2020). A lack of understanding of constraints, especially political ones, limits the development and implementation of NCD policies, including advancing health taxes.

Health taxes are indispensable policy tools to improve public health, save lives, and generate resources to invest in health, nutrition and other development priorities (Sugar, Tobacco and Alcohol Taxes Group, 2018), and are one of the most important but underutilized interventions. For example, a 2017 WHO Report showed that only ten percent of the world's population is covered by sufficiently high levels of tobacco taxes despite being the single most effective way to reduce tobacco use. There are also important linkages across tobacco, alcohol and sugar-sweetened beverages in terms of how taxes are developed and implemented (Blecher, 2015).

Accordingly, more governments are requesting WHO technical assistance to design these taxes. Yet emerging evidence suggests how they are framed and developed within their national political, economic and social context matters and often shapes implementation and determines their success (Wright et al., 2017; James et al., 2020). There is increasing recognition of the need to explore political economy factors (Elliott et al., 2020).

The problem

A lack of appreciation for political challenges can hamper national adaptation and adoption of health taxes. While any health policy process is inherently political, applying health policy and political economy analysis can improve policy design and accelerate implementation.

To do this, governments require sustainable, local support to understand and analyze how to best position and frame these interventions politically. Locally-generated evidence and policy analysis – with a deep understanding of the contextual politics, processes and powers – is necessary. Although countries face unique challenges in implementing NCD programmes, better research that is grounded in local settings and context could help improve design and overcome barriers and accelerate implementation. By providing the analysis and evidence to inform civil society advocacy and improve government policy-making, health policy analysis can ultimately improve and strengthen how interventions are framed, designed and implemented.

To fill this gap, the Alliance for Health Policy and Systems Research is leading the development of a series of analytical country case studies to better understand the political economy factors that contribute to advancing the implementation of health taxes. This programme, carried out in collaboration with the Inter-Agency Working Group and the WHO Working Group on Health Taxes and focuses its attention on examining how political economy factors have influenced the design, adoption and implementation of health taxes.

Objectives

The overall purpose of this research programme is to:

- Generate knowledge (as well as advocate for greater attention for) health policy analysis for furthering health taxes.
- Support and build national capacity for health policy analysis for health taxes to apply and use these frameworks, tools and approaches to advance health policy analysis for health taxes.
- Develop analytically generalizable, cross-national learnings based on this knowledge to inform civil society advocacy as well as improve government policy-making, as well as researchers and donors, and present these learnings in outputs suitable for these audiences.
- Share these learnings broadly, to better inform country-led processes to use health policy analysis in the understanding and strengthening of how health taxes are designed and implemented.

Country teams are expected to use a mixed-method approach, combining semi-structured interviews, literature reviews and situational analysis to analyze how a health tax is being advanced and implemented. These studies will consider how political economy factors influenced the design, adoption and implementation of health taxes, and how analysis can be used to further health taxes in country contexts?

There is a requirement for research teams to engage and work closely with policy-makers (including WHO and other international partners working in the country), and civil society groups (this will be coordinated with WHO and external partners). Also, if and when possible, researchers will be required to convene a policy dialogue with policy-makers (with briefing notes for policy-makers) to share findings and receive input and validation from policy-makers; this process will be coordinated closely with the Inter-Agency and WHO Working Groups to ensure that all in-country partners are aligned, and that the researchers are strategically contributing to the existing policy process.

Once the LMIC research teams have been identified and selected, the Alliance will convene an inception workshop gathering the teams and the technical support team to align the research and implementation activities. Beyond this, research teams will benefit from ongoing support from the Secretariat and a technical support team. For example, the Alliance will convene the research teams to share lessons as well as link teams with health policy-makers and civil society groups (in coordination with the Inter-Agency and WHO Working Groups on Taxes), and provide support to the teams for engaging with policy-makers.

A common conceptual framework will be developed to ensure that findings are comparable across countries.

Eligibility

In order to apply, an individual or team must meet the following criteria:

- The Principal Investigator must be a researcher based in a research institution in one of the following countries: Bangladesh, Ethiopia, Ghana, Indonesia, Mongolia, Myanmar, Nepal, Nigeria, Pakistan, Peru, Timor-Leste, Uganda, Ukraine or Viet Nam.
- Teams should be gender-balanced with women comprising at least 50% of the research team.
- The experience of researchers as reflected in the proposal as well as the CV of the PI should reflect experience both in health policy analysis and examining the role of political economy considerations in health promotion activities.
- Teams must, in their proposals, be able to demonstrate their plans for access to data sources relevant to answering their research questions.

Individuals from countries not listed above are not eligible to apply as Principal Investigators. However, organizations based in the countries above can collaborate with individuals and organizations based in high-income countries to submit a proposal based on the condition that not more than 15% of the total grant value can go to individuals or organizations based in high-income countries.

Work duration and budget

A maximum of eight studies will be funded in as many countries. Individual research projects will be funded for up to a maximum of US\$ 55 000. The research projects are expected to run for a maximum of 12 months after the development of the final protocol. By submitting a proposal, Principal Investigators commit to attending a protocol development workshop, to be held in mid-2021 (virtual or in-person depending on the global situation at the time) and an analysis and writing workshop planned to be held 10 months after the initial workshop.

Application process

Deadline: 14 June 2021, 23:59 CET

Bids submitted after this deadline will not be considered.

Successful applicants can expect to be notified within six weeks of the deadline. WHO may, at its own discretion, extend this closing date for the submission of bids by notifying all applicants thereof in writing.

Submissions of bids should be made at alliancehpsr@who.int. Please use the subject: **WHO Bid Ref. Call on Health Policy Analysis for Health Taxes**

Submissions of **not more than six pages** (standard font size 11, 1.15 linespacing, normal margins), not including team CVs should include the following:

- **Contact details:** Name of the bidding institution including contact details and name of a key contact person.
- Provide a **background** on the health taxes and political economy landscape in the country, as well as a summary of any existing literature in this setting.
- Provide a **problem statement** outlining some of the key challenges of the health tax policy process in the setting proposed for the study, as well as some of the key challenges of this process that health policy analysis could help to explain.
- Provide information of **data sources and mixed methods** proposed to be used, including demonstrating how these will contribute to addressing the problem statement. Teams should recognize that proposed methods may change as we will seek to have a single conceptual framework for all case studies supported under this programme of research.
- Outline specific plans on how to **engage and work closely with policy-makers** (including WHO and other international partners working in the country), and civil society groups (this will be coordinated with WHO and external partners).
- **Composition of the proposed team:** names, expertise, function in institution, gender, and role in team and experience relevant to the

call. The team should also have experience in carrying out key informant interviews with high level policy-makers in the setting where the study is proposed to be carried out. The team must provide information about the gender breakdown of the core research team, noting that to be eligible for funding 50% of the core research team must comprise female researchers.

- In addition to the proposal, teams must submit **CVs** (of not more than three pages each) of the members of the research team, as attachments in the same email (not included in the page limit for the proposal). In case a research team member has more than 20 publications, please list the most relevant and/or recent publications.
- **Project timeline:** Description of a maximum 12-month timeline that demonstrates how the bidders plan to carry out activities to respond to the overall aims and objectives of the project
- **Itemized budget** for six months based on the specific tasks outlined. **Please also provide a summary budget** of the total costs summarized by the following categories (not all may be applicable): personnel, supplies/facilities, equipment, communications, travel and per diem, and other (meetings, publications, etc.). Costs of peer reviewed research publications/ a special Issue will be supported by the Alliance Secretariat and should not be included in the budget. Institutional overheads should not exceed 13%.
- **Motivation for applying:** A description of how this work fits in with the bidder's expertise and aligns with current areas of work. This should be in the form of one-page document explaining how the bidder has expertise in HPA and will be able to access and engage appropriate stakeholders, with specific reference to engagement with policy-makers and civil society groups.

Evaluation of research proposals

Research proposals will be judged by a minimum of two external reviewers on the basis of set criteria that will include:

- The potential of the proposed research study to contribute to the overall aims of the research programme in terms of understanding how health policy analysis has the potential to contribute to the design and implementation of health taxes .
- Quality of the research proposal in terms of demonstrating an understanding of the health taxes and political landscape in the study setting and demonstrated understanding of the kinds of political economy factors that have the potential to influence health tax design and implementation.
- Appropriate data sources and methods.
- Qualifications and experience of the research team in the areas of health taxes health policy analysis.

- Demonstrated ability to access high level policy-makers and other key stakeholders to carry out key informant interviews.
- Feasibility of proposed study over a 12-month duration to implement the research (from the development of the final protocol to the submission of the final report).
- Value for money.

The selection of cases across countries will also seek to maximize diversity in terms of geographical area, political economy contexts, and the potential of cases as a whole in advancing knowledge in this area.

Notes for applicants

1. 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) applicant, modify the bid 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.
2. All prospective applicants that have submitted a bid will be notified in writing of all amendments to the bid and will, where applicable, be invited to amend their submission accordingly.
3. Applicants should note that WHO reserves the right to:
 - a. Award the contract to an applicant of its choice, even if its bid is not the lowest;
 - b. Accept or reject any bid, and to annul the solicitation process and reject all bids at any time prior to award of contract, without thereby incurring any liability to the affected applicants and without any obligation to inform the affected applicants of the grounds for WHO's action;
 - c. Award the contract on the basis of the Organization's particular objectives to an applicant whose bid is considered to be the most responsive to the needs of the Organization and the activity concerned;
 - d. Not award any contract at all;
 - e. 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 applicant, 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 applicant.
4. WHO is acting in good faith by issuing this request for bids. However, this document does not obligate WHO to contract for the performance of any work, nor for the supply of any products or services.
5. WHO reserves the right to enter into negotiations with one or more applicants 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 bid.

6. Within 30 days of receipt of the contract, the successful applicant shall sign and date the contract and return it to WHO according to the instructions provided at that time. If the applicant does not accept the contract terms without changes, then WHO has the right not to proceed with the selected applicant and instead contract with another applicant of its choice.

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