



Revitalizing Health for All:

A Call for Expressions of Interest to Participate in New Research and Research Training in Comprehensive Primary Health Care

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Background

In 2007, an international network of researchers and people involved in building comprehensive primary health care (CPHC) received funding to support research and research capacity-building. This network, associated with the People's Health Movement, includes individuals in India, Africa, Latin America, Europe, Canada and Australia.

By comprehensive primary health care, we mean an approach to health systems organization and services that tries to achieve the following:

- a. increased equity in access to health care and other services/resources essential to health
- b. reduced vulnerabilities through changes in community empowerment (capacities)
- c. reduced exposures to risk through changes in social and environmental determinants of health
- d. improved participatory mechanisms and opportunities and political capabilities of marginalized population groups reached by comprehensive primary health care initiatives
- e. increased community resilience to enable effective responses to promote and protect health
- f. equitable increase in population health outcomes

The ideals of comprehensive primary health care were first launched internationally by the 1978 Alma-Ata Declaration on Primary Health Care. This Declaration was partly based on earlier primary health care successes in significantly lowering infant, childhood and maternal mortality rates and creating over all population health improvements in many parts of the developing world.

Since the Alma-Ata Declaration, however, most health systems reform in much of the world has been driven by 'selective' (single-disease or intervention focused) primary health care, and by increased marketization of health care services (e.g. user fees, privatization). This has led to increasingly complex, inefficient and inequitable health systems driven by an ever larger number of special 'global health initiatives.' Resulting problems of sustainability in selective primary health care programs, and the weakening of public health systems and their capacities to work intersectorally on the determinants of health and with communities in more authentic forms of partnership, has led to calls for the renewal of comprehensive primary health care by the World Health Organization, the Pan-American Health Organization, and health ministries and civil society groups around the world.

Our Project

With funding support from the Canadian Global Health Research Initiative and its 'Teasdale-Corti' Research Program, our project goals are to:

- a. systematically review recent past experiences of comprehensive primary health care from different regions of the world to determine what we know about how it works, what it needs to work and what it has accomplished

- b. train up to 20 early career primary health care researchers in undertaking new or augmenting existing CPHC research studies, in teams with ‘research users’ (health policy or program planners) and research mentors (experienced CPHC researchers)
- c. provide financial support to these research teams to undertake their proposed studies
- d. support the building of regional networks of researchers and research users (including civil society groups) to advance comprehensive primary health care as the basis for health system reform in their own countries
- e. create a rigorously sound knowledge base on the role of comprehensive primary health care in improving health equity that can be used in the advocacy work of these regional networks
- f. strengthen the People’s Health Movement in being a global voice for comprehensive primary health care

Call for Expressions of Interest

Our project is now seeking applications (‘Expressions of Interest’) from research teams committed to developing important new knowledge and action on comprehensive primary health care. These research teams will come from one of four different areas/regions in which are focusing our overall project work:

Region 1:	India and South Asia
Region 2:	Africa
Region 3:	Latin America
Region 4:	Indigenous/Aboriginal peoples in Canada and Australia

Who?

Each team will be made up of:

- an early career researcher (someone who is just beginning to study primary health care)
- a ‘research user’ (someone who is working in health systems developing or implementing primary health care policies or programs, and who is in a sufficiently senior position to make or influence decisions based on new research knowledge)
- a mentor (a more senior researcher with experience in research on CPHC, health systems, health and development or other related social development area)

Research teams could come from universities, governments, non-governmental organizations or any other group that is involved in primary health care. At least one of the team members must work in an organization legally eligible to receive research grant funding.

Anyone needing assistance in creating a team (e.g. locating one or more potential team members) should contact the Research Coordinator, Dr. Corinne Packer (cpacker@uottawa.ca).

What will participation in the project entail?

Each team will prepare a first draft of an Expression of Interest (essentially an outline of a research proposal) that will address an important question, or set of questions, about comprehensive primary health care. (See **Writing your Expression of Interest**). The proposals will be reviewed by members of our project coordinating group.

Up to 6 of these proposals from each of our four regions will be funded to attend a 2 week training program in 2008 on researching comprehensive primary health care. Research users will be encouraged to attend for the full 2 weeks, but where this is not possible it is essential that they attend the first week. During this 2 week training program, research teams will have an opportunity to develop their proposals in greater detail. Teams supported directly through this initiative will also be provided with some financial support to conduct their research. Teams not selected for this support may be invited to participate in the training program and subsequent regional meetings on a cost-recovery basis. Due to limited funding available through this initiative, all invited teams (whether funded by the initiative or participating on a cost-recovery basis) will be asked to indicate in their Expression of Interest what other sources of funding they already have, or may be able to access.

All teams who attended the first year training program will also be expected to attend a 3 day follow-up training programs in 2009, which will be accompanied by a 1 day regional meeting on CPHC. They will also be expected to attend a second regional meeting in 2010.

There will be four separate sets of training programs, one for each of the four regions.

Timeline:

31 March 2008:	Deadline for Expressions of Interest
September – November 2008:	Two week training program (see ‘Proposed Venues and Dates for Regional Training Programs’ at end of this Call for Expressions of Interest)
October 2008 – November 2010:	New funded research studies
September – November 2009:	First regional meeting and 3 day Training Program
September – November 2010:	Second regional meeting
Sometime in 2011:	A global meeting on overall project results (to be determined, based on obtaining new funding)

Writing Your Expression of Interest

The Expression of Interest should be no more than 5 pages long. It should be developed collaboratively between both team members (the researcher, and the research user). It must contain the following information:

- a. An introduction explaining how the research questions/proposal fits with our project’s overall research questions; with the local, national or regional context of CPHC; and with the regional research priorities identified in our literature review. (See below for our list of overall research questions and regional research priorities.) The introduction should also contain a brief statement of any previous work the team members may have done together, i.e., their prior collaborative experience. Length: about ½ page.

- b. A section on your research questions, design (e.g. natural experiment, quasi-experimental, comparative case study, historical/longitudinal), methods (participatory action research and mixed methods approaches recommended); and how the design and methods will allow generation of policy/program relevant evidence of both implementation (process) and outcome (impact). Applicants should also indicate here whether their research will involve the participation of human beings and will thus require ethical review. Length: about 1½ pages.
- c. A section where you describe why your research is new or, if a continuation of already studied comprehensive primary health care, how it is asking a new set of questions that will generate new knowledge. Length: about ½ page.
- d. A section where you discuss what community involvement, including involvement of People’s Health Movement, occurred that led to the selection of your research questions and methods. Length: about ½ page.
- e. A section where you discuss your team’s past or current engagement with larger networks of primary health care researchers, research users and citizen groups; and the ideas you have for how your team and your proposed research project could strengthen such networks. Length: about ½ page.
- f. A section where you identify some initial ideas of how you would engage with practitioners, policy workers and community groups for uptake of your research findings. Also estimate the amount of time each team member will commit to the research. Length: about ½ page.
- g. A preliminary budget for your study indicating the categories of expenditure (e.g. researcher salary, research assistance, equipment, travel, etc.). Indicate here if you require funding directly from our project for this research (see Table below for regional-adjusted maximums that can be funded directly by our project), and/or if you have access to other funding opportunities (including in-kind contributions) to support it. Length: about ½ page.

We expect that changes to the research proposed in the EOI may occur as a result of participation in the training program.

Table 1: Regionally-adjusted Maximum Stipends

Region 1: India and South Asia

Up to 5 applications will be accepted. Each will be granted a stipend of a maximum
CAD 17,200 for the length of the project (per team)

Region 2: Africa

Up to 5 applications will be accepted. Each will be granted a stipend of a maximum
CAD 24,200 for the length of the project (per team)

Region 3: Latin America

Up to 5 applications will be accepted. Each will be granted a stipend of a maximum
CAD 24,200 for the length of the project (per team)

Region 4: Indigenous/Aboriginal peoples in Canada and Australia

Up to 6 applications will be accepted. Each will be granted a stipend of a maximum
CAD 27,300 to cover the length of the project (per team)

Additional Application Documents

Each Expression of Interest must be accompanied by the following documentation:

- a. A signed statement from each team member committing themselves to participate in all three training programs, should they be selected.
- b. A signed letter from the university or employer of each team member committing to providing the time for the team members to attend to training programs (all costs for attendance will be covered by our project), to undertake the research (if funded directly by our project) or to further develop their proposal.
- c. A letter from a mentor (senior researcher) indicating willingness to support the research team as needed over the three years of the training programs and research study.
- d. A list of any other collaborators the team has involved in its Expression of Interest.
- e. CVs (resumés) of each team member. These can be whatever standard university or professional CV they presently have, but it must contain at a minimum the following:
 - o Their academic and/or professional backgrounds
 - o Their prior work in/knowledge of comprehensive primary health care
 - o Their prior work in any research or implementation/policy projects relevant to comprehensive primary health care
 - o Publications, policy papers, articles or other major presentations/disseminations on the topic of comprehensive primary health care
 - o Extent of involvement in social movements related to health

How We Will Review Your Expressions of Interest

We have established regional review teams drawing from our project's coordinating group. Each Expression of Interest will be reviewed in depth by at least two different people, who will prepare written assessments. These assessments and each Expression of Interest will be discussed amongst the larger review team.

The criteria used in these assessments will include:

- Clarity of the proposal's relationship to project's overall and regional research questions and goals
- Extent to which research questions are contextualized in national, regional or local CPHC histories and issues.
- Clarity of the research questions, design, methods and the rationale for them
- Confidence in the team's abilities to undertake the research (based on their CVs and prior training or experience in primary health care, support from a senior mentor, prior working relationship, involvement with a larger network)
- Evidence of community involvement in setting the research questions
- Strategies for research dissemination
- Degree to which knowledge generated by proposal will usefully inform practitioners, policy makers, community groups or activists in People's Health Movement or other social movements
- Written support for their participation from their university/employer

How to Send Your Expression of Interest

Applications may be submitted in either English or Spanish. Only one application per person is allowed.

Expressions of Interest should be sent electronically (e-mailed), with all of the additional required documents, to:

Corinne Packer (cpacker@uottawa.ca)

no later than: **March 31st, 2008**. Late applications will not be accepted.

One hard copy of the full application (Expression of Interest and additional required documents) should also be posted, postmarked by midnight March 31st, 2008, and mailed to:

Corinne Packer
Room 214
Institute of Population Health
University of Ottawa
1 Stewart Street
Ottawa, Ontario
Canada
K1N 6N5

Receipt of your Expression of Interest will be promptly acknowledged.

For further population- or region-specific information, please contact the individual listed below according to your interest.

Region 1: India and South Asia

Dr. Thelma Narayan: thelma@sochara.org

Region 2: Africa

Ms. Nikki Schaay: schaay@mweb.co.za

Region 3: Latin America

Prof. Eduardo Espinoza: eduardo@espinoza.ca

Region 4: Indigenous/Aboriginal peoples in Canada and Australia

Dr. Raven Sinclair (Canada): raven.sinclair@uregina.ca

Dr. John Boffa (Australia): john.boffa@caac.org.au

Project's Overall Research Questions

Your Expression of Interest should reflect how it will help to answer one or some of the overarching research questions that guide our project. These are:

1. *What is the evidence of the effectiveness of comprehensive primary health care on:*
 - a. increased equity in access to health care and other services/resources essential to health
 - b. reduced vulnerabilities through changes in community empowerment (capacities)
 - c. reduced exposures to risk through changes in social and environmental determinants of health

- d. improved participatory mechanisms and opportunities and political capabilities of marginalized population groups reached by comprehensive primary health care initiatives
 - e. increased community resilience to enable effective responses to promote and protect health
 - f. equitable increase in population health outcomes
2. *What new knowledge do we need on:*
- a. Strategies or mechanisms used by CPHC in different contexts that work best to achieve the outcomes specified above.
 - b. How the development level and political and policy context of countries, or within-country inequities in wealth and/or regional differences in policy, affect these impacts.
 - c. What combinations of resources, policy and state/civil society/university relationships facilitate and sustain appropriate and effective comprehensive primary health care.
 - d. What types of strategies or forms of mobilisation have secured the above resource and organisational arrangements.
 - e. What are the enabling and constraining international conditions for establishing sustainable comprehensive primary health care systems, including a consideration of how the macro economic and health sector reform policies, concepts and methods of the industrialized countries and international financial institutions have influenced these international conditions.
 - f. What research skills and methodological approaches are necessary to underpin the effective operation of CPHC and the production of a convincing evidence base.
 - g. What is the role of locally conducted research projects in contributing to development of local CPHC systems and to the international evidence base on CPHC.
3. *What approaches to research, and what research/evaluation tools and methods, are most useful in advancing understanding of, and action on, CPHC implementation?*
- a. What program evaluation methods are most suited for use in a CPHC setting?
 - b. How can the effectiveness of community empowerment in CPHC be measured?
 - c. What research and implementation knowledge, skills and values may be required for the advocacy component of CPHC in particular contexts?
 - d. To what extent do existing methods of quality assurance designed for community health settings capture the effectiveness of CPHC?
 - e. How can health information systems be modified to take greater account of local and culturally-specific health frameworks and indicators, particularly for Indigenous groups?
 - f. What is the cost-effectiveness of CPHC in particular settings?
 - g. To what extent do the health care reform processes being implemented in particular settings support the implementation of CPHC?
 - h. What indicators can be used to measure the extent to which a health system has re-orientated towards CPHC?

Other General Questions Identified from the Literature Review

Policy

- 1. How have neoliberal economic and social policies affected CPHC?
- 2. How are policy-decisions made regarding comprehensive vs. selective primary health care?

3. How do government or donor contractual requirements for NGOs delivering PHC affect the comprehensiveness of their PHC services?
4. How have global health initiatives affected implementation of CPHC?
5. What has been the role of civil society in promoting equity-oriented CPHC?
6. What has been the impact of the global economy on CPHC?

Methodology

7. How can equity in health outcomes be measured and attributed to CPHC?

Impact

8. How does the quality of CPHC affect health outcomes?
9. What has been the role of community health workers in CPHC programs and related health outcomes?
10. What has been the effectiveness of CPHC in addressing gender and other forms of social inequalities?
11. What has been the role of CPHC care in mobilizing civil society and social movements relating to health?
12. How has 'ownership' by the community of CPHC services affected the success or sustainability of CPHC?

Population- and Region-Specific Questions Identified from the Literature Review

Research may also choose to address any of the following population- and region-specific questions:

Aboriginal/Indigenous populations in Canada or Australia as well as in project regions with Aboriginal/Indigenous populations)

1. What constitutes 'indigeneity' in CPHC?
2. What is the extent of control over CPHC exercised by Aboriginal communities?
3. What are the similarities or differences between 'holistic indigenous primary health care' and CPHC?
4. Should, and if so, how can, CPHC better link traditional indigenous with modern Western health views?
5. How has colonialism affected CPHC development in Aboriginal communities?
6. What CPHC governance structure is most appropriate to Aboriginal health beliefs and values?
7. How does CPHC deal with/overcome racism?
8. How does CPHC build or enhance community participation in Aboriginal communities, with what impacts on health?

Latin America

9. What has been the impact of Cuban primary health care on equity in health in that country?
10. What has been the political sustainability of CPHC in Latin America?
11. How has, or how could, CPHC moved beyond a targeted intervention for the poorest to become a more universally accessed system for other groups?
12. How politically and financially sustainable over the longer term is a CPHC focus on the poorest?
13. What role has CPHC played in dealing with health determinants residing in the environment, urbanization processes, food access/security and non-medical determinants?

Africa

14. How have health programs receiving funds from Global Health Initiatives for selected technical interventions to address one or two diseases integrated (or not) actions dealing with social determinants?
15. How possible is it for a primary health care clinic to deliver CPHC?

India

All of the Indian/South Asian regional questions are the same as the 'Other General Questions' noted above.

Proposed Venues and Dates for Regional Training Programs

Year 2008

Region 1: India and South Asia

Bangalore, India, 13-24 October 2008

Region 2: Africa

Cape Town, South Africa, 3-14 November 2008

Region 3: Latin America

Bogota, Colombia, 26 September - 7 October 2008

Region 4: Indigenous/Aboriginal peoples in Canada and Australia

Adelaide, Australia, 20-31 October 2008

Year 2009

Dates and venues to be determined for all regions

Year 2010

Dates and venues to be determined for all regions

Checklist

- Expression of Interest (maximum 5 pages in length).
- Curriculum vitae (resumé) of each team member.
- Signed statement from each team indicating commitment to attend all three training programs.
- Signed statement from university of employer of each team member indicating time will be granted to team members to attend all three training programs and undertake research.
- A list of other collaborators the team has involved in its Expression of Interest.
- If a mentor is identified, a letter from the mentor indicating willingness to support the team over the three year period.