Request for Proposals

by WHO and HRP

To participate in a multi-country research study to assess content validity of a new sexual health-related survey instrument within the general populations, using 'cognitive interviews'

Deadline for submission: 20 December 2020 by 23:59 GMT +1

Proposals welcome from all countries

The UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) based within WHO's Department of Sexual and Reproductive Health and Research (SRH) is the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health.

The HRP Alliance entails the research capacity strengthening programme of the HRP/SRH, with a vision to strengthen research capacity with both thematic and methodological foci, including knowledge transfer. Read more

To encourage the inclusion of transparent and comparable sexual health-related measures on population-representative surveys, and in response to calls from leading sexual health researchers, WHO/HRP is developing a standard instrument for assessing sexual practices, behaviours, and sexual health-related outcomes.

In this process we need to determine that its measures 1) are globally comprehensible and 2) assess the intended constructs consistently and correctly when translated and implemented in different settings. Therefore, the aim of this Request for Proposals (RFP) is to identify research collaborators to participate in a multi-country study to refine this standard instrument by testing it in a variety of demographic cross-sections of the general population (e.g. older persons, persons in rural areas), worldwide and to combine this effort with linkages to our research capacity strengthening programme.

This call is open to researchers in all countries, please find specific eligibility criteria for grants related to research capacity strengthening within the HRP Alliance below.

Background

Sexual health and wellbeing is an integral part of overall health and wellbeing. Achieving the "right to the highest attainable standard of health" includes the ability to have safe and consensual sex. One central tenet of providing adequate, quality information and relevant services in any area of health is to have prior understanding of the existing related practices and behaviours of the population in question. Billions of dollars have been invested by countries and donors to strengthening sexual and reproductive health (including HIV) services and an SDG target commits to ensuring universal access to sexual and reproductive health care services by 2030 (SDG3.7). Yet, the practices and behaviours underpinning the need for those services are less well understood. Issues to do with sexuality and sexual activity are often

overlooked, marginalized, or neglected, which adversely affects the availability and use of relevant data, worldwide.

Robust population-level data on sexual heath is needed in order to ensure adequate services are available for all persons across the life course. Additionally, sexual health-related data has important implications for: identifying and challenging gender and social norms (e.g. understanding what constitute accepted sexual and intimate partner (mis)behaviours and expressions); decoupling specific sexual practices from certain populations (e.g. the perception that anal sex is a practice only among MSM results in scientifically-discredited and human rights-violating forced anal examinations in certain countries where same-sex activity is criminalized); and providing relevant sexuality education and information which is responsive to actual practices (e.g. provision of sex/sexuality-related information to older persons is often limited, with the false assumption that they have stopped engaging in sexual activity).

From September-November 2019, in response to recommendations from leading sexual health researchers worldwide, WHO/HRP ran an open call to solicit examples of existing survey instruments, domains related to sexual health, implementation considerations, and creative ideas for related measures or analyses. In total, 175 submissions were received, covering all six WHO regions. In January, 2020 using funding from WHO/HRP and the HRP Alliance, the African Population Health and Research Centre (APHRC) hosted a 3-day hackathon to fully develop the WHO/HRP standard instrument. Over three days, a rough draft instrument of priority measures was developed, with sections on: socio-demographics, sexual biography, sexual practices, sexual health-related outcomes, and social norms. The draft instrument was sent for external review to ~70 individuals who had made eligible submissions to the open call – 41 provided feedback. The instrument was also reviewed by relevant focal persons in HRP.

The development of this instrument has been a collaborative, transparent process drawing on the expertise of top researchers and using existing measures from validated survey tools. Ideally, a final instrument would be easily adaptable (re: translated) with minimal content modifications between sites, so that data collected from different sites can be easily compared. However, many of the included survey measures were established in high-income, Western settings. Therefore, an important step to ensure that the final instrument has global applicability is to establish the extent to which this 'standard' instrument can be implemented with fidelity among general population groups worldwide.

As such, this RFP seeks research collaborators who can help establish the content validity of the survey instrument, by conducting cognitive testing of the draft instrument among members of the general population in their countries. Cognitive interviewing is a qualitative method which allows researchers to determine the content validity of survey measures, by investigating participants' thought processes as they encounter and develop a response to a survey question. For this draft sexual health instrument, it will help determine:

- Whether survey questions and/or key terms are interpreted the same way by people from different cultural and linguistic backgrounds
- Whether participants feel like questions and answer options are appropriately phrased and complete
- Whether participants feel like the questions are asked in a sensitive manner and that they can give an honest answer

Following the completion of this research, the instrument will be published by WHO/HRP and become available as an open access module, to be incorporated into health-related surveys, worldwide.

Scope of engagement

Selected research collaborators will participate in the following:

Adapting and localizing global research protocol, participating in (virtual) trainings

Implementation of the localized protocol[1]*, which will consist of the following steps:*

1. Localizing the draft survey instrument and cognitive interview guides (translation and back-translation).
2. Conducting 24-32 cognitive interviews among the general population, either in-person or virtually (depending on COVID-19 research requirements and available infrastructure). A self-administered web survey is an additional option, infrastructure-allowing.
3. Inputting interview findings into a pre-developed data analysis framework.
4. [Optional] conducting a second round of a maximum 10 interviews.

Serving as part of the WHO sexual health survey instrument Advisory Group, *the role of which consists of*

1. Participating in (virtual) advisory group meetings to inform HRP on survey instrument revisions, based on research findings.
2. Co-authoring a cross-country manuscript on the evolution of the draft survey instrument, based on findings from across countries.

WHO/HRP, global coordinator of the multi-country study will:

- Support countries to adapt the protocol for their local setting
- Design research team trainings
- Co-lead (virtual) trainings of research teams with site PIs
- Handle multi-country data analysis and source (English language) survey revision
- Organize any data analysis meetings (likely virtual)

Priority countries

Research collaborators are welcome from around the world, in both high- and low-resource settings.

A limited number of small grants (maximum USD 20,000) will be available to institutions/PIs whose primary affiliation is an organization in a low-income, or lower-middle income country. Applying institutions/PIs from upper middle-income countries in the WHO European region are also eligible to apply for the research capacity strengthening grants. This call is also open to researchers/research institutions with their own sources of funding (see funds section).

Eligibility criteria

[1] *Protocol implementation will take begin simultaneously in groups of 3-4 countries. As such, countries will be connected through the process of translating the draft survey instrument and interview guides to alert HRP and each other to any issues which arise during the translation process. This multi-site connection will also allow for joint troubleshooting and lesson-sharing, for issues which arise during implementation.*

Researchers working in embedded programmes within ministries of health, national health/research institutes, academic institutions, research institutions, and nongovernmental organizations are eligible. Given the end goal of this research is to have a module which can easily be incorporated into existing survey infrastructure, we strongly encourage researchers with ties to nationally-representative health surveys to apply.

Eligible teams will be led by qualified researchers with proven research experience, as evidenced by publications in peer-reviewed journals, and should include female researchers, ideally as PIs or co-PIs. As the HRP Alliance promotes research education and research capacity strengthening, the inclusion of young researchers (masters and doctoral students, and/or postdocs) is an asset.

The teams should have the following **essential** skills:

- Very strong proficiency in both English and (if applicable) the language in which interviews will be conducted
- Qualitative research experience (specifically, in-depth interviews)
- Comfort with conducting detailed person-to-person research about sexual behaviours (e.g. types of sexual activity, partners, preferences, etc)

Desirable skills include:

- Previous experience with cognitive interviewing
- Previous experience with translating or otherwise localizing survey modules

The grant will be awarded to the beneficiary institution where the researcher(s) are based. PIs and co-PIs should be part of the local institution applying for the grant. No grants will be awarded to individual researchers and/or research teams that are not linked to a research institution (as described above).

Selection process

Proposals will be selected on a competitive basis by WHO staff. Scoring will focus on demonstration of the above eligibility criteria, competence and experience, and scoring of proposed implementation plan.

If the proposal is selected for funding and the research involves human subjects, ethical clearances will be required from: 1) the designated institutional and/or national ethical committee (as applicable); and 2) the World Health Organization Ethical Review Committee (WHO-ERC). Final approval of grants is subject to these ethical clearances. Selected institutions will also need to abide by WHO Framework of Engagement with Non-State Actors (FENSA) requirements and when applicable, will need to be registered within WHO's International Clinical Trials Registry Platform.

All participating sites will be part of (and co-authors in) multi-site analyses which document the evolution of the survey based on research findings. In addition, each site will have ownership of its data and is free to publish on site-specific results. They should follow the open-access policy and clearly refer to HRP and HRP Alliance support and indicate the grant number.

Funds

This RFP is envisioned to result in collaborators in 10-12 study sites in total, covering both high-resource settings (where researchers may have existing funding and/or research infrastructure in place) as well as low-resource settings (where research funding and research infrastructure may be more difficult to come by).

We invite collaboration from researchers who have their own sources of funding, or where this protocol can be folded into ongoing research activities. This multi-country protocol is small in scope and where digital infrastructure allows, the protocol will allow for data collection to take place via virtual video conference, another cost-saving mechanism.

For researchers from settings where resources are needed, we expect to be able to support 6-8 projects. The size of the budget for each grant will be based on the scope and focus of research proposals (approximate budget per project: USD 20,000). Co-funding from domestic or other sources is also encouraged for these proposals. Salary of the Principal Investigator, overhead and administrative costs and travel costs that are not essential for the implementation of the project are not eligible items of the budget.

All proposals requesting funding should be accompanied by a detailed and itemized budget as part of the application form.

Implementation and reporting requirements
Successful teams are expected to provide a financial report within 90 days of the completion of the specified funding period. A publishable manuscript will be accepted in lieu of a technical report at the end of the grant period.

Timeline

Call opens: **26 October, 2020**
Application deadline: **20 December 2020 by 23:59 GMT +1**
Project anticipated start date**: early 2021**
Funding period: **up to one year from start date**

How to submit the application
There are two steps:

1. Write to Lianne Gonsalves (gonsalvesl@who.int), with the subject header "**Sexual health instrument protocol request"** to request a copy of the *draft* multi-site protocol.
2. Submit your proposal, which consists of two parts:
    a. The proposal form – capturing administrative and institutional information, team composition, budget, and timeline
    b. The protocol – provide site-specific information and considerations to serve as an implementation plan for your proposed study

Applications should be submitted in English. The completed application form should be signed by all investigators and submitted by e-mail to: hrpalliance@who.int with the subject header "**Sexual health instrument testing."**

If you have any questions during the application process, please contact Lianne Gonsalves at gonsalvesl@who.int.

Related links

UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

TDR Implementation Research Toolkit

Other useful documents

Beatty PC, Willis GB. Research Synthesis: The Practice of Cognitive Interviewing. Public Opinion Quarterly. 2007;71(2):287-311.

Fitzgerald RW, Sally; Gray, Michelle; Collins, Debbie. Identifying Sources of Error in Cross-national Questionnaires: Application of an Error Source Typology to Cognitive Interview Data. Journal of Official Statistics. 2011;27(4).

Willis GB. The Practice of Cross-Cultural Cognitive Interviewing. Public Opinion Quarterly. 2015;79(S1):359-95.