REQUEST FOR PROPOSALS

Structural Change for Health Equity

Anticipated start: January 2024

Introduction

The O'Neill-Lancet Commission on Racism, Structural Discrimination and Global Health (the O'Neill-*Lancet* Commission) is founded on the recognition that racism, rather than race, results in differential access to the social determinants of health, creating and maintaining unjust and avoidable health inequities. Structural racism is the systemic production of law, rules, practices, and ideology embedded in economic, cultural, and social norms that reinforce institutional and systemic disadvantages that transcend individualized actions. Black, Brown, Indigenous, tribes, castes, and other minoritized groups are systematically disempowered and face barriers to rights and advantages, which are further exacerbated by discrimination across intersectional social statuses, including ethnicity, gender, and class. While racial and ethnic disparities in health outcomes are increasingly recognized worldwide, the impact of racism as a driver of health inequity has not been sufficiently addressed as a phenomenon that spans borders. Thus, this is a critical point in time to make concerted efforts to cohesively study the problem of racism in health, synthesize findings, and uncover anti-racist strategies designed to reduce health inequalities and related challenges, in partnership with stakeholders who directly or indirectly support public health. The purpose of this Commission is to address racism and structural inequality as it relates to health equity in a global context, using targeted research and collaborations to foster policy dialogue within and across sectors that impact health.[1] This work builds on the UN Report by the Special Rapporteur on Racism and the right to health.[2]

Specific mandates of the O'Neill-*Lancet* Commission include:

1. *Diagnose the problem of racism in health* through literature reviews, community and expert consultations, and empirical research.
2. *Identify best practices and actionable anti-racist strategies* through research of global health outcome data and related policies, practices, and laws that have led to equitable results across population groups.
3. *Compile a report of its findings* by producing a 25,000-word Lancet report and additional accessible materials.
4. *Widely disseminate findings and recommendations* through various mediums, including participation in high-level meetings, conferences, political events, community gatherings, and regional Commission-hosted events.

The O'Neill-*Lancet* Commission is housed at the O'Neill Institute for National and Global Health Law, a think tank affiliated with Georgetown University, that also serves as the Commission's Secretariat.

The O'Neill Institute has partnered with *Exemplars in Global Health* (EGH) to identify and study positive case studies addressing structural racism and discrimination as it relates to health. EGH is a partnership of funders, independent researchers, academics, and in-country experts committed to harnessing rigorous

data and evidence to better understand and replicate large-scale health successes around the world. EGH distills stories of positive outlier countries (i.e., Exemplars) that have made extraordinary progress in important health areas to help public health decisionmakers adapt strategies to their contexts.

The Opportunity

This effort is a collaborative research project focused on the Commission's second mandate, i.e., identifying best practices and actionable anti-racist strategies. We welcome proposals from institutions interested in serving as a cross-site research partner (CRP) to lead the research process from inception to completion, working closely with the O'Neill Institute and EGH. The CRP is an integral and important partner in the study process, namely leading the development of a conceptual framework, case selection methodology, supporting in-country research partners (ICRPs), and disseminating generalized, synthesized findings in various formats for identified end users. The CRP will hold the values, experience, and expertise that align with those outlined by the O'Neill-*Lancet* Commission, which comprises 21 expert commissioners at the intersection of racism, structural discrimination, global health, law, and policy. These commissioners represent a multitude of communities, ethnic and racialized groups, and disciplines; their track record of trust and investment in communities is essential to the application of non-extractive methods to engage afflicted communities as co-shapers of this research and ultimately, the study findings.

Our Approach

The goal of this collaboration is to support countries or subnational settings (e.g., regions, districts, cities, or communities) looking to reduce health inequities driven by structural racism, discrimination, or oppression amongst marginalized and underrepresented groups by implementing policies and programs that augment, restructure, or replace existing systems.

Study Design & Methodology

We acknowledge that studying equity/anti-racism/anti-discrimination/anti-oppression requires a different lens than one would have studying traditional health outcomes and welcome applications that propose specific and novel evidence bases, methods, and approaches that best fit this area of research. The structure of this body of work will be packaged as a series of mixed-method retrospective case studies that document the evolution story and determinants of success in countries or subnational settings that have made significant progress in reducing health inequities through anti-racist-/anti-discriminatory/anti-oppressive policies, practices, and laws. Retrospective success stories will be accomplished through literature review, quantitative analysis of available survey or administrative data, qualitative inquiry (e.g., focus groups, in-depth interviews, or community consultations). Collectively, these methods will articulate different success models and identify key drivers of progress.

Note: Current funding is available for two case studies. Additional funding may increase capacity.

In brief, the proposed research process includes four core methodological components:

1. Conceptual Framework	2. Quantitative / Policy analysis	3. Qualitative Research	4. Cross-site synthesis
A measurable list of factors (and their relationships) that contribute to success *Drives research process and will be modified based on empirical findings*	Quantitative / policy analysis geared towards identifying Exemplar locations and their success factors *Identifies unit of analysis using appropriate outcomes and context*	Qualitative research to supplement quantitative work and understand local success drivers and mechanisms *Tells the story: "It's not what they did, it's how they did it."*	Comparative analysis across study sites to understand common factors across best practices *Synthesizes findings for dissemination and uptake for identified end users*

The CRP will be responsible for the following methodological components:

1) Leading the conceptual framework development process
2) Developing and employing an objective selection process to identify positive case jurisdictions
3) Guiding and supporting ICRPs, who collect and synthesize local research efforts
4) Synthesizing all findings and conducting comparative analyses from the individual case studies to identify common factors across cases

All research components will be conducted in collaboration with the Commission's Secretariat, EGH, and a technical advisory group of appointed experts. You can learn more about the Exemplars research strategy on the EGH online platform and in this foundational paper.

Research questions:

Below is a list of key research questions we aim to address. Applicants are encouraged to add any additional questions, based on their experience and expertise.

1. **Which countries/subnational settings** (e.g., regions, districts, cities, or communities) have successfully implemented anti-racist/anti-discriminatory/anti-oppressive policies, practices, and laws that have led to more equitable health outcomes for specific marginalized and underrepresented groups?
    a. What were the specific **determinants of success** (e.g., interventions, advocacy strategies, or other approaches)?
    b. What forces and dynamics support the effectiveness of these policies, practices, and laws?
    c. What was the **sequence of actions** toward success?
    d. Which actors and sectors were driving these best practices? What were their roles?

2. How did the integration and implementation of these policies, practices, and laws **drive equitable health outcomes** in those settings?
    a. Which specific populations were reached? How were these populations included in the work and empowered to drive change?
    b. What was the impact on health system goals such as equity, access, quality, and efficiency?

   c. How did power dynamics shift as result of the work?
   d. Were there any unintended consequences?

3. Based on their experiences and the variation between them, what are the key lessons regarding **how to best integrate and implement anti-racist/anti-discriminatory/anti-oppressive policies, practices, and laws** in other settings to achieve equitable health outcomes?
   a. What actions can **governments, funders**, **implementers,** and **communities** take to support this progression?
   b. Are identified practices/interventions scalable or replicable?
   c. What can other settings, programs, or organizations learn from these documented, transferrable lessons?

Working Hypothesis

Our intention is to study changes that reflect the interdependence among programmatic, systemic, and structural components of racism and discrimination that influence health disparities, from the global health lens. We recognize that there is significant heterogeneity in the way structural racism is defined and measured, reflecting the rich diversity of identities, global communities, and differing perspectives on health and wellness. Here, we utilize the World Health Organization definition of health as the "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[3] We also recognize that there is an existing evidence base that describes the relationship between the impact of racism/discrimination/oppression on health outcomes and access issues to health services and that there is a paucity of evidence around specific structural interventions on reducing health inequality between groups as demonstrated through traditional public health indicators.[4-8]Therefore, we encourage approaches that reflect systems thinking and analysis and incorporate an intersectional lens.

As we aim to identify strategies to reduce these health inequities, we are considering progression along two axes: 1) the integration of structural or systemic change (policies, laws, or programs) aimed at dismantling racism and discrimination and 2) improvements in health service delivery or access and downstream health outcomes for marginalized and underrepresented populations. Our hypothesis is that these structural changes will reduce the equity gap in health outcomes between standardized/majority groups and populations/identities impacted by racism, discrimination, and oppression. Our goal is to identify settings that have intentionally designed and implemented these structural interventions and study examples where we observe evidence of improvements in health equity for the desired target populations.

Ideal applications will reflect proposals in the five key thematic areas of Commissioner-led working groups (see below), though not required.

1) Health and Care Systems
2) Global Governance and Finance
3) Legal and State Violence
4) Emergency/Crisis
5) Data, Tech, Research and Development

Proposed Timeline and Outputs

Timeline

The timeline for the retrospective case studies is intended to be approximately 12-18 months (research and dissemination), targeting project commencement in Q1 2024.

- Research (12 months):
    - 1 month to align on selection methodology for study settings, specific research questions and development of conceptual framework, ensuring that scope matches demand and aligns with project impact.
    - 2-3 months to select study settings, identify ICRP(s), conduct background literature review, develop data collection instruments, and submit IRB protocol (as needed).
    - 4-6 months for data collection and analysis across all study settings.
    - 2-3 months of interpretation/synthesis and presentation of results.
- Dissemination (6 months): Opportunities for dissemination and uptake will be identified early in the project, continuing throughout the research cycle. To be responsive to demand for the findings, translation of the findings may need to occur concurrently with the research and/or writing of findings. The primary mode of dissemination will be through targeted community- and Commission-led events. Although there are targeted dissemination periods, the goal of this project is to serve as a long-term resource for key stakeholders.

Expected outputs

Retrospective narratives will summarize what these countries/subnational settings accomplished, how they implemented changes, and transferrable lessons for other settings.

1) For each study setting:
    a. Interim output – findings from literature review and hypotheses/conceptual frameworks regarding success factors in countries/subnational settings (PowerPoint)
    b. Interim output – results synthesis (PowerPoint and written report)
    c. Final output – final case study (PowerPoint and written report)
2) Cross-setting synthesis (PowerPoint and written report)
3) Tailored outputs to be defined during dissemination phase

Proposed Collaboration Model

The research partnership will be highly collaborative amongst all partners, with the purpose of ensuring that the research outputs are of high quality and useful to end decision-makers. In addition to the CRP and ICRP(s), the research collaboration will consist of the EGH team at Gates Ventures, the Co-Chairs of the O'Neill-Lancet Commission, key focal points from the O'Neill Institute at Georgetown University, and other technical advisors.

- ***Cross-Site Research Partner (CRP)*** will be identified through this RFP to support the retrospective cases studies. They will have mixed-method capability to quantitatively analyze complex data sets and conduct qualitative research. A key attribute for the CRP is a strong understanding of racial health disparities and an awareness of global cultural expression of discrimination via ethnicity, race, tribe or caste, xenophobia, gender identity, sexual orientation, and other forms of discrimination. The research partner will support the selection of ICRP(s).

They will then coordinate and work closely with these local institutions to gather data and coordinate interviews and community consultations. The CRP will also become a Commissioner and have input on the Lancet report.

- ***In-Country Research Partners (ICRPs)*** will be identified after the selection of study settings. They will lead the in-country policy analysis, qualitative interviews, and support supplementary quantitative work.
- A ***Technical Advisory Group (TAG)*** will be created to identify potential units of study, guide the CRP and ICRPs on approaches and methodologies that align with anti-racist principles and ethics, and support evidence-to-policy translation where needed. The TAG will consist of a representative group of external experts working directly in research covering structural discrimination interventions, health equity outcomes and anti-racist policies. Their role will be to provide feedback on the proposed methodology, validate results, facilitate the dissemination of results, and help identify opportunities for uptake. This group will include 2-3 Commissioners.

Cross-Site Research Partner Capabilities

In addition to the capabilities listed above, we encourage applicants with the following characteristics and capacities:

- Embodies and values non-extractive research
- Nimble, flexible, and can deliver on tight timelines while developing and maintaining strong relationships with ICRPs and other partners and collaborators
- Deep understanding of global health, anti-discrimination, anti-racism, anti-oppression, and equity data sources
- Strong country network that includes professional and informal experts on anti-racism and discriminatory justice and/or intersectional identities
- Experience collaborating with local partners
- Strong capability to translate findings for identified end users
- Authoritative voice in community and field of interest

Guiding Principles of the Commission

In its work, this Commission will by guided by the following principles:

- Intellectual and academic rigor
- An approach defined by people experiencing structural discrimination to reach substantive equity
- Multi-sector participation
- Accountability and equal partnership among the Global North and Global South
- Concrete and actionable recommendations

Submission Guidelines

RFPs must be submitted in English to https://forms.gle/r2uerVQZjQUthn7X8 and questions can be addressed to SCHEsubmission@gmail.com. Submissions should not exceed 10 MB and are due by **11:59 PM PST on October 2nd, 2023**. All submissions should provide information that succinctly includes the following details:

Background

1. Please share a brief overview of your work to date in anti-racism/anti-discrimination/anti-oppression, health equity, or health disparity research.
2. Please share a brief overview of any experience working in global regions to date, including:
    a. What is your experience with broader health systems in each identified geography?
    b. Do you have an in-country presence or relationships with in-country organizations?
    c. What is your experience working with local partners (e.g., local governments, non-profit/community organizations, health authorities, and other community-driven research partners), specifically noting your approach to collaborative research?
    d. How have you supported uptake of findings in these contexts?
3. Please list the team composition and roles of individuals who will be working on this project, with the projected time allocation of each member.
4. Please include a brief statement regarding your team's commitment to equity.

Study design & methodology

Please share a brief overview of how you would approach studying settings that have already made significant progress in driving equitable health outcomes through the integration and implementation of anti-racist/anti-discriminatory/anti-oppressive policies, practices, and laws, including:

5. What methodology do you think would be best suited for this work? What would be the balance of qualitative vs. quantitative, primary vs. secondary data collection?
6. Which settings (e.g., country, region, district, city, or community) would you propose for retrospective case studies and why?
7. What data sources might you use?

Commitment to equity & organization capacity

8. How would you consider intentional collaboration and non-extractive approaches around knowledge generation, interpretation, and dissemination?
9. What would be the composition of the proposed research team; what is your commitment to equity institutionally and as a team?
10. What risks do you anticipate and how do you think those could be mitigated?

Timeline and budget

Proposed high-level timeline and total budget for 12-18 months. Budget should reflect fees for CRP, ICRPs, travel (including one in-person TAG meeting), and dissemination activities. Budgets should range between ~$250-300K, including any allocation for indirect costs.

References

- Please provide two reference letters that speak to your commitment to equity and experience in leading work similar to what is being proposed in your application.

The proposal should not exceed 5 pages in total length (excluding the budget and reference letters). Following this invitation, applicants may be asked to respond to clarifying questions from the evaluation committee.

References:

1. Erondu NA, Mofokeng T, Kavanagh MM, Matache M, Bosha SL. Towards anti-racist policies and strategies to reduce poor health outcomes in racialised communities: Introducing the o'neill–lancet commission on racism, structural discrimination, and Global Health. The Lancet. 2023;401(10391):1834–6. doi:10.1016/s0140-6736(23)00910-8
2. Mofokeng, T. Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Racism and the right to health. 2022. https://www.ohchr.org/en/documents/thematic-reports/a77197-report-special-rapporteur-right-everyone-enjoyment-highest
3. Constitution of the World Health Organization [Internet]. World Health Organization; [cited 2023 Jul 31]. Available from: https://www.who.int/about/governance/constitution
4. Williams DR, Lawrence JA, Davis BA. Racism and health: Evidence and needed research. Annual Review of Public Health. 2019;40(1):105–25. doi:10.1146/annurev-publhealth-040218-043750
5. Bonilla-Silva E. Rethinking racism: Toward a structural interpretation. American Sociological Review. 1997;62(3):465. doi:10.2307/2657316
6. Williams DR, Mohammed SA. Racism and health I. American Behavioral Scientist. 2013;57(8):1152–73. doi:10.1177/0002764213487340
7. Dean LT, Thorpe RJ. What structural racism is (or is not) and how to measure it: Clarity for public health and medical researchers. American Journal of Epidemiology. 2022;191(9):1521–6. doi:10.1093/aje/kwac112
8. Ford CL, Airhihenbuwa CO. The Public Health Critical Race Methodology: Praxis for antiracism research. Social Science & Medicine. 2010;71(8):1390–8. doi:10.1016/j.socscimed.2010.07.030