



Call for Proposals: A Systematic Review on Adherence to Public Health and Social Measures (PHSM_242)

1. About Evidence-Based Public Health Unit (ZIG2):

The Evidence-based Public Health Unit (ZIG2)¹ of the Center for International Health Protection (ZIG) at the Robert Koch Institute (RKI) generates evidence around urgent and relevant public health questions. It does so through a number of disciplines including program evaluation, implementation, operational, exploratory and explanatory research. Our methods rely on secondary, as well as primary data collection and analysis. Among our research activities, ZIG2 allocates funds for the execution of systematic reviews to synthesize the evidence around relevant public health research questions. While these systematic reviews are mainly done in-house, a number of systematic reviews is assigned to well-known institutions each year via a competitive call for proposals. ZIG2 closely supervises the execution of these systematic reviews to ensure scientific integrity and quality.

2. Background and Purpose of the Project:

Public health and social measures (PHSMs) encompass a range of non-pharmaceutical interventions applied by individuals, communities, and governments to safeguard public health during health emergencies. These measures are designed to minimize the transmission and impact of infectious diseases by reducing exposure to potential sources of infection or making these exposures safer. Examples of PHSM include hand washing, mask-wearing, physical distancing, school and business measures, modifications of mass gatherings and international travel and trade measures.

PHSMs often serve as the primary and sometimes sole intervention at the beginning of an outbreak when effective vaccines and treatments are unavailable or not yet widely distributed. These measures are crucial throughout the various phases of health emergencies and work in conjunction with medical interventions.²

PHSMs are essential in the early and ongoing response to health emergencies, alleviating pressure on healthcare systems, ensuring the continuity of essential services, and supporting the development and deployment of vaccines and therapeutics. However, without careful consideration of equity and the balance of risks and benefits, PHSMs can have unintended negative impacts on individual and societal well-being, including increased social isolation, food insecurity, domestic violence, and reduced income and productivity.^{3,4} Hence, affected communities should be consulted during the design or adjustment of PHSMs to ensure acceptance and adherence to these measures. This core principle was also highlighted in the WHO interim guidance on implementing and adjusting PHSMs in the context of COVID-19.⁵

Adherence as a term is widely used in clinical settings and gained more public attention during the recent COVID-19 pandemic. It is defined as the ongoing, consistent, and correct use of a prescribed

¹ More information about ZIG2: [RKI - ZIG 2: Evidence-based Public Health](#)

² <https://www.who.int/initiatives/who-public-health-and-social-measures-initiative>

³ <https://www.who.int/initiatives/who-public-health-and-social-measures-initiative>

⁴ <https://ihrbenchmark.who.int/document/20-public-health-and-social-measures>

⁵ <https://iris.who.int/bitstream/handle/10665/366669/WHO-2019-nCoV-Adjusting-PH-measures-2023.1-eng.pdf?sequence=1>



therapeutic regimen or health guideline by a person over time. In the case of PHSMs, adherence refers to the extent to which individuals or populations follow the recommended or required behaviors associated with the mandated PHSMs. High levels of adherence are crucial for the effectiveness of PHSMs. However, there is a gap in understanding what are the key drivers of adherence to PHSMs and what interventions can increase such adherence in the population.

3. Objectives and Specific Tasks:

The primary purpose of this call for proposals is to conduct a systematic review of the literature on adherence to PHSMs. The aim is to synthesize current knowledge, identify gaps, and provide insights that showcase how PHSMs adherence can be enhanced during response to infectious disease outbreaks. It would be important for this review to consider the evidence from an angle of feasibility and trust in PHSMs and governmental decision-making.

The systematic review should aim to address the following questions:

1. How is adherence to PHSMs measured and what standardized metrics exist to measure PHSMs adherence? Are any of these metrics validated?
 - a. How does adherence to PHSMs vary across different sociodemographic factors (e.g. age, gender, ethnicity, socioeconomic status, educational level, disability status, living in urban or rural settings) during outbreaks?
 - b. What are the key behavioral, cultural, psychological, equity-related, and technological (e.g. misinformation) factors (barriers and facilitators) affecting adherence (including long-term adherence) to PHSMs during outbreaks?
2. What interventions have been identified as effective in enhancing adherence (including long-term adherence) to PHSMs during outbreaks?

As this review is in support of WHO's work on PHSMs, the literature search will prioritize the diseases included in the WHO PHSM Knowledge Hub⁶. These diseases are: Animal influenza, Chikungunya, Cholera, COVID-19, Crimean-congo haemorrhagic fever (CCHF), Dengue, Ebola disease, Hepatitis, HIV, Lassa fever, Leptospirosis, Malaria, Meningococcal meningitis, Middle east respiratory syndrome (MERS), Mpox, Pandemic influenza, Plague, Poliomyelitis, Seasonal influenza, Severe Acute Respiratory Syndrome (SARS), Tuberculosis, Yellow fever, and Zika.

During the initial stages, in case of unmanageable volume of literature and after discussion with the commissioning team, the review can be restricted to the most recent outbreaks relevant to the priority disease list, such as COVID-19, 2014 and onwards EBOLA, 2009 H1N1, and 2003 SARS.

⁶ <https://ephsm.who.int/en>



4. Key tasks or scope of work:

The contractor will be responsible for the acquisition of data, analysis (including statistical analysis) and interpretation of data, drafting of the report and manuscript, and responding to reviews from RKI and peer reviewers. The contractor will work closely with ZIG2 research scientists and WHO staff from the PHSM Secretariat throughout the duration of the project to achieve the following: (not necessarily in sequential order):

- Develop a protocol for the systematic review and submit it to the Prospective Register of Systematic Reviews (PROSPERO).
- Develop and finalize the inclusion and exclusion criteria.
- Develop search strategies, search relevant bibliographic databases and grey literature, and identify any documents that meet the inclusion criteria.
- Present search findings in a PRISMA framework.
- Locate full-text documents for potential inclusion.
- Extract relevant information and data from the included studies.
- Perform risk of bias assessments, using appropriate tools.
- Perform data synthesis, including meta-analysis (if data are suitable).
- Prepare an electronic library of documents (including full texts) included in the review.
- Prepare summary of findings tables using GRADE or other similar appropriate approaches.
- Prepare a draft of a manuscript for submission to peer-review journals under close technical oversight from ZIG2 throughout the whole process.

5. Deliverables

- Revised and adapted study protocol.
- One interim report documenting the progress of research.
- One final summary report highlighting the main findings.
- One final systematic review report.
- One manuscript ready to be submitted for peer review.
- A digital copy of all reports and manuscripts.

6. Lines of Communication

- The consultancy will be remote-based. Contractors will report Dr Francisco Pozo-Martin (ZIG2).
- The contractor will engage closely with the Head of Evidence-Based Public Health (ZIG2), Dr Charbel El Bcheraoui and Technical Officer, Evidence-Informed Policies, Health Emergencies Programme at WHO, Dr Ramona Ludolph.

7. Timeframe

- **Start date:** Six months starting from the date of contract award. In order to release the final payment (payment schedule described on page 5, section 10), a draft technical report and a summary of findings must be submitted by **December 6th, 2024**. The final report and final manuscript ready for peer-review publication can be submitted after December 6th, 2024 in a timeframe agreed with ZIG2.



- **Clearance procedures:** All deliverables have to go through RKI and WHO clearing procedures before the final approval and publication. As this process might take at least **two weeks**, we expect the contractor to factor time for RKI and WHO in-house clearance within their timeline and to suggest measures to mitigate the risk of not meeting the final deadline.

8. Essential and Desirable Experience/Qualifications

Essential:

- Proven expertise in conducting systematic reviews in the context of public health, behavioral science and/or epidemiology.
- Demonstrated experience in critical assessment of evidence (e. g., risk of bias, GRADE).
- Experience with systematic-reviews on complex public health interventions

Desirable:

- Previous national and international work or research experience on PHSMs is a major advantage.

Language requirement:

- Expert knowledge in English (written and oral communication).
- Ability to analyze literature in English, and at least two other WHO official languages.
- Additional ability to analyze the literature in German is a plus.

9. How will proposals be rated:

Two aspects of the proposal will be evaluated:

- 1) The budget and its justification will receive 40% of the grade.
 - a. Budgets exceeding **60,000** Euros (including VAT and any other local/international applicable taxes) will not be accepted.
 - b. Publication costs in fully (Gold) Open Access journals will be covered by RKI.
- 2) The remaining 60% of the grade will be allocated to:
 - a. Proposed methodology;
 - b. Timeline of study execution;
 - c. Previous experience conducting similar systematic reviews; and
 - d. Team expertise and diversity.

10. Payment schedule:

- 25% at development of the protocol and search strategy and after finalization of PRISMA and list of publications to be included in the systematic review.
- 50% at completing the data extraction, risk-of-bias assessment, and summary of findings tables.
- 25% upon submission of a draft technical report, a draft manuscript ready for submission, and a summary of findings.



11. How to apply:

-Application packs must be sent in two PDF documents and should include the following:

First PDF document (not exceeding 5 pages):

- A study outline/proposal specifying the call title, study protocol, planned methods, timeline and deliverables.
- A cover letter explaining the suitability of the applicant's profile to this specific call.
- A budget in Euro specifying the costs breakdown and payment schedule as per section 10 above.

Second PDF document:

- CVs of research team with list of relevant publications.
- One example of previous work (relevant to the call/topic).

The full application should be sent to Mr Sameh Al-Awlaqi, Al-AwlaqiS@rki.de with email subject line indicating the title/acronym of the systematic review by **the closing date of Monday 15th July 2024 Berlin time.**

12. Important notes for the applicants:

- This is a fee-for-service contract. The first authorship role remains with the contractor. RKI maintains senior and corresponding authorship of the final products, including reports and peer-reviewed publications. RKI scientists are responsible for the study concept and design, supervision of analysis and interpretation of data, supervision of manuscript drafting, critical revision of the paper for important intellectual content, and overall guidance.
- Contractors, if selected and accepted the RKI offer, are obliged to fulfill and meet RKI additional Terms and Conditions published on RKI website (in German) here https://www.rki.de/DE/Content/Service/Ausschreibung/vertragsbedingungen.pdf?__blob=publicationFile. A courtesy (non-legally binding) English translation of these Terms can be provided upon request.
- Remote-based consultancies' offers should include access to scientific databases and journals and no additional budget exceeding the ceiling in Section 9 will be accepted as such.
- Contractors are expected to commit to responding to requests received throughout all stages of the project, including the peer-review process, which may extend beyond delivering the final report.
- All applicants will be informed about the outcome of the selection process, but no individual feedback will be provided regarding unsuccessful applications.
