

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 Unit (ZIG2) 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.

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

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 c



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- **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.