

Request for Proposals

August 2020



2020 Achieving Equitable Access to Medicines Request for Proposal

The Health Research Council of New Zealand (HRC) and PHARMAC ('the funding partners') formed a joint research initiative in 2016 to support innovative research and advance the strategic objectives of both organisations.

The focus of the 2020 Achieving Equitable Access to Medicines Request for Proposals (RFP) is to fund innovative, high-quality and value-added research that aligns with PHARMAC's strategic priority to achieve equitable access to funded pharmaceuticals, and the HRC's focus on building and strengthening the research evidence base to achieve health equity in Aotearoa New Zealand.

This RFP describes the research objectives and priority areas identified by the funding partners. Applicants will need to outline how their proposal addresses the RFP; provide a clear justification for the proposed approach; describe the project team's ability to deliver the specific components of the study; and provide a fully costed budget.

The total budget for this RFP is \$655,500 (exclusive of GST). The funding partners invite applications for funding of up to \$109,250 (exclusive of GST) for 12-month projects and for funding of up to \$218,500 (exclusive of GST) for 24-month projects.

It is anticipated that contracted projects will begin as soon as practicable, with funding available for an immediate start from April 2021. Proposals should be completed within a 12- or 24-month timeframe with results available at the end of the study. PHARMAC may be able to facilitate access to data from the Pharmaceuticals Claims Collection database, as required.



1. Background

Medicine access equity is defined by PHARMAC as: "The absence of avoidable, unfair or remediable differences in funded medicine access among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification."¹ Medicine access equity means that everyone should have a fair opportunity to access funded medicines to attain their full health potential, and that no one should be disadvantaged from achieving this potential. In this context, unequal inputs are required to attain a fair opportunity to access funded medicines.²

As Crown agents, both the HRC and PHARMAC are mandated to improve the health and quality of life of all New Zealanders. By 2025, PHARMAC has committed to a strategic goal of eliminating inequities in access to medications.³ PHARMAC's Statement of Intent acknowledges that inequitable access to medicines and medical devices is a current and pressing challenge. Research has demonstrated that not all New Zealanders are achieving the best health outcomes from medicines funded by PHARMAC and some groups are missing out on the opportunity to improve their health through use of medicines. For example, PHARMAC's research on Māori uptake of medicines shows Māori receive funded medicines in the community at a lower rate than non-Māori.⁴ Māori and Pacific peoples have inequitable access to medications and experience much poorer health outcomes when compared with non-Māori or non-Pacific populations.

Improving medication adherence is critical for improving the health outcomes of patients receiving funded medications, especially those with chronic diseases and those populations experiencing health inequities. There has been some research done into understanding the drivers of, and barriers to, adherence and various tools have been developed to support adherence. However, further research is needed to improve adherence to funded pharmaceuticals in New Zealand in a cost-effective and ethical way, in particular to help eliminate health inequities and achieve better health outcomes for our diverse populations.

2. RFP Objectives

The key objectives of this RFP are to:

1. Fund innovative, high-quality and value-added research that aligns with PHARMAC's strategic priority to achieve equitable access to funded pharmaceuticals⁵ in Aotearoa New Zealand.

¹ PHARMAC's definition is adapted from the World Health Organization (WHO) definition of equity and health equity.

² Bhawan et al. Achieving medicine access equity in Aotearoa New Zealand: Towards a theory of change. Wellington: PHARMAC; 2019. Available from: <https://www.pharmac.govt.nz/assets/achieving-medicine-access-equity-in-aotearoa-new-zealand-towards-a-theory-of-change.pdf>

³ PHARMAC. PHARMAC Statement of Intent 2020/21-2023/24. PHARMAC: Wellington; May 2020. Available from: <https://www.pharmac.govt.nz/assets/2020-Statement-of-Intent.pdf>

⁴ Auckland UniServices Limited. Variation in medicines use by ethnicity: a comparison between 2006/7 and 2012/13. Auckland: University of Auckland; 2018. Available from: <https://www.pharmac.govt.nz/tools-resources/research/maori-uptake-of-medicines/>

⁵ For this RFP, "pharmaceuticals" is broadly defined as medicines and related products and therapeutic medical devices.

2. Build and strengthen the evidence base to achieve equitable health outcomes in Aotearoa New Zealand.
3. Support meaningful, multidisciplinary partnerships that facilitate engagement with and collaboration between research teams and stakeholders, including consumers/end-users.
4. Identify, attract and develop the best people to conduct research relevant to this RFP.
5. Fund research that will deliver meaningful and actionable results within either a 12- or 24-month timeframe.

3. Research Priority Areas

Applications submitted to the **2020 Achieving Equitable Access to Medicines RFP** will be required to address one or more of the priority areas. These are:

1. Achieving equitable access to funded pharmaceuticals.
2. Measuring the impact of PHARMAC's decisions on equity outcomes and sector impacts on access equity, particularly priority conditions, equity for Māori and other priority populations.
3. Improving pharmaceutical adherence for those populations experiencing health inequities.
4. Improving optimal use of pharmaceuticals for those populations experiencing health inequities.
5. Equity in health technology assessment.

For a list of research questions related to eliminating inequities in medicines access, refer to **Appendix A**.

This RFP is not limited to the priority areas listed above. Research proposals that fall outside of these priority areas and that align with the broader objectives of this RFP may be considered; however, the focus must remain on achieving equitable access to funded pharmaceuticals.

Please note that this RFP excludes the commercial development of new pharmaceuticals, technologies, devices or diagnostics. This RFP also excludes research that solely describes existing health systems and issues, although research that uses this knowledge and develops it into opportunities/approaches to improve health systems and issues may be supported through this RFP.

4. Funding

The total budget for this RFP is \$655,500 (exclusive of GST). The funding partners invite applications for funding of up to \$218,500 (fully costed, exclusive of GST) for 24-month projects as well as funding of up to \$109,250 (fully costed, exclusive of GST) for 12-month projects.

Funding will be available for an immediate start for the project from April 2021. The start date should be carefully considered, as applicants will be held to what they have proposed. Applicants should also consider the timeframe for obtaining ethical approval to ensure that this does not delay the start of the research project.

If competing proposals are equal in terms of their scientific value, the funding partners will consider best value for money offered by each proposal.

5. Proposal Requirements

Clear and coherently written applications are essential in allowing the Assessing Committee to effectively read and assess applications submitted to this RFP.

Applicants will need to outline how their proposal addresses the scope of the RFP and provide a clear justification for the proposed approach along with a description of the project team's ability to deliver the specific components of the study. Applicants will also need to provide a fully costed budget.

Proposals must demonstrate the following:

- **Relevance to the RFP:** High-quality science, appropriately scoped and relevant to the objectives of this RFP. Proposals are required to identify opportunities/approaches to improve a health issue, service or system.
- **Project team:** Appropriate expertise and collaboration in the composition of the research team. Where appropriate, collaborations with service providers, community members, consumers and/or researchers with research design/methods expertise and/or extensive clinical experience should be sought.
- **Te Tiriti o Waitangi:** Research upholds *Tiriti o Waitangi* by reflecting the treaty principles in practice (for example Māori leadership, equity for Māori, meaningful engagement with communities, reciprocity, sound reporting and dissemination pathways) and supports Mātauranga Māori, research methods and concepts of health and evaluation.
- **Research methods:** Use of research methodology that is unique to Māori and Pacific peoples is encouraged (e.g. Kaupapa Māori research and evaluation).
- **Stakeholders:** The research team's capacity and skills to partner and collaborate with a range of stakeholders at different stages of the study.
- **Capacity building:** Efforts to build capacity to undertake research in this area and contribute to workforce development as applicable.
- **Health equity:** The consideration of health equity issues and the specific health needs and aspirations of Māori within the context of the research topic; and/or the specific health needs and aspirations of Pacific peoples.
- **Project management:** An outline of the project management and organisational support available to the project, with appropriate project management FTE included in the budget as applicable.
- **Data management:** Clear processes for data management and safety monitoring, including meeting the principles of Māori data sovereignty.
- **Timeframe:** The proposed study is clearly achievable within the specified timeframe. A detailed project management plan for all stages of the project should be included with clear milestones and associated timeframes for achieving the desired outcomes. The likelihood that the proposed study will be successfully completed within the stated timeframe will be specifically assessed. The timeframe for obtaining ethical approval (if appropriate) should be considered to avoid delays to the start of the project.
- **Budget:** The budget is appropriate for the proposed study.

- **Knowledge transfer:** Clearly articulated plans for knowledge transfer to support communication and uptake of research findings, including how key stakeholders will be engaged in the research project. In ways that are culturally safe, competent and relevant. PHARMAC's role in the implementation of changes recommended in response to the research findings, should be detailed.
- **Dissemination:** Plans for study findings to be disseminated via tailored approaches to a broad range of relevant audiences to maximise the use of the research. Dissemination should also include publication in peer-reviewed journals.

6. Project Deliverables

Deliverables will be confirmed with the selected providers; however, deliverables must include the following elements:

- A **final deliverable report** detailing results, key findings and recommendations of the complete programme of research. The report will also need to include an outline of any planned knowledge transfer activities, including the processes or steps that will support uptake of the research findings.
- **Six-monthly progress reports** will also be required for the project. These reports detail progress of the project and highlight any risks to its progress. The research provider will complete and submit their progress reports via the HRC's online reporting system.
- An **HRC end of contract report** is also required upon completion of the project.

7. Application Procedure

All application forms and guidelines are available via [HRC Gateway](#), the HRC's online application system. The **2020 Achieving Equitable Access to Medicines RFP Application Guidelines** provide full details on the application process summarised below.

Step 1: Registration

Applicants are required to submit a registration via [HRC Gateway](#) by **1pm, 7 October 2020**. This web-based form signals the intent of the applicant to submit a full application. The project title, all named investigators, host organisation and lay summary will be required. These details should be similar to those in the full application, although minor adjustments are allowed.

HRC Gateway will forward the submitted registration to the applicant's host Research Office, who will need to approve the registration and forward it to the HRC. For organisations without research offices, HRC Gateway will forward the registration to the HRC.

All named investigators must have an HRC Gateway account (*with an updated profile*), to be able to be included in an application. Creating an HRC Gateway account is easy and can be done by clicking on 'New user – sign up for HRC Gateway' on the HRC Gateway homepage (<https://gateway.hrc.govt.nz/>).

Step 2: Full Application

Applicants are then required to complete a full application. Full applications should be submitted via HRC Gateway by **1pm, 21 October 2020**.

Applicants should use the **2020 Achieving Equitable Access to Medicines RFP Application Form**, **2020 Achieving Equitable Access to Medicines RFP Budget Form**, and **New Zealand Standard CV template**.

HRC Gateway will forward the submitted full application to the applicant's host Research Office or designated research manager who will need to approve the full application and forward it to the HRC. For organisations without research offices or a research manager, HRC Gateway will forward the full application directly to the HRC.

Applicants must meet the deadlines above for their proposal to be eligible.

8. Assessment Procedure

The **2020 Achieving Equitable Access to Medicines RFP Assessment Criteria** outlines the assessment criteria. Applicants are advised to familiarise themselves with these criteria. The assessment procedure is summarised below.

Step 1: Peer Review

Full applications will be assessed through an external peer-review process managed by the HRC. This involves comprehensive peer review by independent national and international experts.

Step 2: Applicant Response (Rebuttal)

Applicants are given the opportunity to view the peer-review reports for their application and provide a response to the comments made. This is not an opportunity to rewrite major sections of a proposal, but rather an opportunity to respond to specific peer reviewer's comments, to answer questions raised by the peer reviewer, or to clarify an issue for the Assessing Committee.

Step 3: Assessing Committee

An independent Assessing Committee will assess applications, taking into consideration the peer review reports and applicant response (rebuttal). The Assessment Criteria are outlined in the **2020 Achieving Equitable Access to Medicines RFP Application Guidelines**. Applicants are advised to familiarise themselves with these criteria.

Depending on the number of full applications, a triage process may be used to determine which applications will be discussed in full at the Assessing Committee meeting. This process would involve committee members scoring applications in advance of the meeting using the assessment criteria to yield a ranked list. The lowest-ranked applications based on the pre-scores would then be triaged and not discussed at the meeting.

The Assessing Committee will make recommendations for funding, to be considered and approved by the funding partners. Applicants will be informed of final funding decisions in **March 2021**.

Key actions and dates for this initiative:

Action	Date
Registration due (via HRC Gateway)	1pm, 7 October 2020
Full application due (via HRC Gateway)	1pm, 21 October 2020
External peer review	26 October to 11 December 2020
Applicant response (rebuttal) opens	8am, 21 December 2020
Applicant response (rebuttal) due	1pm, 15 January 2021
Applicants notified of outcome	March 2021

9. General Notes

Decision Advice

No legal obligations will arise between the funding partners and applicants for this RFP until such time as the HRC enters into a contract with the successful applicant.

Privacy Provisions

In the event that an application is successful, the HRC reserves the right to release applicants' names, details of the host institution/company, contact details, contract title and funding awarded for public interest purposes and to meet the statutory requirements of the *Health Research Council of New Zealand Act 1990*.

HRC Partnership Programme

This RFP is a component of the HRC's Partnership Programme, through which the HRC forms strategic partnerships with funders and stakeholders to develop the evidence base in key areas of need and strengthen the links between policy and practice. This collaborative approach to research ensures that stakeholders get the answers to pressing questions but share the cost with multiple interested parties.

Enquiries

All enquiries related to this RFP should be directed to Lea Narciso, Research Investment Manager, Research Partnerships (09 280 3860 or lnarciso@hrc.govt.nz).

Appendix A: Research questions related to eliminating inequities in medicines access

Here is a list of some research questions related to eliminating inequities in medicines access:

- What are the determinants of inequitable access to currently funded pharmaceuticals, and how could PHARMAC influence these drivers?
- What proportion of variation in health status between population groups is avoidable and could be explained by the variation in access to funded medicines?
- Which health system policy and delivery settings are most likely to impact on equitable access to medicines?
- What impacts do PHARMAC's funding decisions (e.g. funding of new medicines, decisions to widen access, brand switches) have on real world health outcomes for equity of access and the health of people facing disparities?
- What are New Zealanders' preferences for different states of health or for treating different population groups? How do preferences vary by, for example, health status, socioeconomic status, age, ethnicity, sexual orientation and gender identity – especially for those populations experiencing health disparities?
- What are the impacts of PHARMAC's funding decisions on patients' families and whānau, including unpaid caregivers? Do these impacts differ according to socioeconomic status, age, ethnicity, geographic location, etc – especially for those populations experiencing health disparities?
- To what extent do PHARMAC's decisions to fund medicines administered via primary care, which had previously been administered in hospitals, have negative impacts on access to these medicines or associated health outcomes? Do these decisions disproportionately affect those populations already experiencing increased primary care access barriers?
- Is adherence different in different population groups in New Zealand, especially for those populations experiencing health inequities? If so, what drives these differences?
- What are the best ways to influence/improve adherence in different population groups, especially for those populations experiencing health inequities?
- Do pharmaceutical changes (e.g. brand changes) have an impact on adherence for different population groups? If so, how can these impacts be mitigated?
- To what extent do 'polypills' or other medication regimes that are easier to administer affect adherence, particularly in those groups already experiencing adherence challenges?
- Do PHARMAC's funding restrictions have the unintended consequence of contributing to inequitable access to medicines for populations experiencing health disparities, through introducing additional access barriers?
- Given that research indicates a large shortfall in Māori access to antibacterial medicines, how can PHARMAC ensure that activities designed to minimise antimicrobial resistance do not have the unintended consequence of further lowering uptake of antibacterial medicines by Māori?
- What data, data collections systems and indicator developments could usefully help PHARMAC track system performance against the drivers of medicine access equity?