Scanning, synthesizing and translating health policy ideas and solutions globally:

A Request for Proposals to Transfer the Health Policy Monitor to a New Home — September 2010 —

The Bertelsmann Stiftung (foundation) is inviting proposals from organizations interested in hosting and managing the **Health Policy Monitor** (HPM) from 2011 on.

The <u>Health Policy Monitor</u> is an international health policy data base. Twice a year, in May and in November, it provides up-to-date information about current health policy developments in 20 industrialized countries. The Health Policy Monitor builds upon the **International Network Health Policy and Reform**, a select expert group initiated by the foundation in 2002.

Network experts come from internationally recognized, independent research institutions and a variety of backgrounds, ranging from economics, medicine, political science, public health, to sociology, nursing, communications, and other fields. Via the Health Policy Monitor, experts contribute half-yearly reports on health policy approaches, their impact—intended or unintended—on quality and affordability of health care and their potential transferability.

Originally established to revitalize health reform debates in Germany, the Health Policy Monitor has long developed its own raison d'être. At present it offers over 1.000 online reports at the intersection of research, politics, and journalism. It informs policy makers and advisers in Europe and abroad, has over 10.000 users per month, and maintains working relationships with many leading organizations, think tanks and research institutes in the field.

#### Foundation background

The **Bertelsmann Stiftung**, a non-profit non-partisan charity in Germany, is a think tank and agent for social change. It aims to identify pressing social and societal challenges and to then develop and test exemplary approaches in its own projects. Issues are identified in collaboration with a wide network of partners, including political, business and social leaders, academic institutions and other foundations. Particular emphasis is placed on an ongoing dialogue with representatives of other countries and cultures.

To disseminate its initiatives to wider audiences, the foundation seeks to anchor successful projects with organizations committed to continuing and expanding these initiatives<sup>1</sup>. The foundation would be delighted to see the HPM thrive under the auspices of an independent, well respected, and internationally visible institution, ideally starting January 2011.

<sup>&</sup>lt;sup>1</sup> Examples of recently transferred projects include the German Prevention Award, now with the <u>Federal Centre for</u> <u>Health Education</u> in Cologne/Germany, the European Practice Assessment certificate, since 2004 under the roof of <u>TOPAS Europe</u>, an independent association based in Nijmegen/Netherlands, and the <u>Transatlantic Community</u> <u>Foundation Network</u>, now at the Community Foundations of Canada (CFC), Ottawa/Canada.

#### Request for Proposals - bidding process, timeline, and criteria

- 1) Submission deadline: Monday, October 18, 2010
- Proposals should be addressed to <u>Sophia.Schlette@bertelsmann-stiftung.de</u>, cc. <u>Uwe.Schwenk@bertelsmann-stiftung.de</u>. Please include all requested information as attachments (PDF preferred).
- 3) For further inquiries please contact Sophia Schlette via email, skype (sophia.schlette) or phone at her current base in the U.S.: +1.510.593.9205
- 4) Review and selection process: Interviews with short-listed organizations will be conducted either in person or via VC from Oct 19-31, 2010.
- 5) Successful applicants will be notified in early November.

#### **Key selection criteria**

Draft proposals should provide the following information:

- Background about your institution, including history, involvement in health policy, and key partners
- Resources, capabilities and established relationships that would facilitate the administration of the HPM
  - Project management, (project leadership, team, CVs)
  - Website management
  - o International experience
- Organizational adoption, product design and proposed project plan, i.e.
  - Target audiences and communication tools,
  - o Number and mix of countries (global, regional, political, health system-related),
  - Approach toward network partner institutions, partner selection: (How) would you ensure continuity, and how would you address the existing connection between the tool (HPM template and website) and the people (network partner, project leadership)?
  - Continuation of reporting: Frequency, choice of health care policy topics: broad spectrum/"system thinking", or focus on fewer policy issues (which ones)
- Budget estimate (see template and detailed comments at the end of this document)

#### Evaluation

Bids will be evaluated based on criteria including (but not limited to) the following:

- Organizational suitability: independence, multidisciplinarity, track record in health and/or social welfare policy, reputation/thought leadership in the field
- Commitment to mid- to long-term sustainability of the Health Policy Monitor
- Organizational capacity: project management, IT, online publishing expertise
- Budget/financial capability, funding sources, grant acquisition experience

#### **Overview: What is the Health Policy Monitor?** – Facts, features, functions, partners, products –

- 1. A sophisticated, versatile, multifunctional Web site on health policy developments in industrialized countries (see <u>video</u> introduction) with a well introduced brand name, international visibility and around 10.000 regular users per month, tendency increasing.
- 2. Core HPM functions to date include
  - a half-yearly online journal (HPM reports),
  - a search engine allowing complex site searches by topic, country, year, and implementation status,
  - a download tool for HPM reports that allows customized generation of reports,
  - downloadable publications and videos from expert meetings, and
  - expert contact information.
- 3. Our niche is the often neglected field between health economics and public health it's about health policy, its rationale, and the drivers and barriers of its processes.
- 4. As of August 2010, 21 multidisciplinary partner institutions in 20 countries, chosen in a competitive selection process, are reporting to the Health Policy Monitor. Each country team is coordinated by a distinguished national expert:

CENTRE FOR HEALTH ECONOMICS RESEARCH AND EVALUATION	Australia Team coordinator: Marion Haas, Associate Professor, Deputy Director, <u>Centre for Health Economics Research and Evaluation (CHERE)</u> , University of Technology, Sydney
Gesundheit Österreich	Austria Team coordinator: Maria. M. Hofmarcher, Senior Researcher <u>Gesundheit Österreich GmbH</u> ,Vienna
Centre for Health Economics and Policy Analysis	Canada Team coordinator: Michel Grignon, Associate Professor, Department of Economics and Department of Health, Aging and Society <u>Centre for Health Economics and Policy Analysis</u> , McMaster University, Hamilton, Ontario
Station of the state	Denmark Team coordinator: Terkel Christiansen, Professor, Director, Institute of Public Health, <u>University of Southern Denmark</u> , Odense
SPRAXIS	Estonia Team coordinator: Ain Aaviksoo, CEO, Health Policy Programme Director, <u>PRAXIS Center for Policy Studies</u> , Tallinn

NATIONAL INSTITUTE FOR HEALTH AND WELFARE	Finland Team coordinator: Ilmo Keskimäki, Professor, Research Director National Institute for Health and Welfare (THL), Helsinki
IRDES	France Team coordinator: Zeynep Or, Senior Research Fellow, <u>Institut de Recherche et Documentation en Economie de la Santé</u> (IRDES), Paris
bertiin	Germany Team coordinator: Reinhard Busse, Professor, Director, Department of Health Care Management <u>University of Technology</u> , Berlin
( <b>à</b> )	Israel Team coordinator: Revital Gross, Senior Researcher, <u>Myers-JDC-</u> <u>Brookdale Institute</u> , Jerusalem, and Associate Professor, Bar Ilan University, Tel Aviv
Rits 立命館大学 Ritsumeikan University	Japan Team coordinator: Ryozo Matsuda, Dean, College of Social Sciences, <u>Kinugasa Research Institute, Ritsumeikan University</u> , Kyoto
₿E©Z	The Netherlands Team coordinator: Hans Maarse, Professor, Chairman, <u>Department of Health Organization, Policy and Economics (BEOZ)</u> , University of Maastricht
CHSRP	New Zealand Team coordinator: Toni Ashton, Associate Professor, Director, <u>Centre</u> <u>for Health Services Research and Policy</u> , School of Population Health, University of Auckland
Jagiellonian University Collegium Medicum Faulty of Health Care Institute of Public Health	Poland Team coordinators: Cezary Włodarczyk, Professor, Iwona Kowalska, Adjunct, <u>Institute of Public Health, Jagiellonian University Medical</u> <u>College</u> , Krakow
National University of Singapore	Singapore Team coordinator: Lim Meng Kin, Associate Professor <u>Department of Epidemiology and Public Health, National University</u> of Singapore
IVZ RS	Slovenia Team coordinator: Tit Albreht, Head, Center for Health System Analyses, <u>National Institute of Public Health of the Republic of</u> <u>Slovenia</u> , Ljubljana

	South Korea Team coordinator: Soonman Kwon, Professor and Chair, Department of Health Policy & Management, School of Public Health, <u>Seoul National University</u>
	Spain Team coordinator: Joan Gené Badia, MD, Associate Professor, Department of Public Health, <u>University of Barcelona</u>
INVERSITA FREDUTA INTILIO DI DECINI DISCINZIO INTILIONALI DISCINZIO INTILIONALI COMUNICATIONI INTILIONALI COMUNICATIONI	Switzerland Team coordinator: Luca Crivelli, Ph.D., Professor, Institute of Microeconomics and Public Finance (MecoP), Faculty of Economics <u>Università della Svizzera Italiana</u> , Lugano
EMORY UNIVERSITY	USA Team coordinator: Elena Conis, Senior Fellow, Center for Health, Culture and Society, <u>Emory University</u> , Atlanta, GA
JOHNS HOPKINS	USA Team coordinator: Gerard Anderson, Ph.D., Professor, Director, Center for Hospital Finance and Management Johns Hopkins Bloomberg School of Public Health, Department of Health Policy and Management, Baltimore, MD
THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE	United Kingdom Team coordinator: Adam Oliver, RCUK Senior Academic Fellow, London School of Economics and Political Science

- 5. A large network of more than 250 HPM "alumni" experts who authored or contributed to HPM reports at some point.
- 6. Many network partners are associated with the European Observatory on Health Systems and Policies, worked or consulted with OECD, the World Bank, the World Health Organization, or other international and regional research and policy initiatives (iHEA, EHEA, EHPG).
- 7. Consolidated partnerships with distinguished external advisors from the United Kingdom, the U.S., and Australia, who have been advising this initiative from its inception:
  - **Uwe Reinhardt**, James Madison Professor of Political Economy, Woodrow Wilson School, Princeton University, Princeton, New Jersey
  - **Rudolf Klein**, London, Emeritus Professor of Social Policy, University of Bath, Visiting Professor at the London School of Economics and the London School of Hygiene, London
  - Alan Maynard, Professor Department of Health Sciences, University of York, United Kingdom
  - **Ray Moynihan,** award-winning health journalist, author, documentary-maker and academic researcher, Sydney, Australia

8. Behind the scenes

Throughout the development of the HPM, strong working relationships with external service providers - including the website agency, translation bureaus and health policy media partners – have been established. These relationships could prove useful through the transition of the HPM to a new organization.

- 9. Additional services and technical features of the Health Policy Monitor include
  - a bilingual glossary of health policy terminology,
  - up-to-date health and population statistics for each country,
  - links to other health policy sites,
  - easy navigation via maps, menus, and matrices,
  - a user-friendly, java-script based content management system.

10. Print products and dissemination:

• Health Policy Developments (HPD): Our long-running book series targeting health policy decision-makers, experts and journalists offers half-yearly insights and analyses, along with case studies and testimonials, of the most pressing health care issues observed in the participating countries. Between 2004 and 2009, 13 issues were published in both English and German, with 1,200 / 1,600 copies distributed to policymakers, researchers, and media experts. Selected HPD chapters have been reprinted in the journal "Care Management" (Switzerland, in German language).

**Reform Tracker:** A particular added value of the Health Policy Developments series is its Reform Tracker, a comprehensive index of health policy developments from 2004-2009. Arranged by country and topic, it provides a unique chronology of (re) emerging themes, similarities across health care systems, policy responses, and media reporting trends both within and across countries over time.

- **HPM Spotlights:** The HPM Spotlights, published in English and in German, are single issue policy briefs presenting key findings in a more focused, eye-catching way. Abridged versions of the spotlights have been developed for poster exhibits.
- Website visits and quotes: The Health Policy Monitor Website and its half-yearly book series enjoy global visibility and recognition. Each month, around 10.000 visitors frequent (search and use) the Website, with an upward tendency. The books and the Website are referred to in notable publications such as the World Health Report 2008, many publications of the European Observatory, policy briefs by the Commonwealth Fund and AcademyHealth, as well as in peer-reviewed journals including *Health Policy*, *The European Journal of Health Economics*, and *Health Economics*, *Policy and Law*, among others.

#### Health Policy Monitor - activities and cost items

The ballpark total for core and optional activities is based on historical yearly project expenses, ranging from high in 2007 to low in 2010.

Thanks to its modular structure, the HPM and virtually all of its current project activities listed below can be scaled up or down, depending on budget variation, resources, focus, countries, institutional capacity, and make-or-buy decisions.

When carried out fully-fledged from 2005-2008, the Health Policy Monitor was run by a team of 4 or more FTEs (1 senior and 2 junior project managers, 1 FTE team assistant; interns). This team was managing and implementing **all** activities listed below.

At present, due to financial constraints, the project's core functions (i.e. partner management and communication, half-yearly reporting, and website management) are being maintained by one part-time project manager (1/2 FTE). Budget cuts have indeed restricted dissemination and outreach activities, yet this might be an opportunity to explore creative new ways of HPM communication.

Cost structures are difficult to compare, but we're confident that the crisis-proven financial flexibility actually makes the hosting and management a rather safe investment.

Alternative business models: While the Bertelsmann Stiftung has successfully run this project based on a single source funding model, interested organizations are welcome to suggest alternative business models to maintain and further develop the Health Policy Monitor and its underlying expert network. Please elaborate on available or expected sources of funding (single source, various sources, consortium with other organizations, membership model, else).

Health Policy Monitor – Core activities	Description
Expert reporting honoraries	Cost for expert honoraries have varied depending on number of reports per survey round per country as well as per contractual arrangement.
	Prior to 2010, up to 5 HPM reports were submitted twice per year by 21 expert teams. In 2010, network partners produce 3 reports per survey round (6 p.a.).
Website maintenance and updates	Costs may also vary from year to year - running costs being much lower than costs for a comprehensive web site update. Costs will further depend on in-house capacity (web designers, programmers), make or buy decisions, cost structure in your market, etc.

	Last updated in 2006, a relaunch of the entire HPM site is technically overdue and strongly recommended as a first step when transitioning into a new environment.
Annual symposium Third-party funding or a participants' fees are other options.	Travel and accommodation for 21 representatives, up to 3 external advisors/guests, and project staff.
Network coordination	Conference attendance, travel, partner interviewing/identification, etc.
Staff Staffing will obviously vary with project scope, work focus, in-house capacity.	0.5-3 FTE (1 senior project manager/director, 2 junior) 0.5-1 FTE team assistant 0.5 interns
Subtotal range core activities (incl. salaries)	220.000 – 500.000 Euro p.a. or approx. 280.000 – 650.000 USD p.a.
Optional activities	Description
Knowledge Transfer - Publications	2 issues of Health Policy Developments (HPDs) per year, in 2 languages, from 2003-2009.
As this item will primarily depend on the new institution's environment, resources, priorities, and its established publication or dissemination practices, these numbers can only be indicative.	Note that the HPD series was discontinued in 2010 (last issue #13). Issue-focused HPM Spotlights (4-10 pages) are being produced instead.
Detailed information on HPM print products is included elsewhere in this proposal.	Issue # 12 of this series was additionally promoted by a <u>short companion video</u> .
Knowledge Transfer - Events	Endorsed by findings from the Health Policy Monitor, the Bertelsmann Stiftung hosted a number of expert and technical meetings, ranging from lunchtime events to 2- day-events, some with network partners as speakers.
Public Relations	Media partnerships (i.e. with European Voice, Financial Times Germany, G+G), conference exhibits, posters, handouts, giveaways, fees for exhibits, etc.
External evaluations, HPM user surveys, HPD reader surveys, etc.	An external evaluation of the HPM network was carried out in 2006, resulting in branding and functionality improvements of the Web site. <i>An English version of the</i> <i>evaluation report is available upon request.</i>
Optional items – historical costs	ca. 150.000 Euro p.a. / 190.000 USD p.a.
Grand Total Range (costs for 2010 vs. 2007 – rounded)	ca. 220.000 – 650.000 Euro p.a. / 280.000 – 840.000 USD p.a.

# Transfer scenario and nature of future collaboration from the Bertelsmann Stiftung's point of view

The Foundation would be delighted to see the HPM thrive under the auspices of an independent, internationally respected, and highly visible institution. We also encourage the use of the HPM reporting template to follow and share health policy innovations and developments across countries and regions not currently covered.

#### Future reference to and utilization rights by the Bertelsmann Stiftung

As initiator, the Bertelsmann Stiftung further expects to be granted some "honorary rights", i.e.

- Continued collaboration with the (current) HPM network, allowing the Bertelsmann Stiftung to become a regular HPM network member with all rights and obligations;
- Acknowledgement of the foundation on any renewed HPM homepage as well as in future HPM publications and related activities;
- Occasional publications in German language as well as organization of events that are based on HPM findings, aimed at informing the foundation's domestic audience.

#### **Practical suggestions**

The HPM comes with experienced expert teams and long-standing service providers. For reasons of continuity and practicality, we do recommend continued collaboration with these teams and providers during and beyond the transfer.

On the same note, personal continuity would help to secure a smooth transition, as well as to preserve the HPM's reputation and maintain network coherence. Therefore the "migration" of the foundation's highly skilled and recognized senior project leader along with the HPM to the new hosting institution would be strongly preferred.

#### **Budget Template**

Please provide yearly cost estimates for hosting and managing the Health Policy Monitor and its network at your organization and maintaining the project in the mid-term, ideally over the next three to five years. *Feel free to use the template below or your own format, if preferred.* 

On a separate sheet or document, please elaborate on your preferred business model, detailing current funding sources, suggestions for the HPM funding (single source, various sources, consortium with other organizations), and potential collaboration partners, if any.

(Suggested) Core Health Policy M	lonitor activities		
Item	Cost (currency)	Comments	
Frequency of HPM surveys,			
number of reports, reporting			
honoraries			
Website maintenance and updates			
Annual Symposium			
Network coordination			
Staff			
Subtotal: cost of core activities Optional HPM activities			
Item	Cost	Comments	
Knowledge transfer/publications			
Knowledge transfer/events			
Public relations/outreach			
Evaluations / utilization / impact			
assessment, etc.			
Other / new activities			
Subtotal: optional activities			
Total estimated cost per year			

Please send your bid to Sophia. Schlette@bertelsmann-stiftung.de, cc. Uwe. Schwenk@bertelsmann-stiftung.de