

**External Review of the  
Research for International Tobacco Control (RITC) Program,  
2005-2010**

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# External Review Of The RITC Program 2005-2010

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## **EXECUTIVE SUMMARY**

### ***Methodological approach***

The External Review Panel (the Panel) principal terms of reference required it to assess to what extent RITC achieved the objectives of the 2005-2010 Program Strategy and to what extent RITC's research findings and outcomes—as reflected in the 2005-2010 RITC Program Report—are significant, relevant and valuable. The Panel was also asked to identify key issues for the future for RITC, its funding partners and IDRC.

Over an elapsed period of five months the Panel reviewed and analyzed extensive public and internal documentation on different aspects of RITC's program and the background against which it was planned and conducted. In addition, the Panel surveyed a geographic and institutionally representative selection of RITC grantees and stakeholders, and also conducted in-depth interviews with those stakeholders

The Panel also reviewed and analyzed grants reports and other information to draw inferences about the relevance, quality and reach of the research funded by RITC. Finally, the Panel conducted a review of the global tobacco control environment to assess future funding, partnerships and other opportunities for RITC. The Panel's background working papers on each of these analytical elements have been provided to RITC and IDRC.

### ***Main findings***

#### **Small program, limited resources, big contribution**

The Panel found that the 2005-2010 Program Report outcomes were substantiated by the review of documents, as well as responses from grantees and interviews with stakeholders. RITC has been generally well organized and well managed in the face of significant challenges during a difficult transition period that has seen management changes and organizational uncertainties.

The Panel found that RITC has made significant contributions to global evidence on tobacco control, especially related to development issues in low- and middle-income countries. In addition, RITC has developed its own strong research and knowledge base on important tobacco control issues on previously neglected policy research areas, such as water pipe use and gender issues.

The Panel also found that RITC has effectively facilitated networking amongst researchers, advocates and policymakers, and capacity building amongst researchers. Strong progress has been made across the portfolio with some notable successes

around policy influence at country level. This is noteworthy considering the relatively small size of the RITC program team, its limited financial resources and the demands of operating within a demanding multisectoral environment during a continued period of program transition.

The Panel has also given consideration to RITC's futures plans as indicated in the 2005-2010 RITC Program Report. Recommendations on these plans are embedded throughout the Panel's report. Beyond the 2005-2010 RITC Program Report, the Panel also identified and reviewed a broader set of organizational and strategic issues that it considered relevant to RITC initial 2005-2010 Program Strategy and to the future of the program.

### **Strategic framework**

The Panel found that the 2005-2010 RITC Program Report outcomes were consistent with the 2005-2010 RITC Program Strategy thematic foci as they both reflected the same overall aim. However, expected program outcomes, and associated measures, were not stated in the 2005-2010 Program Strategy. The Panel found that there were no articulated measures or benchmarks, or clearly defined objectives in the 2005-2010 Program Strategy and no clear, logical flow of reporting on such objectives in the 2005-2010 Program Report.

Therefore, the Panel found it difficult to systematically, logically or objectively assess findings and outcomes, and indicate progress over the five-year period based on the 2005-2010 Program Strategy.

### **Organization**

Stakeholder interviews revealed a strong perception that RITC is not as integral to IDRC's work as it could be, and removed from IDRC's active ownership and support.

On the other hand the Panel found that within the IDRC organization RITC has unique expertise and experience operating a multisectoral research program, as tobacco control involves health, economic, agricultural, social and cultural, broad development issues. Recognizing the intention of IDRC to establishing a new role in chronic disease, the Panel found that RITC is well placed to lead new chronic disease work, or be an organizational catalyst or a type of "knowledge center".

However, the Panel is concerned that a new IDRC focus on chronic disease may risk isolating RITC or diminishing tobacco control issues within the organization. There will be a need to manage that risk in any new structure so that RITC can advance and develop strategically as well as supporting other programs.

## **Grants**

The Panel found that the RITC grants program—and associated capacity building activities—were intensely and effectively managed and produced good outcomes on an individual project basis. The Panel found that RITC achieved these outcomes through an emphasis on a “Southern-led” approach, active engagement with developing country researchers and a core component of “responsive” funding. This approach seemed to attract new funding, but also incurred sizeable transaction costs—namely, time and resources for management and administration—for a small team with limited resources.

The Panel found many individual research results were considered to be significant and local dissemination was effective. However, the Panel also concludes that there is scope to demonstrate increased cohesion across RITC work and for it to derive greater value and significance through strengthened global dissemination of results. The RITC team has advised the Panel that a meta-analysis of grants is currently in progress.

## **Global profile and leadership**

Stakeholders strongly perceive that RITC has a significantly lower global profile—i.e., recognition of its work and activities by other organizations supporting global tobacco control work—than it did in 2005. Most stakeholders have a historical understanding and respect for RITC. However, they now appear to be largely unaware of RITC’s current work, unaware of recent research results, or RITC’s recent contributions to global tobacco control, with some important exceptions, such as RITC’s global leadership on the African Tobacco Situation Analysis (ATSA). The implication of RITC’s reduced global profile is that stakeholders are not using and recognizing RITC’s important contributions. Furthermore, RITC may have difficulty attracting new donors, resurrecting and developing important new partnerships.

In addition, several stakeholders noted a significant gap in global tobacco control research leadership in terms of providing and coordinating a global forum for discussing research priorities, needs and funding. Although it is understood that RITC has transitioned from a secretariat to a program, many stakeholders strongly suggested that RITC is well placed and has the experience to again take on a global leadership role. A further implication of RITC’s current reduced global profile is that it may have difficulty taking a leadership role in global tobacco control research, if this is a new direction it chooses.

## **IDRC Board**

During the review period, the Panel learned that a board member of Imperial Tobacco Canada chaired IDRC’s Board of Governors. Several organizations have now terminated funding relationships and other associations with IDRC, RITC and specific IDRC staff members.

Based on strong stakeholder opinions on this issues, as well as WHO FCTC guidelines regarding tobacco industry interference with tobacco control and public health policy, the Panel found severe impact on RITC's and IDRC's reputation and credibility. This is severely hampering RITC's ability to effectively deliver its program and may represent a very real threat to its sustainability.

### ***Main recommendations***

The Panel concludes that RITC has made significant, relevant and valuable contributions to global tobacco control efforts during the 2005-2010 period. However, much remains to be done. With appropriate organizational support and resources, RITC can strengthen and expand its role to maximize its country-level and global impact, revive its global profile and reinstate itself as a global leader in tobacco control research, and ensure the sustainability of its work. In summary, the Panel recommends that IDRC and RITC conduct further research and analysis on the proposed future plans indicated in the 2005-2010 RITC Program Report, and also consider:

- Continuing its critical work in funding research in low- and middle-income countries, with a development focus and addressing neglected but critical issues;
- Establishing a new program strategy that includes clear objectives and indicators to monitor and measure performance;
- Building on extant grantee relationships to maximize investments in research and capacity building;
- Strengthening and effectively disseminating meta-analysis of research;
- Strengthening engagement and information sharing with global partners;
- Establishing RITC as a lead, catalyst, or knowledge center for future IDRC work on chronic disease issues.
- Conducting internal review and stakeholder outreach activities to help resolve perceptions of tobacco industry interference with RITC work.

# REPORT

## *Background*

### **RITC History**

RITC was first established in 1994 as the International Tobacco Initiative (ITI) project, eventually gaining status as an IDRC Secretariat in 1998/1999 and a full-time Executive Director in 2000. The Secretariat structure was intended to allow for multi-partner participation, guidance and funding.

In 2004/2005 RITC was first transitioned from a Secretariat to a regular Program in IDRC under then Social and Economic Policy (SEP), then placed among one of three programs within IDRC's Research for Health Equity (RHE) area. The RHE area also includes Governance, Equity and Health (GEH) and the Secretariat of the interagency Global Health Research Initiative (GHRI). RITC's current stated mission is to create a strong research, funding and knowledge base for the development of effective tobacco control policies and programs that will minimize the threat of tobacco production and consumption to health and human development in developing countries.

RITC currently comprises a five-member team located at IDRC's head office in Ottawa, Canada, and one program officer located at IDRC's Regional Office for West Africa.

### ***2005-2010 Program Strategy***

In its 2005-2010 Program Strategy, RITC indicated it would organize its work to support the development of tobacco control policies. RITC developed a first and second tier prioritization of low and middle-income countries, based on countries' development needs and other considerations, rather than "purely on the size of a country's smoking population" and selected the following five key thematic areas:

1. Poverty and tobacco
2. Tobacco farming: the health, social, livelihood and economic impacts
3. Healthcare systems interventions
4. Globalization, trade and tobacco
5. Alternative forms of tobacco use

In February 2008 RITC decided to "fine-tune" the Program 2008-2010 strategy to focus on three funding streams:

- Core Themes
- Support for WHO FCTC Ratification, Implementation and Evaluation
- Special Initiatives

The five Core Themes in 2005-2010 Program Strategy were subsequently revised to focus on two areas, i.e.:

1. Health Policy and Systems Interventions for Tobacco Control.
2. Tobacco Farming: Health, Livelihoods, Economics, Environment

During its most current funding cycle (2008-2010), RITC stated that it gave priority consideration to proposals received within the two thematic areas, although it continued to accept proposals within the other three previous areas.

### **2005-2010 Program Report**

RITC did not report 2005-2010 program outcomes according to these areas of work or any of the progression of 2005-2010 core themes. Instead, RITC found it more meaningful to report its work by four programmatic outcomes. These four programmatic outcomes were not directly or explicitly linked to the 2005-2010 Program Strategy core themes, but were found to be closely related.

1. **New Frontiers.** RITC reported on work that reflected its perceived role as “a pioneer in critical but neglected areas of research,” including the harm of waterpipe smoking, livelihoods for poor tobacco farmers in countries with a perceived reliance on tobacco production and gender issues.
2. **Regional Strength:** RITC reported on work aimed at strengthening the development of a regional capacity, regional tobacco control movements, and research action in neglected countries.
3. **Expanding Policy Capacities.** RITC reported on work that was focused on broadening the capacity for policy influence, such as its small-medium grants program, researcher workshops and training, political and context mapping in twelve African countries
4. **Global Influence.** RITC reported work in donor coordination and networking, increasing the recognition of tobacco control as a development issue among funding and development agencies, generating evidence on tobacco smuggling, waterpipe smoking, alternatives to tobacco farming and gender for global and regional fora and to support implementation and ratification of the WHO FCTC in countries and regions

### **Global tobacco control environment**

The Panel also conducted an assessment of the global tobacco control environment to provide background for the review, as well as context for its findings and recommendations.

It is clear that the political and funding environment for global tobacco control has changed dramatically over the past 5-10 years, yet the enormous public health



challenge remains. Tobacco use is still the leading preventable cause of death and disability among adults in the world, with a huge burden placed on developing countries. Developing countries account for approximately 70% of global tobacco consumption. By the year 2025, 70% of the anticipated 10 million annual tobacco-related deaths will occur in these countries. In addition, over the past five years it has been increasingly demonstrated that chronic diseases are becoming the primary contributors to the overall burden of disease in all regions of the world. Despite the growing recognition of the “double burden” of infectious and non-communicable disease, and high-level calls for inter-sectoral action for health oriented to prevention, promotion and treatment, health policies and services in most countries are still primarily oriented to diagnosing and treating acute, episodic illness.

There are significant needs in global tobacco control funding, research and policy. There are a limited number of organizations that support significant activities focused on tobacco control and even fewer that support tobacco control policy research to a significant extent. Globally, information on the negative economic impact of tobacco is available but there are no standardized assessment of the impact of tobacco on poverty and development. A review of the global tobacco control environment indicates that there is a need to integrate knowledge of tobacco's economic and health burden into the development agenda. There is also no clear leader, coordinator or forum for discussion on global tobacco control research funding or priority setting.

Lastly, there is a demonstrated need for more support to low and middle-income countries for both policy-relevant research and policy development and implementation related to WHO FCTC obligations, particularly those articles that now have protocols and guidelines.

### ***Methodological approach***

RITC is an organization that has evolved over time. It is important to understand its overriding goal, mission, niche and history during this evolution while attempting to evaluate its work. The methodology utilized pertained to reviewing the documentation on different aspects of RITC’s program and the background against which it was planned and conducted. The review included an assessment of research projects by studying:

- Documents that described funded research projects;
- Documentation provided by the grantees;
- Project Completion Reports by the RITC staff who coordinated and supported the research projects. These reports shed light on barriers and difficulties that the researchers faced and the way they were solved and resolved often with RITC’s guidance.

Added on to this assessment was the grantees' input, which they provided by looking back at their collaboration with RITC along with their perception on the conduct of their research projects through an online survey. The survey included among others also questions comparing RITC to other global organizations. The Panel found it necessary to include also the key informants whose impressions and perceptions added to the critical knowledge base of the External Review. RITC staff helped to fill gaps in the Panel's understanding of certain issues important to the evaluation.

The Panel's findings and recommendations are based on an comprehensive review and analysis of key documents (Annex B), as well as surveys of grantees and interviews with key stakeholders, both internal and external to IDRC, including grantees, funders, and many organizations working in global tobacco control. (Grantee survey instrument is found at Annex D. Stakeholder survey and interview instrument is found at Annex E.)

## ***Findings***

### **General**

The Panel's principal terms of reference required it to assess to what extent RITC achieved the objectives of the 2005-2010 Program Strategy and to what extent RITC's research findings and outcome—as reflected in the 2005-2010 Program Report—are significant, relevant and valuable. Lastly, the Panel was asked to identify key issues for the future for RITC, its funding partners, and IDRC.

The Panel found that the 2005-2010 Program Report outcomes were substantiated by the review of documents, as well as responses from grantees and interviews with stakeholders. However, the Panel was limited in its review by a lack of connection between the 2005-2010 RITC Program Strategy and the 2005-2010 RITC Program Report. Without articulated measures or benchmarks or clearly defined objectives defined in the 2005-2010 Program Strategy and subsequently reported in the 2005-2010 Program Report, the Panel found it was unable to systematically, logically or objectively assess RITC's findings and outcomes. Instead, the Panel relied on an exhaustive and comprehensive review and analysis of relevant documents, an assessment of the global tobacco control environment, grants and other reports and survey and interview findings.

Therefore, the Panel chose to first review and report findings for the 2005-2010 Program Report Outcomes according to the general categories identified by RITC in the report. As a separate exercise, the Panel reviewed issues it viewed as also relevant to its initial 2005-2010 Program Strategy, broader organizational and strategic issues, and the future of RITC. The Panel organized these as "External Review Panel Findings" across five categories:

- Strategic Framework
- Organization

- Grants
- Global profile
- IDRC Board

Both groupings of findings, some of which are overlapping, are reported.

### **2005-2010 Program Report Outcomes**

RITC reported 2005-2010 program outcomes across four general categories: pioneering new frontiers, developing regional strength, expanding policy capacities, and having global influence, and provided descriptions of activities supporting those claimed outcomes. The Panel found that RITC was generally successful in achieving the outcomes in these areas.

#### ***New Frontiers***

The Panel found that RITC's support for neglected areas of research such as agricultural issues and waterpipe research has proved important to the WHO FCTC and specific national efforts. The Panel found that the waterpipe research was successful as evidence by the collaboration with WHO, uptake of the work by WHO FCTC working groups, and the published paper.

In addition the Panel found that RITC's support for research on tobacco farming, and in particular looking at barriers to tobacco control due to the perceived dependency on production, was unique and offered well-researched alternatives in specific areas.

Lastly, the Panel noted RITC's significant research work on gender and equality issues, the follow-up workshop in 2010 and WHO's use of some of the research in the development of its 2010 World No Tobacco Day campaign and associated monograph (pre-publication).

A few stakeholders also opined that no other organization has been more intensely involved in supporting small-scale tobacco control policy-relevant research and research capacity building than RITC.

#### ***Regional strength***

The Panel found strong evidence of strengthening regional work through the ATSA projects, waterpipe research and work on gender and equality. In particular, RITC leadership in the African region through the ATSA project has now lead to a significant number of outcomes, very useful sources of information and sustainable growth in activity and capacity. It also saw evidence that supports RITC's role as effective in developing and strengthening regional networks. The Grantee Surveys indicate a strong appreciation for RITC's capacity building for research leadership and some acknowledgement of established regional partnerships. The Panel also found strong

evidence of RITC's support for "neglected countries" and "new researchers" regional focus.

The Panel noted that RITC led formulation of regional tobacco control research agendas for South and Southeast Asia, East, Central and Southern Africa, and Latin America and the Caribbean that formed the basis of a 1999 Global Agenda for Tobacco Control Research. This Agenda was developed by RITC in collaboration with the World Health Organization's Tobacco Free Initiative and other partners.

However, it was difficult for the Panel to substantiate RITC follow-up on regional networking, uptake of the regional research agendas or to assess the viability, resonance or relevance of the Agenda. This was primarily because RITC did not continue work in these areas after 1999, and also because new global initiatives, such as the Bloomberg Initiative, commanded the interests and resources of previous partners.

### ***Policy capacity***

In assessing RITC's contributions to building policy capacity, the Panel reviewed both projects that were presented in the 2005-2010 Program Report and others, and also considered grantee and stakeholder findings. The Panel found good evidence that RITC has been effective in building capacity for research to drive policies in the developing countries, a model that other global tobacco control organizations are increasingly following in their funding decisions. The Panel found that the grantees that participated in the on-line survey almost unanimously agreed that RITC-supported workshops strengthened their research skills and capacity to readily undertake policy research in their own countries.

Grantees commented that RITC is a significant contributor to policy research in low-and middle-income countries. Almost 90% of the grantees reported having witnessed policy changes in their countries and this is borne out by the assessment that the Panel conducted on a sample of the projects including the small grants. Some countries made major shifts in their policy like in Kenya where the Parliamentary Committee on Agriculture is planning to withhold support for tobacco production and thereby further strengthening the existing tobacco control law.

Another example of RITC supported research leading to policy changes is the introduction of the smoke-free environment law in Guatemala, which is being implemented presently with noticeable success. The worksite tobacco control policies in Armenia have been strengthened as a result of the RITC supported research. Research carried out with RITC supported project helped to maintain a significant policy in the Pacific countries. In Pakistan, research evidence was used to support the tobacco control ordinance.

The Panel found from grants analysis, as well as grantees and stakeholder findings, that RITC's support for WHO FCTC grants produced some evidence for policy impact. In some countries it led to new policies. Due to the evidence rendered by the small grant the Chilean government enacted a legislation to ban all cigarette advertising in the country.

In general, the Panel found that the small grant modality has tremendous potential to influence WHO FCTC policy-making in low-and middle-income countries. Some of the key informants also spoke to this effect, "achieving a lot with so little money"

### ***Global impact***

RITC's grantees and some key organizations, appreciate and recognize their efforts to deliver influential policy research on a wide range of critical tobacco control issues that has been particularly influential at the country level. In addition, there is evidence that RITC's support of research on waterpipe use, and to some extent research on tobacco farming, has had impact on global tobacco control efforts, including WHO FCTC negotiations.

The Panel had difficulty substantiating other RITC's claims to have had significant global influence during the 2005-2010 period. While the Panel found some evidence of donor coordination during the 2005-2010 period, there was little evidence this coordination had significant global impact. In addition, while RITC's approach to funding research from a development perspective was recognized, there were few efforts to advocate this approach outside of RITC at a high-level and in a sustained way. This issue is discussed in more detail in the Global Profile section below.

## **Other External Review Panel Findings**

### ***Strategic Framework***

The Panel found that the 2005-2010 RITC Program Report outcomes were consistent with the 2005-2010 RITC Program Strategy thematic foci as they both reflected the same overall aim.

However, expected program outcomes, and associated measures, were not stated in the 2005-2010 Program Strategy. RITC conducted outcome mapping prior to development of the 2005-2010 Program Strategy, but there is no reference to these mapped, tracked and measured outcomes in the 2005-2010 Program Report. The Panel found that there were no articulated measures or benchmarks, or clearly defined objectives in the 2005-2010 Program Strategy and no clear, logical flow of reporting on such objectives in the 2005-2010 Program Report.

Therefore, the Panel found it difficult to systematically, logically or objectively assess findings and outcomes, and indicate progress over the five-year period based on the 2005-2010 Program Strategy. In addition, this lack of direct connection between the 2005-2010 Program Strategy and the 2005-2010 Program Report gives the Panel the impression that RITC's program outcomes and research results may be difficult to demonstrate and verify, especially to external partners and funders.

### ***Organization***

RITC has had a rapid evolution from a small project initiative in 1994, to an international Secretariat in 1998/1999 to an IDRC program in 2004/2005. It was difficult for the Panel to track the history of RITC, especially the periods of transition. Regardless, the Panel found good evidence of IDRC's recognition of the importance of tobacco control work within the organization, and efforts to strengthen RITC's integration into IDRC.

However, these efforts—and IDRC decisionmaking—were not always transparent or clearly communicated to RITC management and staff, which has led to uncertainty and perhaps has led to a perception of lack of effective collaboration with other IDRC program offices. In addition, during the 2005-2010, the Panel identified significant gaps in RITC leadership. While acting program leaders and RITC staff filled these gaps, there was some evidence of a lack of direction and high-level support for decision-making on RITC work.

Several stakeholders observed that the RITC team is highly motivated, very engaged in tobacco issues, effective grant program managers and very responsive to grantee needs. This is a remarkable given the small staff size and global responsibilities of the RITC team. The Panel notes that RITC provides some technical expertise or support, external to RITC, to certain grantees. Several stakeholders and some grantees suggested that RITC increase or expand their specific technical expertise on certain grant issues, such as tax or economic issues, in order to meet their future needs.

Some documents and stakeholder interviews gave the impression that organizationally RITC is regarded as a small, "single issue program" initiative within an organization that places emphasis on "multidimensional" programs. Not only is this an erroneous view, but the Panel's review found strong evidence that RITC takes a multisectoral and multidisciplinary approach to its work, supporting social, economic, agricultural, economic and political aspects of tobacco control, which is itself a multisectoral issue.

In addition, RITC demonstrated a unique and valuable commitment to funding tobacco control research from a development perspective. While other organizations may be funding tobacco control research, few appear to be as dedicated to fostering the connection to development issues as RITC. RITC is currently organized as a small program within a larger research and development agency that emphasizes agility,

flexibility and innovative management. These principles are reflected in RITC's organizational model.

The Panel was advised of IDRC's intent to establish a new role in chronic disease research. Tobacco control is a priority area in addressing chronic disease issues. RITC's experience and expertise with addressing tobacco control as a multisectoral, multidimensional issue certainly positions it to lead, be an organizational catalyst, or a "knowledge center"—sharing its multisectoral experiences in tobacco control—for any future chronic disease work in IDRC.

However, the Panel is concerned that a new IDRC focus on chronic disease may risk isolating RITC or diminishing tobacco control issues within the organization. There will be a need to manage that risk in any new structure so that RITC can advance and develop strategically as well as supporting other programs.

### **Grants**

The Panel found that the majority of the RITC grant projects were policy relevant, had sound methodologies and had clearly stated objectives, were modestly successful in reaching RITC's target audiences, and achieved the claimed outcomes. The outcomes rendered evidence that can be used to build a body of knowledge to drive policies relevant to tobacco control globally, with proper support for meta-analysis, engagement with global stakeholders and strengthened dissemination.

In most countries RITC grants also provided research evidence to policy makers needed for policy development. RITC has established highly effective on-going communication procedures with grantees (e.g., through discussion of a brief concept notes) that ensures that projects meet the needs of the country, are of high quality and are also communicated effectively to policymakers. In addition, RITC's small grants related to the WHO FCTC were highly responsive to developing countries needs across all regions. Most of these grants yielded evidence that could help advance the WHO FCTC in these countries.

The Panel found that RITC places priority on being responsive to researcher and country needs and 'not dictating what they should do', placing emphasis on "responsive" funding of research versus "directed" funding. Grantees themselves obviously appreciated this approach. The Panel found that sometimes the strategic difference between directed and responsive grant funding was not always well understood in RITC and by some stakeholders.

Finally, RITC demonstrated a unique and valuable commitment to funding tobacco control research from a development perspective. While other organizations may be funding tobacco control research, no one appears to be dedicated to actively fostering the connection to development issues. There is an opportunity for RITC to advocate this

approach and involve more donors in supporting tobacco control research so it is no longer unique in this role.

### ***Global profile and leadership***

The Panel found that within the global tobacco control community RITC has lower profile and that it has a significantly downgraded reputation compared to 2005. Most stakeholders are unaware of RITC work, unaware of research results and of the impact of its research results. Global partners who have apparently worked with RITC recently on high profile projects paradoxically share this opinion. While the Panel found that RITC is working very well at a grant project and researcher level, this work is not having the global impact it could. However, as noted elsewhere in this report, a notable exception is RITC's global leadership on the ATSA project. It is unfortunate that the Gates Foundation termination of funds to RITC has at least temporarily but significantly reduced opportunities for RITC to continue this leadership role.

The Panel found that there is an opportunity for more effective dissemination of RITC research results. Although RITC actively assists grantees with in-country dissemination, and research results can be found on RITC's website, the Panel found minimal efforts to effectively communicate research results to influential global audiences.

The Panel was advised that RITC consciously decreased its previous global tobacco control research leadership role in favor of a focus on country specific needs. While RITC demonstrated strong rationale and justification for this action, stakeholders perceive this as a large gap in global tobacco control efforts, especially in terms of providing and coordinating a global forum for discussing research priorities, needs, gaps and funding. Many stakeholders strongly suggested that RITC is well placed and has the experience to again take on a global leadership role.

The Panel found that there is a new opportunity for RITC to demonstrate that it can effectively deliver or demonstrate results or global impact. In the context of a new, demanding and rapidly shifting global tobacco control environment, RITC can attract new donors, resurrect and develop important new partnerships and fill a critical need in leading global tobacco control research.

### ***IDRC Board of Governors***

During the course of the review the Panel learned that a board member of Imperial Tobacco Canada, Mrs Barbara McDougall, was sitting on IDRC's Board of Governors, and chairing it as well. This issue was considered highly relevant to the Panel's review, as there was strong and rapidly evolving evidence that this was impacting RITC's and IDRC's short-term and long-term reputation and credibility. The Bill and Melinda Gates Foundation terminated funding and ceased association with RITC. Other organizations and a scientific journal also ended relationships with IDRC and RITC.



In addition, new WHO FCTC Article 5.3 guidelines that address tobacco industry interference provided more attention to this revelation, as Canada has ratified the WHO FCTC and has been active in developing the guidelines. The Article 5.3 guidelines call on governments to not allow any person employed by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.

IDRC has since issued new conflict of interest guidelines and procedures for the board and IDRC employees, and Mrs McDougall's tenure with the Imperial Tobacco Canada board has ended. However, several stakeholders said IDRC gave the impression that they did not take the issue seriously by taking immediate, clear and direct action to address the issues. They also expressed concern that IDRC does not see RITC and tobacco control as an integral part of the IDRC family, and therefore were not concerned about damage of the revelation and potential tobacco industry influence on IDRC decisionmaking or on RITC. Stakeholders were also nearly unanimous in expressing unsolicited opinions that Mrs McDougall should resign from the IDRC board.

The Panel finds that this issue is an increasing liability within the tobacco control, the public health community, and potentially the development community. The Panel is concerned that IDRC and RITC are in danger of always being associated with tobacco industry infiltration—regardless of the actuality—as long as McDougall remains on the IDRC board.

The reviewers Panel found no obvious evidence of interference from Imperial Tobacco Canada or the tobacco industry in RITC work. However, it will be extremely difficult for IDRC to guarantee this without some type of internal review of IDRC board decision-making, and a public report on this review. The Panel found a strong need for IDRC and RITC to conduct effective outreach with the tobacco control, public health and development community on this issue.

### ***Recommendations***

The Panel concludes that RITC has made significant, relevant and valuable contributions to global tobacco control efforts during the 2005-2010 period. Based on an assessment of RITC's work, stakeholder and grantee views and assessment of the global tobacco control environment, there is a demonstrated critical need for RITC to continue this work over the next 5-year period and beyond. The following recommendations should be considered in this context. The Panel has also given consideration to RITC's future plans as indicated in the 2005-2010 RITC Program Report. Recommendations on these plans are embedded throughout the recommendations detailed below. The Panel recommends that IDRC leadership work closely with RITC to research future plans and also consider the following actions:

## **General**

- Continuing its critical work in funding research in low- and middle-income countries, with a development focus and addressing neglected but critical issues;
- Strengthening effectively disseminating meta-analysis of research;
- Strengthening engagement and information sharing with global partners;
- Establishing RITC as a lead, catalyst, or knowledge center for future IDRC work on chronic disease issues.
- Conducting internal review and stakeholder outreach activities to help resolve perceptions of tobacco industry interference with RITC work.

## **Strategic Framework**

1. Develop a new RITC 2010-2015 strategic plan with measurable objectives and indicators and an active monitoring, evaluation and reporting system that helps guide RITC decisionmaking demonstrating that RITC can use its resources to deliver in a credible, accountable way that has global impact
2. Communicate the strategic plan to key stakeholders.
3. Continue a development focus for all work.

## **Organization**

1. Fully document RITC history. It is important for stakeholders and funders to understand RITC's evolution as well as its transition from Secretariat to IDRC program.
2. Strengthen efforts to more fully integrate RITC into the IDRC organization.
3. Provide RITC leadership with highest-level support in decision-making. Set RITC leadership expectations and performance measures.
4. Review RITC team technical expertise needed for future directions.
5. Strengthen RITC organizational capacity to take on a leadership role in global tobacco control research.
6. Establish RITC as an IDRC "knowledge center" to share its experiences and expertise for using evidence of research to drive the policy development and implementation.
7. Enable RITC to lead, be an organizational catalyst, or knowledge center for potential new chronic disease work, without losing the core RITC portfolio and tobacco control as a development issue focus.

## **Grants**

1. Build on extant grantee relationships to maximize previous investments in research and capacity building, and to strengthen researcher networking. Consider strengthening grantees' access to needed specific technical expertise and other technical support, such as tax policy experts, economists and enforcement experts.

2. Continue to support high quality, policy-relevant research by identifying worthy research projects driven by an objective country-level analysis of their current tobacco control policy environment.
3. Continue funding “new frontier” research.
4. Conduct a few key “policy impact studies” to more fully evaluate by effectiveness of RITC’s country-level work.

### **Global profile and leadership**

1. Strengthen RITC’s global profile with the goal of sharing work, helping to generate policy-relevant research information that can be used by key partners and countries and promote RITC’s role in development research.
2. Seek to fill the leadership gap on global tobacco control research. Help coordinate or facilitate a research gaps analysis, priority-setting, and systematic sharing of results, particularly on key WHO FCTC issues.
3. Facilitate the establishment of an effective global network of researchers doing policy relevant work and a new mechanism for researchers to exchange research results and other information.

### **IDRC Board of Governors**

1. Conduct an internal review of IDRC board decisionmaking on RITC and tobacco control issues. Make this report publicly available.
2. Associated with the above, conduct “lessons learned” report that would be shared with global tobacco control, public health and development community. This could also be a significant contribution to the global work on implementation of WHO FCTC Article 5.3.
3. Contact funders, NGOs and grantees and undertake confidence and credibility restoring measures. Identify efforts needed to restore specific funding relationships and associations.

## **ANNEXES**

## **ANNEX A**

### **ACRONYMS**

AFRO	African Regional Office, WHO
ATCA	African Tobacco Control Alliance
ATCRI	African Tobacco Control Research Initiative
ATSA	Africa Tobacco Situation Analysis
AUB	American University of Beirut
AUB-TCRG	American University of Beirut's Tobacco Control Research Group
AusAID	Australian Government Overseas Aid Program
BAT	British American Tobacco
BATA	Bangladesh Anti Tobacco Alliance
CIDA	Canadian International Development Agency
CIET	Centro de Investigación para la Epidemia de Tabaquismo/ Research Centre for the Tobacco Epidemic
COP3	Third Session of the Conference of the Parties
COP4	Fourth Session of the Conference of the Parties
COPD	Chronic Obstructive Pulmonary Disease
DFID/Dfid	United Kingdom Department for International Development
EMRO	Eastern Mediterranean Regional Office, WHO
EURO	European Regional Office, WHO
FCTC	[WHO] Framework Convention on Tobacco Control
GEH	Governance, Equity and Health
IDRC	International Development Research Centre
IUATLD	International Union Against Tuberculosis and Lung Disease (The Union)
LMIC	Low- and middle-income countries
MERCOSUR	Mercado Común del Sur/ Southern Common Market
NGO(s)	Non-government Organization(s)
PAHO	Pan American Health Organization, WHO
RHE	Research for Health Equity
RITC	Research for International Tobacco Control
SEARO	South East Asia Regional Office, WHO
SEATCA	South East Asia Tobacco Control Alliance
SEP	Social and Economic Policy
UICC	International Union Against Cancer
The Union	See IUATLD
WBB	Work for a Better Bangladesh Trust
WHO	World Health Organization
WHO-TFI	World Health Organization's Tobacco Free Initiative
WPRO	Western Pacific Regional Office, WHO

## **ANNEX B**

### **BIBLIOGRAPHY**

#### **RITC background documents**

1. Program Report 2005-2010 (Dfid Reference #Ag4223), Submitted To The External Review Panel By The International Development Research Centre (IDRC) Research For International Tobacco Control (RITC) Canada, Submitted February 4th, 2010
2. Project Completion Report: Diversification of Household Livelihood Strategies for Tobacco Small-holder Farmers: A Case Study of Bamboo (Kenya), Project Number: 103765
3. Project Completion Report: From Tobacco to Food Production: Assessing Constraints and Transition Strategies in Bangladesh, Project Number: 103435
4. Project Completion Report: Smoking Cessation Intervention for Disadvantaged Pregnant Women (South Africa): Phase II, Project Number: 103198
5. FIRST PROGRESS REPORT, RITC Program Strategy 2005-10 Grant, (DFID Reference #AG4223), submitted to the DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID) United Kingdom by the INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC) RESEARCH FOR INTERNATIONAL TOBACCO CONTROL (RITC) Canada, 19 December 2006
6. SECOND PROGRESS REPORT RITC Programming Strategy 2005-10 Grant (DFID Reference #AG4223), submitted to the DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID) United Kingdom by the INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC) RESEARCH FOR INTERNATIONAL TOBACCO CONTROL (RITC) Canada, October 23, 2007
7. THIRD PROGRESS REPORT, RITC Programming Strategy 2005-10 Grant (DFID Reference #AG4223), submitted to the DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID) United Kingdom by the INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC) RESEARCH FOR INTERNATIONAL TOBACCO CONTROL (RITC) Canada, Submitted January 28, 2009
8. External Evaluation/Research for International Tobacco Control/RITC, Secretariat of the International Development Research Centre, Prepared for: RITC and IDRC, Prepared by: Anne Bernard, June 2004
9. Research on International Tobacco Control (RITC) Report to IDRC Senior Management Committee August 2004, Reviewer: Dr. Anne Bernard, Summary prepared by Evaluation Unit
10. Mentorship Program for Tobacco Control Researchers April 2007
11. [RITC] Research Fellowships for Graduate Students 2005
12. [RITC] Small Grants Research Competitions 2005
13. [RITC] Support of Researchers at International Conferences 2005
14. RITC Grant individual project reports (2005-2010)

15. Abstracts Of 2005-2010 RITC's Projects
16. RITC Project Outputs 2005-2010 by Core Theme

**RITC (associated) publications and articles**

1. GLOBAL TOBACCO CONTROL ISSUES, The Landscape in Global Tobacco Control Research: A Guide to Gaining a Foothold. Harry A. Lando, PhD, Belinda Borrelli, PhD, Laura C. Klein, PhD, Linda P. Waverley, PhD, Frances A. Stillman, EdD, Jon D. Kassel, PhD and Kenneth E. Warner, PhD
2. Setting Tobacco Control Research Priorities for Latin America and the Caribbean 1999-07-19. Report on the Regional Meeting in Rio de Janeiro.
3. Setting Tobacco Control Research Priorities for East, Central and Southern Africa Region 1999-01-13. Report on the Regional Meeting in Juliasdale, Zimbabwe.
4. Setting Tobacco Control Research Priorities for Asia 1998-11-13. Report on the Regional Meeting in Pattaya, Thailand.
5. Book Chapter: Brigden, LW and Kamal, M. (2002). "Tobacco Control Advocacy and Policies in Developing Countries." In Encyclopedia of Public Health, ed. L. Breslow, 1205-1207. New York & Detroit: Macmillan Reference USA.
6. QUALITATIVE RESEARCH FOR TOBACCO CONTROL. A How-to Introductory Manual for Researchers and Development Practitioners. Alison Mathie and Anne Carnozzi IDRC 2005
7. Tobacco Control Policy: Strategies, Successes and Setbacks. World Bank and RITC Joy de Beyer and Linda Waverley 2003
8. AT WHAT COST? The Economic Impact of Tobacco Use on National Health Systems, Societies, and Individuals@Research for International Tobacco Control IDRC 2003
9. SMOKE & MIRRORS. The Canadian Tobacco War. Rob Cunningham IDRC 1996
10. Gender and Tobacco Control: A Policy Brief 2008-03
11. RESEARCH FOR ACTION ON THE FCTC: Report of a Small Grants Research Competition@ 2006-04
12. Journal Article: The Landscape in Global Tobacco Control Research - A Guide to Gaining a Foothold Lando HA, Borrelli B, Klein LC, Waverley LP, Stillman FA, Kassel JD, Warner KE 2005-07
13. "The Global Battle to Butt Out" 2005-03-07. GlobeAndMail.Com, March 7 — Op-ed by Dr Linda Waverley
14. At What Cost? The Economic Impact of Tobacco Use on National Health Systems, Societies and Individuals: a summary of methods and findings 200
15. RITC Monograph Series No. 1. RITC, Ottawa, Canada. (PDF Format) Open file
16. Journal Article: Research Priorities for Tobacco Control in Developing Countries - A Regional Approach to a Global Consultative Process Baris, E., Waverley Brigden, L., Prindiville, J., da Costa e Silva, V.L., Chitanondh, H., Chandiwana, S. 2000

17. Confronting the Epidemic: A Global Agenda for Tobacco Control Research 1999-07 RITC/WHO. (July 1999). Geneva, Switzerland.
18. Journal Article: Tobacco Use - A Challenge for Sustainable Development Baris, E. 1999
19. Journal opinion: Open Medicine, Vol 4, No 2 (2010), EDITORIAL, Tobacco control and the collateral damage of conflict of interest

#### **RITC news**

1. Viewpoint: Lighting Fires for Tobacco Control 2002-12-06
2. Viewpoint: Tobacco Marketing — Where There's Smoke, there's Deception 2002-02-15
3. How Thailand Took on the Transnational Tobacco Titans 2001-04-20
4. Big Tobacco's Next Target: Women and Children in Poorer Countries are Picking Up the Cigarette Habit 2000-11-20
5. Bill & Melinda Gates Foundation, Statement Regarding IDRC Tobacco Control Grant <http://www.gatesfoundation.org/press-releases/Pages/statement-on-idrc-grant-100412.aspx> . April 12, 2010
6. "McDougall's tobacco ties draw more fire," Friday, May 7, 2010, The Canadian Press
7. MEDIA RELEASE, The Australian Health News, Research Collaboration, School of Public Health, University of Sydney, International conference in Sydney refuses sponsor with tobacco link 5 MAY 2010



## **ANNEX C**

### **EXTERNAL REVIEW PANEL TERMS OF REFERENCE**

#### **External Review of the Research for International Tobacco Control (RITC) program International Development Research Centre (IDRC)**

##### **Terms of Reference for external reviewers**

Research for International Tobacco Control will undergo an external review of its work covering its Programming Strategy for 2005 – 2010.

The last external review of RITC was conducted in 2004 and was an important source of learning for the development of the 2005 – 2010 strategy. As the program seeks to renew its strategy in a significantly different external environment to that in 2004/05, it is time to take stock of the progress that has been made and the lessons that have been learned that will enable RITC to make the most useful contribution to health and development that is consistent with the Centre's mandate.

The key questions that the reviewers will answer to assess RITC performance are the following:

- a) To what extent has RITC achieved the objectives of the strategy, 2005-2010?*  
Validate the coherence and appropriateness of: 1) the choices made and priorities set by the program to adapt or evolve its approach from what was outlined in the RITC Strategy 2005-2010, considering the changing external environment, needs and opportunities that developed during this period; and, 2) the strategic lessons that RITC drew from its experience.
  
- b) To what extent are the program's research findings and outcomes significant, relevant and valuable?* In particular, relevance to tobacco control policy change, contribution to global or regional knowledge on a specific theme; value of information developed for a specific or broad audience. Verify the significance, relevance and value of the outcomes described in the final report according to Southern partner institutions and affiliated researchers, other donors, and IDRC program staff and senior managers. Document any important outcomes (positive/negative, intended/unintended) that were not noted in the final report.
  
- c) What are the key issues for the future for RITC, its funding partners, and the Centre as a whole?* Identify any issues for consideration, for example: Changing external environment (progress in tobacco control, entry of new donors and actors in the field), implementation failures, niche, gaps in evidence, gaps in

outcomes that could have been expected, issues for future programming, and recommendations linked to findings, emerging questions, etc.

**Process:**

Each external review panel member will have up to 24 days to complete their work. The review will be conducted through February and March of 2010. The methodology for the external review panel will include:

- a. **Program-Level Document Review:** Each member of the review panel will be provided a set of key program documents to review while the program prepares its final report. In order to keep the amount of documentation manageable and targeted, any document provided should help contextualize the program and its work over the course of its implementation. This documentation will include:

- Corporate Strategy and Program Framework, 2005-2010
- IDRC Briefing Book ([http://intranet.idrc.ca/es/ev-45415-201-1-DO\\_TOPIC.html](http://intranet.idrc.ca/es/ev-45415-201-1-DO_TOPIC.html))
- Programming strategy
- The last external review
- Project and program evaluations, strategy papers, any monitoring/evaluation reports to external donors, major conference reports, key journal articles, etc.
- A complete list of projects and Research Support Projects (RSP) funded during the prospectus, including abstracts for each project.
- A list of the major research outputs of all completed research projects funded by the program with the associated livelink or internet location
- A list of the program team composition over the life of the program, including biographies, and contact information.

A package of documents will be prepared for the review panel and they will not be expected to search for additional documents in Livelink or on the website.

- b. **Final Report Review:** Each member of the external review panel will be sent a copy of the program's final report as soon as it is completed. An annex of this report will include preliminary lists of key documents and informants associated with each outcome.

- c. **Documentation Review & Key-Informant Interviews:**

Based on the outcomes outlined in the program's final report, the panel will be provided a preliminary list of key documents and key informants. The outcomes

to be verified will be divided between the panel members so a panelist can review the documentation and conduct interviews with the appropriate key informants.

In order to protect its independence, the external review panel can request additional documents and/or may choose to interview additional informants. For example, project leaders may be able to suggest additional researchers and research users to be interviewed or the external reviewer may want further data on an outcome they consider important.

A meeting in Ottawa of the panel with IDRC program staff and the responsible Director of Program Area (DPA) will be arranged at the beginning of the review so that their perspectives on the program can be obtained. At this time, the panel will also meet to prepare a work plan for the completion of the review. In order to ensure that there is no duplication between panelists' work a schedule of regular communications will be established at the outset of the review. A work plan dividing the various tasks to be performed by the individual panelists will be developed during the first meeting.

To preserve its independence, the panel, within the limits set by budget and time frame, will determine the nature and scope of interviews necessary to complete their work successfully. It is not expected that field work (i.e., travel to projects) will be necessary.

#### **d. Consultation and External Review Report Preparation**

The review panel will meet members of the program following completion of the data collection. The meeting has a dual purpose for the external review panel – 1) to gather additional data; and, 2) to triangulate preliminary findings. It is suggested that the meeting be held in Ottawa with regional program team members involved through videoconference during the appropriate sessions.

The agenda for the meeting would include the following:

- Days 1&2: The first two days will be exclusively for the members of the external review panel to review their preliminary analysis based on their individual document reviews and interviews, consolidate their findings and analysis, and prepare for the meeting with the program team (e.g., determine the key areas for questioning, order of questions, etc.). The Evaluation Unit will be available during these days for clarifications on any IDRC issues.

- Day 3: The third day would have the external review panel meet with the program team. The Evaluation Unit and the DPA would also be present or available. The external review panel will lead the meeting in order to: Question the program on the content of its final report; probe on issues that surfaced through the document review and interviews; obtain feedback on preliminary findings; raise questions, suggest alternatives, etc.; and, request clarifications, factual information, opinions, etc.
- Days 4&5: Following the meeting with the program, the review panel will be provided 2 days to further analyze and discuss the various findings and evidence amongst themselves in order to arrive at conclusions and write the final report. The external review report (5-8 pages) will be drafted by the review panel during this face-to-face meeting taking into account the documentation reviewed, the interviews, any other data collection, and the meeting with the program.

A final draft report will be submitted to the program within two weeks of the end of the 5-day meeting. The program will share the report with the evaluation unit, the Director of the Program Area and the Vice-President of Programs. The program will review the draft to ensure the terms of the contract have been fulfilled and for any factual errors. The program will prepare a consolidated response to the reviewers for any outstanding issues. A final report will be submitted by the review panel.

The reviewers will take comments under consideration in the drafting of the final 5-8 page report.

For transparency, external reviews are posted on IDRC's public website because they are the primary accountability mechanism for assessing the effectiveness and relevance of the Centre's spending of public funds. The program report, the external review panel report, and a summary brief will be posted from this process.

**ANNEX D**  
**GRANTEE SURVEY**

Posted on SurveyMonkey.com

External Review of International Development and Research Centre (IDRC)/  
Research for International Tobacco Control (RITC)

**Grantee Questionnaire**

1. How did you hear of the RITC grants program?
  - a. From colleagues working in health and tobacco control
  - b. From direct contacts with IDRC/RITC
  - c. From IDRC/RITC announcements
  - d. Other, please describe
2. Please describe your understanding of RITC's role in global tobacco control.
3. Do you view RITC's role in global tobacco control as unique or similar to other organizations?
  - a. If unique, please describe
  - b. If similar, please name one or two such organizations and describe the similarities
4. What was your interaction with RITC during the preparation of your grant project proposal?
  - a. If the interaction was substantial or extensive, did it help successfully complete the proposal?
    1. If yes, please describe
    2. No
  - b. If you had little or no interaction, was this a barrier to completing the proposal?
    1. If yes, please describe.
    2. No

- c. Interaction was neither extensive nor too little.
  - 5. What was your interaction with RITC while you were conducting your grant project?
    - a. If interaction was substantial or extensive did RITC give guidance or feedback on:
      - i. Research design
        - 1. If yes, please describe.
        - 2. No
      - ii. Preliminary research findings
        - 1. If yes, please describe.
        - 2. No
      - iii. Research results
        - 1. If yes, please describe.
        - 2. No
      - iv. Policy-impact of research
        - 1. If yes, please describe.
        - 2. No
      - v. Dissemination or communication of research results
        - 1. If yes, please describe.
        - 2. No
    - b. If little interaction, was this a barrier to completing the project?
      - i. If yes, please describe
      - ii. No
6. Do you consider your project successful?
  - a. If yes, please describe two to three factors that made it successful
    - i. Factor 1
    - ii. Factor 2

- iii. Factor 3
  - b. If no, please describe the two to three factors that made it unsuccessful
    - i. Factor 1
    - ii. Factor 2
    - iii. Factor 3
- 7. Did your grant project contribute to national or local policy changes in your country?
  - a. If yes, please describe
  - b. If no, why not?
- 8. Were your grant project findings disseminated or communicated?
  - a. If yes, how?
    - i. Published reports
    - ii. Print and/or electronic media
    - iii. Meetings
    - iv. Other, please describe
  - b. If no, why not?
    - i. Lack of resources
    - ii. Lack of capacity
    - iii. Other, please describe
- 9. Did your RITC grant project help increase the capacity or skills (either technical or programmatic/administrative) of your organization?
  - a. If yes, please describe two to three major outcomes
    - i. Outcome 1
    - ii. Outcome 2
    - iii. Outcome 3
  - b. If no, why not?

10. Has your RITC grant project strengthen your network of partners working in tobacco control?

a) If yes, please describe

b) If no, why not?

11. How can RITC maintain or improve its grant program in the future? Please provide two-three recommendations.

a. Recommendation 1

b. Recommendation 2

c. Recommendation 3



**ANNEX E**  
**STAKEHOLDER SURVEY and INTERVIEW INSTRUMENT**  
**Posted on SurveyMonkey.com**

External Review of International Development and Research Centre (IDRC)/  
Research for International Tobacco Control (RITC)

**Stakeholder Questions**

1. Please describe your understanding of RITC's role in global tobacco control.
2. Do you view RITC's role in global tobacco control as unique or similar to other organizations?
  - a. If unique, please describe
  - b. If similar, please name one or two such organizations and describe the similarities
3. Please discuss RITC's past work in the following areas. Have these been successes, challenges, failures?
  - a. Tobacco control science/evidence base
  - b. Communication of evidence
  - c. Tobacco control advocacy
  - d. Tobacco control capacity and/or coalition/network building
  - e. Tobacco control policy change at the national or subnational level
4. What are RITC's major challenges or barriers in the following areas? Are these current and/or future issues?
  - a. Organizational/programmatic
  - b. Technical
  - c. Resources
  - d. Other
5. How can RITC maintain or improve its grant program in the future? Please provide two or three recommendations.
6. In your view, what should be RITC's:
  - a. Overall mission for the next five years?
  - b. Strategic focus or areas of focus for the next five years?