External Review

Governance, Equity and Health Program IDRC 2006 – 2011

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Table of Contents

Acronyms

CAD	Canadian Dollar
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
DH	Dr. Demissie Habte
FPR	Final Prospectus Report
GB	Dr. George Brown
GEH	Governance, Equity and Health
GHRI	Global Health Research Initiative
IDRC	International Development Research Centre
LMIC	Low and Middle Income Countries
RHE	Research for Health Equity
RITC	Research for International Tobacco Control
rPCR	Rolling Project Completion Report
SS	Dr. Suneeta Singh

Introduction

The Governance, Equity and Health (GEH) program initiative has, in the 7 years of its institution, put in place a remarkable program of support to a large number of researchers, research networks and global institutions that furthers a path-breaking approach which places systems, their governance and equitable outcomes at the heart of health research. The program places a unique focus on intensive knowledge translation with a wide range of stakeholders and exhibits deep regard and attention to communities, civil societies and local and national governments. The External Review Panel has through its discussions and appraisal of the program over the past 5 months, been pleased to find the esteem in which the program is held.

The program initiative had an initial exploratory phase from 2003 – 2006 (phase I) with good results. By the beginning of the current prospectus period, this phase had propelled GEH into leadership position in embedding research into policy and systems development; providing support for evidence based interventions and health systems strengthening; and popularising the GEH approach of examining health systems through a governance and equity lens.

The current Prospectus[i] of the GEH program initiative (which is the subject of this review) has been in effect for about 4 years since April 2006. This phase II has had three objectives[ii]:

1. **Making a difference on the ground** by informing and supporting the development and implementation of health policy and systems towards a GEH vision in specific Low and Middle Income Countries (LMIC) contexts.
2. **Informing policy debates** by influencing global health policy, research and systems through informing policy in Canada and globally especially through supporting a strong Southern voice.
3. **Institutionalizing a GEH approach** to develop research capacity, build a GEH Community of Practice and support GEH approach institutionalization beyond IDRC.

The GEH team has attempted to operationalise the objectives through three thematic entry points. Each project that the program supports thus responds to at least two or more of these areas of concentration:

1. **Governance**: evidence to support effective, accountable and participatory governance of plural health systems with an emphasis on stewardship role of the state and active civic engagement.
2. **Health systems**: build and share tools and evidence to support effective and equitable systems performance and strengthen integration of interventions into policy and systems.
3. **Financing**: research to inform and evaluate financing approaches for effective, efficient, equitable and sustainable public health systems.

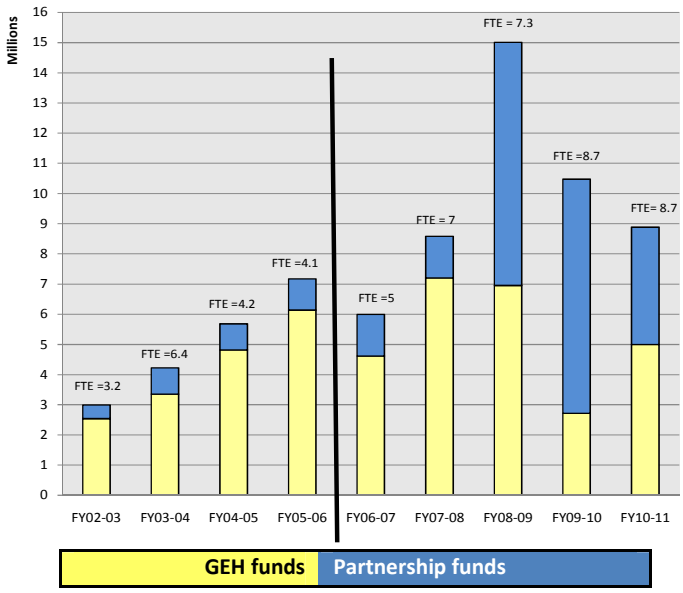
The Final Prospectus Report (FPR) by GEH makes mention of the IDRC Grants Plus model to which it attributes its success in nurturing and supporting Southern research. The Report notes that

achievements have been made in: convergence of research projects around primary health care; better integration and linkages with social justice to redress health inequities; wider geographical and increasing global reach of projects; and increased understanding of governance and health systems equity among GEH recipients and beyond.

The overall health program has evolved from being an exploratory area of inquiry under the Social and Economic Policy program area in Phase I to a dedicated program area named Research for Health Equity (RHE) in 2009. RHE today encompasses the Research for International Tobacco Control (RITC) and the Global Health Research Initiative (GHRI) program initiatives.

The FPR points out that during the Prospectus period, 9 program officers in GEH managed 95 projects in 91 recipient institutions across 34 countries which received CAD 21.5 million of GEH financing and CAD 54.8 million of partnership budget. Of these, just under half (4.4 full time equivalents) were GEH funded, i.e., had primary responsibilities for the overall GEH portfolio. The budget that GEH manages has grown enormously due to their efforts to develop partnerships with like-minded donor organizations as can be deduced from graph 1[iii] below:

Graph1: Internal and external funding by GEH

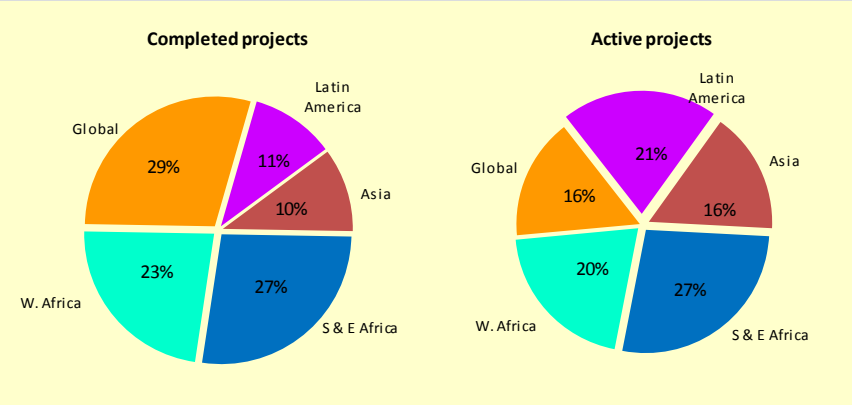


FTE = Full time employees (GEH program officers only)

FY= Fiscal Year

During the course of the prospectus, the number of completed and active projects in the various regions is as follows:

Graph 2: Distribution of projects



External review

In March 2010, the Evaluation Unit of IDRC invited a panel of reviewers to carry out an independent assessment of a self-evaluation by the GEH team of its work under its existing Prospectus, and present issues for consideration by the Centre's Board of Governors. Dr. George F. Brown from the United States of America, Dr. Demissie Habte from Ethiopia, and Dr. Suneeta Singh from India have reviewed the program over the past 5 months to provide their assessment of the self-evaluation report. The panel was very capably assisted by Ms. Emily C. Taylor who carried out substantial analyses to assist in the formulation of the conclusions, and to provide logistical support to the panel.

The panel was asked to judge the performance of the program[iv] in terms of:

1. Extent to which implementation of program prospectus was appropriate in respect of choices made and priorities set relative to the prospectus, and strategic lessons drawn from experiences;
2. Quality of research supported given context and intended purpose in respect of overall research quality, and significance of research findings;
3. Verify the extent to which the program outcomes are relevant, valuable and significant and document any important outcomes, not noted in the final report; and
4. Provide key issues for Board of Governors in terms of niche, gaps in evidence, gaps in outcomes, locus of problems, if any, issues for future programming, recommendations linked to findings, and emerging questions

Over the period of the review, the panel met several times over the phone and in Ottawa, carried out interviews and a survey with stakeholders, reviewed documentation provided by GEH[v], and undertook a quantitative analysis of a sample of projects [see Annex 9 Tables A1 and A2 for data (through Dec 2009) derived from the GEH project database and from the sample of projects] to prepare this report. For a more detailed description of the methodologies applied, please refer to Annex 1.

The detailed and systematic documentation provided by the GEH team was extremely useful. The opportunity to meet with GEH staff in Ottawa early in the course of the review provided a constructive beginning. External support for a detailed assessment of research quality has made it a very robust exercise. The panel very much appreciates the open and frank discussions held with the staff during its face to face meetings in Ottawa as well as their inputs to the draft report.

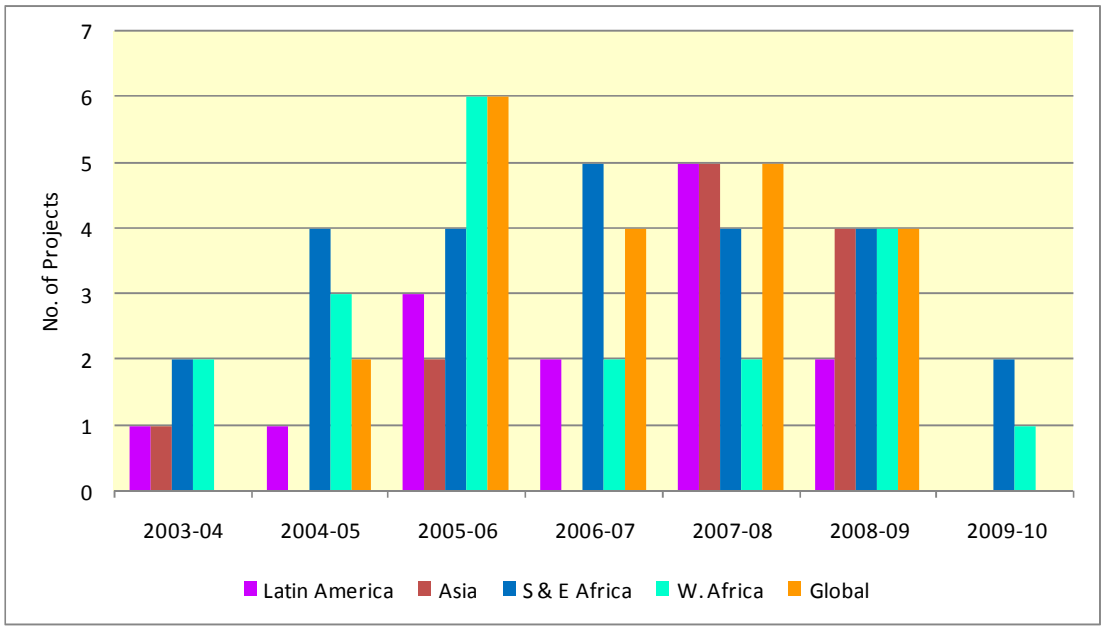
While the panel has attempted to provide a robust and useful analysis of the program, the report must be reviewed keeping in mind the constraints of the process. Key informant interviews were held with about 30 respondents, a few face-to-face and the others telephonically. Not all those selected could be interviewed. A web based survey was sent to program partners, and responses received have provided useful insights. However, the survey received few responses partly because of timing issues. A quantitative analysis of research merit and significance was carried out based upon the documentation made available by the GEH team, but the panel did not have the opportunity to visit any of the projects on the ground or to interact with program partners in a meeting. Finally, a face to face meeting of the team in the earliest part of the period of review would have greatly facilitated their work.

Implementation of the program

Overall the implementation of the GEH program has closely followed the program of work described in the Prospectus of April 2006 – March 2011. All three broad objectives set forth in the Prospectus: viz., Making a difference on the ground; Informing policy debates; and Institutionalizing a GEH approach to develop research capacity; have been met to a significant degree, although further effort is needed. Upon review, GEH comes across as a solid program which provides useful funding support for research capacity in LMIC taking a governance and equity lens to health systems work.

During the course of this Prospectus, an important decision of the GEH team was to expand the reach of the portfolio, bringing in more LMIC into the ambit of the portfolio. This was effectively accomplished as can be seen from Graph 3.

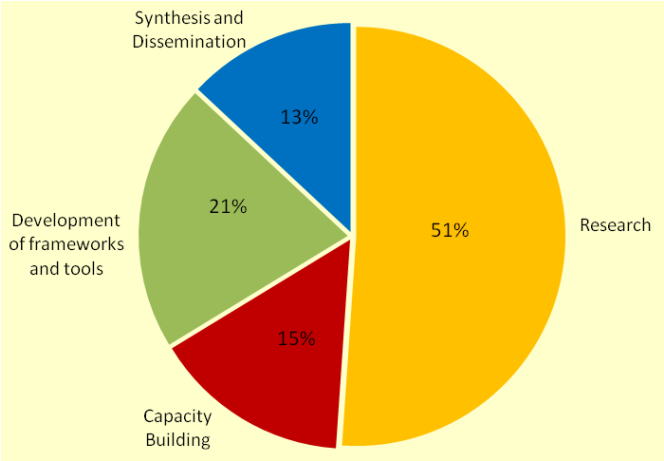
Graph 3: Projects approved



The thematic focus on governance, health systems, and financing has been maintained and expanded throughout this time period. Notably, a broad emphasis on health systems strengthening as a primary area of concentration has been at the core of the program. In pursuing program effort on this theme, the GEH program reflects the strong need to counterbalance the continuing trend in the wider international health field to emphasize large vertical disease-driven interventions, which often disrupt and undermine national health systems. Although there is an increasing international recognition of the importance of health systems strengthening, there is still inadequate funding available for research. Thus the GEH program fulfills an important niche.

In attempting to map the scope and reach of the GEH programme, the team categorized each of the projects by primary and secondary sub-themes viz., research, capacity building, development of framework and tools, and synthesis and dissemination. As seen in Graph 4 which captures the primary sub-theme of the projects, research understandably receives the largest attention, followed by capacity building. Although individual training, networks, and institutional strengthening, capacity building is a fundamentally important part of the GEH global effort. The development of frameworks and tools has also been a focus in all regions, and has helped to provide the means for undertaking similar research in many settings. The broad area of capacity building has been an important feature of GEH efforts, through efforts to create and augment capacity by training programs, as well as through the effort to develop frameworks and tools to address important regional health issues. Synthesis and dissemination has received somewhat less emphasis as a primary focus, although it is an important part of the overall GEH effort to inform the global policy debate. Most projects have an array of stakeholders involved, and this together with the attention to dissemination that GEH demonstrates, helps to ensure a high level of translation of the results of the research.

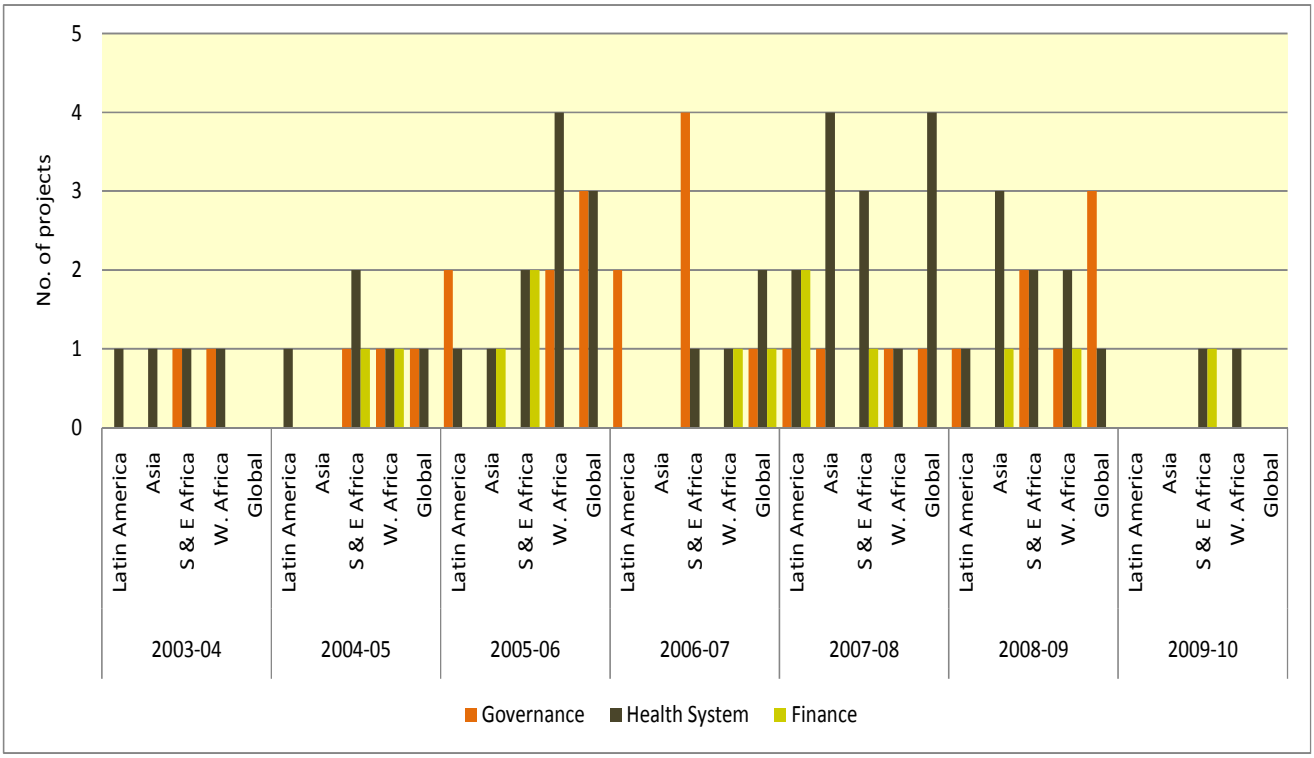
Graph 4: Distribution of projects by sub-theme



Most international health programs give very little attention to explicitly examining the governance of health systems at local, regional and national levels, as well as civic engagement, especially as it relates to health systems. Outstanding examples include: projects in Latin America such as *Extending Social Protection in Health in LAC: bridging research and practice phase II [102107]* which led to the systematic construction of an understanding of the political economy and decision making processes in health systems; in Africa such as the *Human Resources for Health in Africa [103649]* which created a Community of Practice in Africa including policy makers, professionals and national, regional and international research institutions and *the Trans-national Research on Decentralization in West and Central Africa [104960]* which put local experience at the centre of decentralization mechanisms and processes; and the global project on *Taking Forward the Global Health Watch- 2005-2008 [103859]* . The GEH program has expanded its efforts in all regions in supporting research partners in collaborative efforts with governing structures in order to achieve full participation and effective action, thus fulfilling this important niche. Respondents that we spoke to expressed their appreciation for GEH to be open to funding both action research and primary research; as well as calculated risk-taking and efforts to link ground level work with policy settings.

In health financing, a growing body of projects has been developed to inform and evaluate financing approaches, and to build human capacity for work in this area. GEH seeks linkages here with its program to strengthen health systems. Projects such as the *Deepening Analysis of Health Inequalities in Asia with strengthening of Emerging Regional Capacities [105231]*; and the *Fiscal Federalism, Equity, Governance in the Financing of Primary Health Care in South Africa [103083]* are examples of projects within this space. As the world progresses on filling the gaps in service delivery (of primary health care), structural issues including those relating to financing will begin to assume greater importance. GEH could help to fill an important gap in understanding the factors that result in inequitable access to health care. As seen in Graph 5, there are fewer projects which have a primary concentration on health financing, and more effort is needed to fully develop this theme across the regions where GEH is working.

Graph 5: Distribution of projects by primary focus



While the GEH has developed substantial programming in most of the regions, the level of effort in francophone Africa remains small. This region has some of the world's lowest income countries with the highest rates of mortality and morbidity, yet it has been relatively neglected by the international development community. This region has limited capacity to conduct research, and has great need for assistance in capacity building as well as targeted research. GEH has worked with the University of Montreal, and should increase its collaboration with francophone institutions in Canada, to provide technical support to francophone African researchers and agencies. Although GEH support to francophone Africa has increased, a significantly larger investment is required to help build capacity over time and to build a larger body of evidence-based research. As a bilingual agency, IDRC has a special role to play in supporting francophone Africa.

Another significant area of work has emerged since the prospectus was written. Maternal health has become an area of attention within the strengthening of health systems theme. Using a governance entry point, GEH has supported research in several African countries and in India, to demonstrate the inadequacy of health services to provide minimal maternal health services to state and district governments. Local capacity to undertake relevant research has been developed, as has evidence-based data used by governments to strengthen their health systems to address the particular needs of women during pregnancy and delivery. The GEH approach stands in direct contrast to most other international efforts which focus narrowly on specific interventions to deal with one or more primary causes of maternal death, ignoring the underlying inadequacies of the health system. A limited number of projects

have been initiated, examining maternal health as a key component of primary health care. The Canadian Government has recently given high priority to this topic, and the Millennium Development Goal for reducing maternal mortality has stimulated governments and international agencies to increase their efforts. For all these reasons, a GEH focus on maternal health is appropriate and timely.

The strategic lessons drawn from these experiences have been positive. An analysis of the 21 projects with Stage 3 rolling Project Completion Reports[vi] (rPCR) was undertaken to ascertain if projects had achieved their objectives, the quality of the outputs, whether there were unique or innovative outputs, and what big picture lessons emerged. This analysis was supplemented by a series of interviews with key stakeholders.

The analysis showed that achievement of general objectives was very high at 80%, and specific objectives at 75%. In many instances, not all objectives were achieved for a wide variety of reasons, often relating to composition of the project team. In most projects unique or innovative outputs were cited. About half of the projects with Stage 3 rPCR reported at least one output that was of poor quality or was not completed. In many cases, the timeline for expected policy change was deemed to be too short. In some cases, a tension was identified between ensuring quality research and strengthening institutions.

The interviews with key informants confirmed for the most part, these positive observations. Research partners were highly positive about the collaborative nature of working with GEH program team, the flexibility offered by GEH, and the importance of GEH support in areas where there are very few other donors to turn to. They appreciated the technical support and collaboration with GEH program team. Networking with other researchers was an especially valuable feature of their collaboration.

Interviewees were appreciative of the genuine interest in supporting Southern voice. Other areas that were mentioned in the interviews were the support of 'home grown' ideas and technical support by the team, the flexibility and openness to genuine problems, and easy and prompt administrative support.

Regions differ in terms of the learning that they can offer other parts of the world because of the contexts in which they operate and the kind of possibilities they afford. A regional focus should take this into account as the program moves forward. For example, the Latin America region provides significant opportunities to study governance of health financing solutions that are applied through state intervention, while the Africa region could provide similar opportunities for financing solutions located at the community level. Several respondents remarked upon the wealth of information that GEH held, which could provide comparative analysis, both cross-regional learning as well as on various areas of interest.

Another strength of the GEH program is the ability to remain open to new ideas and research imperatives from the ground. As the program has evolved from a relatively small operation to a better resourced one, the team has established systems to review the large number of requests that it receives from solicited and unsolicited requests for funding. However the greater flexibility in opportunistically funding 'blue skies' research requests, conversely and somewhat paradoxically requires greater diligence in the management of the program, especially when 'blue skies' policy is sought to be applied across multiple regions and themes. Obviously, these requests are of value to bring to light important

thematic areas that have not been explored earlier, as also to bring new researchers and organizations to the notice of GEH. However ensuring a good "fit" with thematic strains being pursued, and dealing with new interlocutors will require a greater commitment of staff time. The reviewers were struck by the leanness of the GEH program staff while accomplishing the many good results of the program.

The Prospectus had envisaged close collaboration within the RHE area, in particular with RITC. Reports of the recent political controversy concerning tobacco, in the press and from respondents, are a cause of concern in respect of GEH efforts to build partnerships, and should be monitored. While limited project level collaboration between GEH and RITC has thus far been undertaken, common cause in respect of the larger governance and equity focus to the non-communicable disease area bears consideration as GEH moves forward.

Quality of research

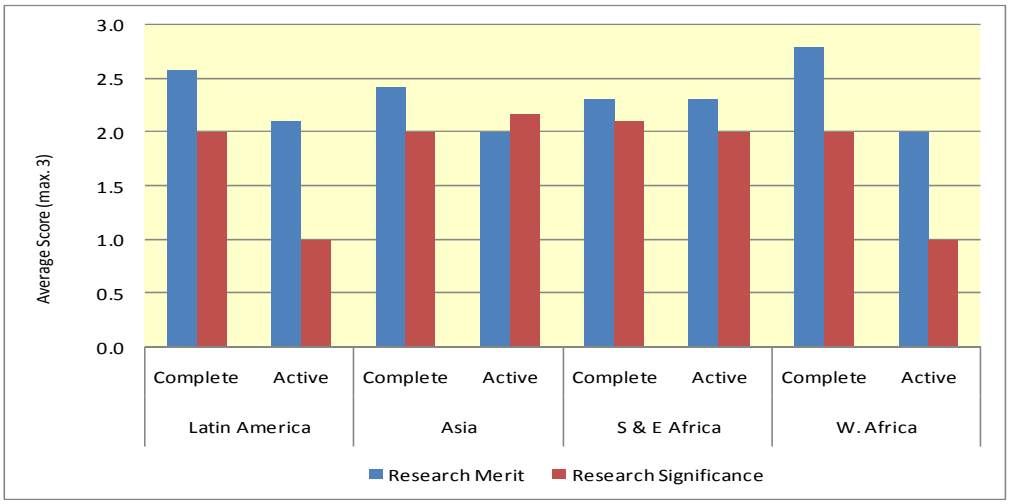
As a funder of international research, an important consideration for IDRC must be the quality of the research projects funded by them. This section discusses both the scientific merit of the research and the relevance and appropriateness of strategic lessons drawn from the implementation. The projects supported through the GEH program were found upon review to be good to excellent.

A sample of both completed and active projects from GEH's database of 95 projects provided to the External Review Panel were studied with regard to two broad aspects of *research merit* and *research significance*. Completed projects provided us with holistic information and an understanding of 'effects'. The sampled active projects provided additional information on research merit as well as describing the evolution of the project portfolio. See Annex 7 Graphs A1 - A8. The indicators used to describe *research merit* include clarity of research question; clearly articulated methodology of good rigor and credibility; stakeholder involvement; appropriate participation in research; conclusions based on results achieved; and degree of innovation. Indicators of *research significance* include grounding of research in relevant literature; providing direction for policy setting or practice or theory building; and use of findings by policy makers.

However, upon review of the results of the study, it became clear that the 'global' projects could not be judged on the same parameters as the others as these were often for core funding for global research institutions or funding of project planning meetings. Accordingly, the sample of 'global' projects (7) was withdrawn from the set, and what is presented below is the analysis of the scores of sampled projects from the Latin America (4), Africa [West (3) and Southern & East (10)] and Asia (4) regions.

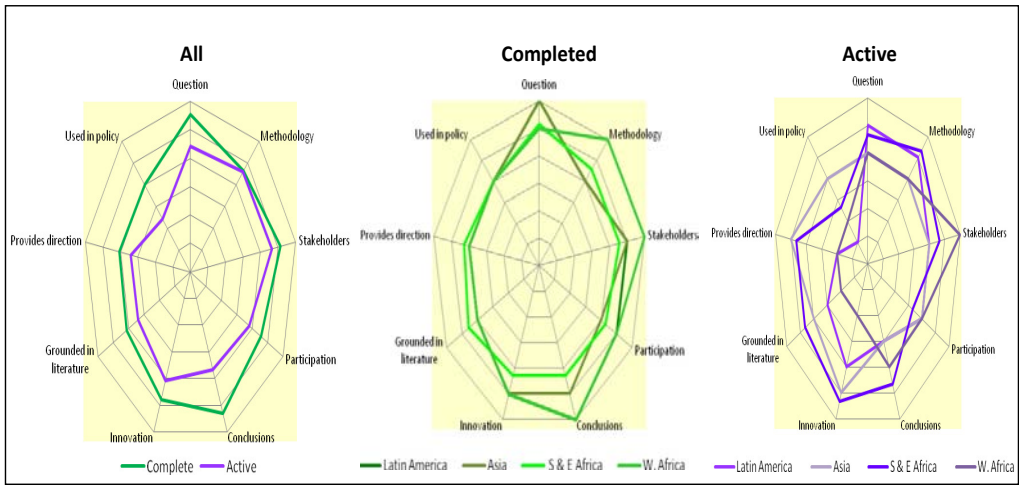
Scores across regions achieved on average 2 of a possible maximum of a score of 3 indicating a good achievement on merit and significance of the research supported by GEH. As expected, active projects scored lower on research significance than completed projects, not having had the time needed to achieve the fullest expression of their significance.

Graph 6: Average score of sampled projects on Research merit and significance



Research projects were reviewed with respect to their merit and significance to investigate any systematic differences between the various regions. The number of observations made in regions such as South Asia and Latin America are very small and hence should be interpreted with care. Nevertheless, the high quality of the projects is quite apparent in all regions and among both completed and active projects. The average scores across all parameters of research merit and significance distributed by region does not indicate any particular concerns. This is seen out in the following Graph 7.

Graph 7: Average score of sampled projects



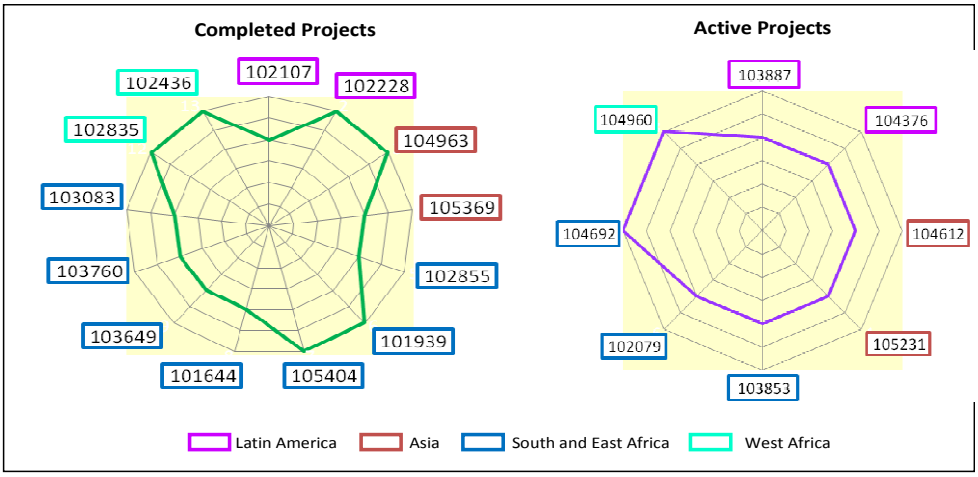
Project approval documents were available for every research project. All of them were extensively reviewed by the GEH team and some, for which in-house capability within GEH was felt to be inadequate, went through an external review process. Several also went through peer/ethical reviews

within the countries in which they were carried out. Most proposals were embedded within an existing literature base and the research hypothesis took into account that literature in describing the research question. Methodologies were applied to existing standards and drew upon global experience in the area. Scoring of conclusions was good to excellent for completed projects indicating that they were warranted and emanated from the findings. An interesting observation by one respondent was that "GEH was willing to take a risk with relatively new methodologies" for which s/he may not have been able to get support from other funders.

That GEH is being effective in translating its research support into policy is evident from the average high score (2 of a possible 3) received by completed projects (see Graph 7) for grounding in literature on the subject; providing direction to theory, practice or policy; and use in policy setting. Projects such as *Municipal Services and Health in Southern Africa – Phase II [101644]*, *Taking Forward the Global Health Watch 2005-2008 [103859]* are of interest in this regard.

From Graph 8 presented below, it is clear that not all the sampled completed projects were able to have good involvement of all stakeholders. This is particularly important in that it has direct bearing on the ability of the projects to influence policy, an avowed aim of the program.

Graph 8: Average score of sampled projects on stakeholder involvement



Projects supported by GEH scored well on innovation. Projects such as *Evaluation of Problem Based Learning at Makerere University [105404]*, *Competitive Grants: Governance, Equity and Health Research in Eastern and Southern Africa [102079]* from Africa; *Building Canadian Support for Global Health Research – Phase II [103147]*, *Council on Health Research for Development 2008-2010 [105049]* global; *Demonstration Community-Based Audit of Health Services in two districts of Afghanistan [104963]*, *EQUITAP: Health Financing in Asia [105231]* from Asia; and *Participatory Evidence Based Health Policy Formulation in Colombia [102228]*, *Southern Cone Countries Multi-Centre Study in Primary Health Care [104376]* from Latin America are examples.

This is also borne out by the summary of 21 projects with completed Stage 3 rPCR. The summary notes that 18 projects resulted in unique or innovative outputs: 8 projects reported unique research findings e.g., *Regional Capacity for Evidence based Health Policy in East Africa [102750]* which supported a regional institution, *REACH: Policy Initiative – Phase II [104298]* which proposes a new combination therapy for malaria; another 8 reported that a unique set of stakeholders were brought together e.g., *Equity Gauge Zambia: Enhancing Governance, Equity and Health [103650]*; 5 reported that unique communication strategies were implemented e.g., *Fellowship Program African Health Research Forum – Phase I [102609]*; and 2 reported the development of unique methodological tools e.g., *Social Participation in Health in the MERCOSUR [103569]*. Other unique outputs were an evaluation *Governance and Evidence-Based Decision Making (Colombia) [102228]*; a prospectus for the development of an institution *REACH: Regional Capacity for Evidence – Based Health Policy in East Africa – Phase I [102750]*; a training module *Fellowship Program African Health Research Forum – Phase I [102609]*; a government initiated training institute *Access to Health Care and Basic Minimum Services in Kerala, India [103335];* a database *Governance and Evidence-Based Decision Making (Colombia) [102228]*; and a literature review *Public Sector Anti-Retroviral treatment in Free State, South Africa – Phase II [102421]*.

In almost all cases, projects provided direction to theory building, practice or policy and had been used in policy setting. Of course, this is much more evident from documentation of completed projects than from active projects. One respondent remarked that the study that they undertook "fed into other studies in other countries drawing on the trust lens and helping to build theory around the role of trust & relationships in accountability". Another respondent reported that the results of the study were fed to the "Planning Commission of India and also to the Department of Health and Department of Women and Child Development who are the nodal department for health and nutrition programmes in India".

Organising for results

GEH has successfully engaged in partnership arrangements with large donors; the Swiss Agency for Development and Cooperation, CIDA, DFID, the Wellcome Trust and others. These partnerships have enabled the program to take research findings to a wider level of policy and implementation and engage government agencies in the process. Differences in approach to capacity development between the GEH program initiative and Wellcome Trust led to the learning that effective coordination channels and monitoring the status of the partnership are important to a continued good partnership built on common understanding of roles and responsibilities. In the case of the Swiss collaboration, a system-wide Knowledge Translation program (Research Matters) enabled GEH to bring research findings to a wide range of interested individuals and institutions in highly usable form. Several of these projects have also supported additional staff on the GEH team, which has had a beneficial effect of enhancing the size and range of GEH overall outputs. The review team considers the partnership strategy as highly

desirable, even with the transactional costs that may accompany such inter-agency arrangements. GEH should be encouraged to expand its partnership efforts and dedicate sufficient staff time for this purpose.

Staffing of GEH has expanded with time and funding of its portfolio boosted to some extent, by funds available through these partnerships. Nevertheless an area of concern is the turnover of staff on account of closure of certain partnerships, shift in IDRC policy on staff distribution and natural attrition. Staff turnover has been significant – documents showed that only 2 staff in GEH in May 2006 had continued through October 2009. This has implications not only on staff capacity for program management, but also on time available for work synthesizing the lessons from thematic and regional projects and for policy dialogue at those levels with appropriate national and international interlocutors. After October 2010 the GEH team will have no staff based in regional offices. In the future it would be highly desirable to place one or more GEH staff in the field, to ensure close ongoing contact with research partners and regional stakeholders.

The Grants Plus model that IDRC espouses was very much appreciated by research partners. The GEH approach recognises the importance of listening and readjusting to the realities of the populations and research partners on the ground in the belief that such flexibility makes for more intentional and effective programming[vii]. Respondents reported that the technical assistance provided by the GEH staff, the respect paid to 'home grown' ideas and the ease of their dealings with IDRC have all contributed to a strong relationship with research partners. This model requires application of time and resources; and hence does not come at a small price on staff effort and programming. As one respondent reports, "One of the few international funders supporting health polic(y) and systems research; works in a supportive and engaged way – not just a funder!".

GEH is moving surely to a more streamlined review of research funding requests as is clear from the documentation provided on proposal review meetings. Technical review is well established and each project is carefully reviewed with the participation of all program officers. One suggestion that was made during a team retreat was the institution of a 'Fit to Prospectus Review' which may be a useful exercise. As the purpose of the program is to ensure that results of research are applied to policy, i.e., effective knowledge translation takes place; then both the technical quality of the proposals and their 'fit to the prospectus' need to be strategically addressed.

Several respondents raised the need to synthesize work achieved in several of the key program areas, building upon the research projects already completed. More comprehensive portfolio analyses of GEH themes would provide greater visibility to the overall accomplishments, and identify directions for the future. This would also be valuable to international stakeholders as they set priorities for future investments in health systems strengthening.

Validity of Outcomes

The Evaluation Report cites outcomes in three interlinked subsections: voice and power; capacity development; and practice and action. It describes a wide array of projects that have resulted in successful outcomes. The External Review Panel has considered the overall GEH effort in each of these areas to be good to excellent.

In **Voice and Power**, GEH has focused on power relationships and inequities in health services at local, national and global health levels. Project investigators have systematically collected data from and analyzed the conditions of marginalized populations. GEH has encouraged Southern recipients to drive changes in their local and national settings, and to participate in national and global policy meetings and conferences to share their research findings and advocate for change. An example is the report from the project *Fostering Reforms in Public and Private Health Care in India [103234]* which looks at existing data using an equity lens. It was able to present a range of statistics highlighting the dimensions of health inequity in the state. The findings came to the attention of the health minister and civil society groups and are expected to result in policy changes. A respondent notes, "IDRC is supportive of research in low and middle income countries, also supportive of capacity building at the researchers levels". The Panel believes that these efforts have generally been successful and are highly desirable, but that a greater GEH voice in global health policy debates should be sought. This would require the allocation of staff time and effort.

Capacity development has been at the core of a large number of projects to increase stakeholders' capacity for generating and applying policy-relevant research. This is necessarily a long-term process by which individuals, networks, and institutions are provided with the training skills to fulfill these functions. IDRC is seen to be supportive of Southern priorities. A respondent notes, "... it promote(s) context specific research of need to certain regions or countries with some generalization to other countries and with contributions to global knowledge and evidence". At the individual level GEH has supported doctoral dissertation research fellowships, supported training institutions to provide masters and doctoral level training, and provided mechanisms for training in the course of implementing research projects. The publication of findings in peer-reviewed journals is in itself an important function of capacity development and an important indicator of the success of the program. Through support to networks, GEH has generated new coordination skills and strengthened South-to-South collaborations. The *Fellowship Program African Health Research Forum – Phase I [102609]* is an example of a southern led initiative that addresses the prevalent acute shortage of health researchers in the continent. The program which began in 2008 provides Fellowships awarded to advanced doctoral students who are citizens of countries in African countries. GEH support to institutions has improved the technical capacities of research institutions and governments. The program has already met with some success as supported scholars have made 40 presentations at regional and international conferences and

submitted/published 15 papers in peer reviewed journals. The Research Matters partnership has been an especially important mechanism to enhance the communication and dissemination capacity of many institutions.

GEH efforts in **Practice and Action** strive to inform policy at local and national levels, to modify donor practices, and to improve health service delivery practices.

At the Governance entry point, GEH has worked with research partners at the institutional level to ensure that users are included in the research design, including key decision-makers. Several projects have successfully resulted in major policy applications of research findings. GEH and its Southern research partners have actively participated in governance review and civic engagement that have influenced regional and international institutions and major donor agencies. Examples of GEH-supported projects informing and impacting on public policy and practices are found in all the regions where GEH works. As an example, *Impact of HIV/AIDS on Health Services Capacity at Primary Care Level [101938]* in the Western Cape, South Africa showed that nurses need to play a leadership role in primary health care delivery, leading to the development of a management tool by nurse managers. GEH engagement with donor agencies, including Canadian donor institutions, has brought ethical issues to the forefront in their grant making processes.

Through the health systems entry point, GEH-supported projects were able to change practice and action in many settings in programs on maternal health, child immunization, and health information systems for improved health services. The Research Matters program facilitated exchange on research findings in support of efforts to utilize research to change policy and program action. GEH's emphasis on evidence-based research to influence health systems policy and programs has been included in all its donor partnerships. The *NEHSI – Planning Phase [102436]* project is a good example of collaboration between the government of Nigeria, CIDA and IDRC to strengthen health systems based on improved health information systems, community participation, and local ownership.

The GEH FPR cites a substantial number of projects that successfully addressed the three major outcomes described above. The External Review Panel believes that these project-level outcomes are significant, but finds that the Report is less successful in drawing the individual project outcomes into a cohesive set of conclusions to demonstrate the overall achievements of the program. The Panel recommends that the GEH team devote time to synthesize the program outcomes in order to understand the overall impact of their portfolio of projects.

Issues for the Board of Governors

Following our comprehensive review of the work and achievements from 2006 to 2010 of the Governance, Equity, and Health program of IDRC, the External Review Panel makes the following recommendations to the Board of Governors.

1. **The GEH program is of high quality and is at the cutting edge of international health research, and should remain a high priority for IDRC**

   The Review Panel believes that the GEH program has built a robust and highly regarded body of research speaking to its outcomes of voice and power; capacity development; and practice and action. It has a unique and critically important role to play in international health, as other donors largely concentrate on disease-specific interventions while neglecting crucially important health systems. For these reasons we strongly recommend that the GEH program be strengthened in coming years, with additional resources in personnel and funding to attain its overall objectives, and to assure long-term impact and sustainability in LMIC.

2. **The Review Panel strongly supports the themes of governance, health systems and financing and recommends sharper focus on the programming of these entry points to research.**

   The program could now benefit from sharper definition, emphasizing equity and gender considerations which are frequently neglected by governments and international donors. The field of health systems strengthening has begun to receive greater attention by other donors and stakeholders in recent years and GEH therefore needs to redefine its niche and clearly identify desired outcomes in the next prospectus period. A possible area of interest could be health financing which could benefit from the governance and equity lens that GEH so ably brings to research. Another important area could be maternal health research, employing the GEH health systems and governance focus neglected by other agencies in this field. The recent emphasis on maternal health by the Canadian government and the international development community is a further reason to consider greater effort on this topic in the future.

3. **The role of GEH in influencing international public policy needs greater emphasis**.

   As the world progresses on filling the gaps in service delivery (of primary health care), research findings that have relevance to systems, governance and outcomes on equity will be of interest to donors with the mandate to fund programs of health and development. GEH needs to intensify its efforts to bring the important messages of its research to the attention of major stakeholders and institutions at international and regional levels. Expansion of regional and international GEH-supported networks is also recommended as a way of translating policy relevant information and influencing major stakeholders. This will require dedicated staff time and resources, including efforts to ensure that Southern research partners participate in key international and regional conferences.

4. **GEH has had great success in building partnerships with major international donor agencies, and should expand these efforts**.

   Large-scale collaboration with major donors has allowed several projects to move research to action, effectively implementing the policy recommendations stemming from GEH research. This has brought added financial resources and staff to the GEH team, thus deepening its own capacity. Collaboration with other donor agencies frequently requires careful negotiation but is worth the transactional costs involved if approached with prudence. GEH should continue to expand partnerships with international donors, as well as with other branches of RHE.

5. **The Panel recommends that the GEH focus more intensively on West Africa, and particularly francophone Africa.**

   This region has many of the lowest income countries and the highest mortality rates. It has limited capacity to conduct research, and has great need for assistance in capacity building as well as targeted research. GEH should expand upon its significant collaboration with francophone Canadian institutions to promote technical support and training to francophone African governments and research agencies. As a bilingual agency, IDRC has a special role to play in supporting francophone Africa, especially as this region remains relatively neglected by other donors. Capacity building has been a strong component of GEH work in Africa and in other regions, and continues to be a critically important need in all LMIC. Long term GEH commitment and resources is essential to assure local sustainability and build the capacity to train the next generation of Southern researchers.

End Notes

[i] IDRC (2006). *Governance, Equity and Health Prospectus 2006-2010*. Ottawa: IDRC

[ii] IDRC. (2010). *Governance, Equity and Health Evaluation Report 2006-2011*. Final Report, Version 2. Ottawa: IDRC

[iii] Ibid.

[iv] IDRC (2010). *External Review Scope of Work Document*. Internal Working Document. Ottawa: IDRC

[v] IDRC (2010). *Program Documentation Database*. Internal Working Document. Ottawa: IDRC

IDRC (2010). *Project Documentation Database.* Internal Working Document. Ottawa: IDRC

[vi] External review Panel (2010). *rPCR Summary.* Internal Working Document. Ottawa: IDRC

[vii] IDRC. (2010). Governance*, Equity and Health Evaluation Report 2006-2011*. Draft Report, Version 1. Ottawa: IDRC

Annex 1: Description of Methodology

Focus on Self Evaluation:

In accordance with the Terms of Reference, the methodology of the review was designed to provide an external verification of the GEH teams' self evaluation. The FPR prepared by the program provided the rationale for the panel's questioning, data collection, and assessment of the program's performance. The panel was tasked with gathering evidence to verify the claims made in the FPR, but was also asked to use their expert opinion to shape their assessment.

Evaluation Questions:

The scope of work for the review established by the four key review questions:

- *To what extent was the implementation of the program's prospectus appropriate?*
- *Overall, was the quality of the research outputs/publications supported by the program acceptable (given the context/intended purpose, etc)?*
- *To what extent are the program's outcomes relevant, valuable and significant?*
- *What are the key issues for the IDRC's Board of Governors?*

Methods and Data Sources:

Over the period of the review the panel met several times over the phone and in Ottawa, carried out interviews, conducted an electronic survey of principal investigators, reviewed documentation provided by GEH, and undertook a quantitative analysis of a sample of projects (see Annex 2). Numerous opportunities to meet with the entire GEH team provided valuable insight about the GEH program, its projects, and the documentation being reviewed. Katherine Hay of the Evaluation Unit provided guidance throughout the review process to ensure that the panel was well placed to answer the questions spelled out in the Terms of Reference.

1) *Consultation with GEH Team and Review of Prospectus Final Report:* After receiving the FPR, the panel met several times with the GEH team via teleconference and in person to seek clarity on various aspects of the FPR and the implementation of the GEH program more generally. Katherine Hay of the Evaluation Unit also attended consultation meetings and provided valuable input to bring clarity to any questions that the panellists had on the purpose and scope of the review.

2) *Key Informant Interviews:* Interviews were carried out by phone or in person with 29 key informants (see Annex 3) of which 12 were past and current GEH members; 15 were grantees; and 2 were external experts. Interviews were semi-structured and lasted roughly an hour following an interview protocol (see Annex 4). Program partners and linked stakeholders were selected for interviews from a list provided by the GEH team that was organized according to region, outcome area, and provided a description of each person's relationship to the GEH program.

   Dr. Habte and Dr. Brown visited Ottawa mid-way through the external review process to conduct face to face interviews with a range of individuals selected from this list including all GEH staff members that were available to meet, as well as a number of other IDRC staff members and a few select key informants based in Ottawa. Later in the

review process, each panellist took responsibility for various regions ensuring full geographic coverage of the GEH portfolio. Each panellist selected a short-list of potential interviewees striving to achieve balance in terms of outcome area and relationship to IDRC then selected a short-list of key informants that would be approached for a key -informant interviews. Interviewees were contacted via email. In cases where emails bounced back, or interviewees did not respond, alternate names were selected from the wider list ensuring coverage of a wide range of perspectives.

3) *Survey of Principal Investigators:* The GEH program provided a list of principal investigators and grantees over the 5 year prospectus. An electronic survey created using Survey Monkey software in English and French was sent to all principal investigators and grantees on this list with the exception of those who had been approached for a key informant interview. In total the survey was sent to 80 IDRC grantees. The survey garnered only 9 responses, or an 11% response rate.

4) *Review of Program Documentation:* A set of program level documentation was provided by the GEH team at the beginning of the external review process. All panellists reviewed key documents including the GEH Prospectus 2006-2011, as well as the FPR (see annex 3).

5) *Review of Project Documentation:* Dr. Singh was responsible for the detailed analysis of the project level documentation and the results there from. IDRC research projects from around the world were stratified first by region (Latin America, East and Southern Africa, West Africa, and Asia), and then by age of project (2 states- completed, active). Global projects were not included as often these projects use the core funding modality. In total this yielded 8 sub-sets of projects. From this set of projects a 33% sample was taken from the 4 regions' completed projects and a 25% sample from the 4 regions' active projects. The justification was that completed projects would provide more holistic information and a better understanding of the "effects", while the projects underway would provide additional information on research merit rather than research influence.

   A scoring system for assessment of project documentation (see annex 5) was developed, and graphical depictions of the patterns emerging from the exercise were used to gather lessons. The quantitative analysis of documentation was carried out by Amaltas staff, supervised by the external reviewers.

6) *Stage 3- Rolling Project Completion Report (rPCR) Review:* A review of stage 3 rPCR reports was undertaken in order to mine data from one of the key places that program teams capture and store their learning. The intention of the report was to: provide aggregate data across GEH's project portfolio as well as to identify particular rPCR that might have useful information for the review panel given its TORs. Of the 96 active and closed projects from this prospectus period, 21 projects had stage 3 rPCR reports filed in livelink. The report addressed the following questions: Did projects achieve their general and specific objectives?; If the objectives were not achieved, why not?; How many

projects had unique or innovative outputs?; How many outputs were of poor quality?; What are the key categories of outputs that cut across these projects?; What big picture lessons emerge that relate to program-level learning?; Does the rPCR speak to any tensions in the program's work.

Annex 2: List of Projects Reviewed

(n=28)

Africa	Global	Asia	Latin America
Complete	*Complete*	*Complete*	*Complete*
102855	103859	104963	102107
101939	103145	105369	102228
102835	103147	*Active*	*Active*
102436	103904	104612	103887
105404	105306	105231	104376
101644	*Active*		
103649	105049		
103760	105141		
103083			
Active			
103853			
102079			
104960			
104692			

Annex 3: Key Informants Interviewed

Project Partners and Grantees Interviewed (n=15)

Interviewee	Region	Outcome Area	Interviewer
Neil Andersson	Africa	1,3	GB
Ayaga Bawah	Africa	1,2	DH
Alex Ezeh	Africa	2	DH
Ravi Ranna Eliya	Asia	2	SS
Leonard Fourn	Africa	1,2,3	GB
Walter Flores	Latin America	1,2	GB
Felicia Knaul	Latin America	2	GB
Solomon Kumbi	Africa	3	DH
Katia Mohindra	North America	1	GB, DH
Diane McIntyre	Africa	2	GB
Victor Neufield	North America	2	GB
Gita Sen	Asia	3	SS
Dr. Srabasti	Asia	3	SS
Martin Valdivia	Latin America	2,3	GB
Natalia Yavich	Latin America	3	GB

External Experts/ Stakeholders Interviewed (n=2)

Interviewee	Region	Outcome Area	Interviewer
David Angell	North America	1,3	GB
Gary Aslanyan	North America	3	GB

Current and Former IDRC Staff Interviewed (n=12)

Interviewee	Interviewer
Fred Carden	GB, DH
Michael Clarke	GB, DH
Brent Hubert Copely	GB, DH
Sue Godt	GB, DH
Marie-Gloriose Ingabire	GB, DH
Aku Kwamie	GB, DH
Sharmilla Mhatre	SS, GB
Pat Naidoo	GB, DH
Catherine Pelletier	GB, DH
Graham Reid	GB, DH
David Schwartz	GB, DH
Christina Zarowsky	GB

Annex 4: Protocol for Key Informant Interviews/ Online Questionnaire

Questionnaire: Principal Investigators

Thank you for agreeing to participate in the review of the IDRC Governance, Equity and Health portfolio by completing this self administered questionnaire. The questionnaire is organized into 7 sections. We would be grateful for your responses on all sections.

The questionnaire is CONFIDENTIAL and will not be shared outside the team carrying out an external review of the GEH program. We are grateful for your time and effort.

Date of completing the questionnaire: _____

Location:

_____

SECTION 1: BACKGROUND INFORMATION

Project ID (if available) _____

Project name(s) _____

_____

Your name _____

Designation _____

Institution/Department _____

Telephone _____

E-mail address _____

How long have you been with the Project? Mark one relevant choice.		
I.	I have been involved from project design onward	
II.	I came on board after the project was awarded	
III.	I took over the project later after implementation was well underway	
IV.	Other (Please describe)	

SECTION 2: OBJECTIVES AND METHODOLOGY OF THE PROJECT

Q 1. In your opinion, is the research question of your project clearly defined?		
I.	The research question is clearly framed	
II.	The research question is adequately framed	
III.	The research question is not very well defined	
IV.	Other (max word count 100 words)	

Q 2. Has the methodology you have chosen, been well articulated in your documentation?		
I.	Yes	
II.	No	

Q 2a. If the answer is *Yes* is/was the methodology followed as such?		
I.	Yes	
II.	No	

Q 2b. If the answer is *No,* what changes were necessary and why? (max word count 100)		

Q 3. In your opinion, to what extent was the project able to achieve its objectives?		
I.	Fully met	
II.	Adequately met	
III.	Somewhat met	
IV.	Poor	
V.	Not at all	

Q 3a. If the response is *Not at all,* please identify the reasons why.		
I.	Objective no longer relevant	
II.	Objective was poorly designed (for example, very broad)	
III.	Insufficient funding	
IV.	Staff turnover	
V.	Others (max count 100 words)	

SECTION 3: OUTPUTS

Q 4. Please list the outputs that you had expected to achieve as expressed in the project design.		
I.		
II.		
III.		
IV.		
V.		

Q 5. Was the project able to achieve these outputs? Please elaborate. (max word count 100)

Q 6. Please provide a summary of project implementation, highlighting key challenges and observations on how the team was able to achieve the outputs. (max word count 200)

Q 7. In your opinion, does/did the methodology that you adopted for this project, break new ground or did it extend an existing methodology to the research question you were studying? Please elaborate. (max word count 100)

SECTION 4: PROCESSES

Q 8. Were other stakeholders involved in the design and implementation of project?		
I.	The full range of stakeholders were involved	
II.	The most important stakeholders were involved	
III.	Few stakeholders were involved	
IV.	We did it by ourselves	

Q 9. Was a comprehensive peer review of the research protocol conducted?		
I.	Yes	
II.	No	

Q 9a. If the answer is *No*, what were the reasons? (max word count 100)

SECTION 5: OUTCOMES

Q 10. List the outcomes the project is trying/has tried to achieve as expressed in the project documentation.		
I.		
II.		
III.		
IV.		
V.		

Q 11. If your project has already closed, please list which of these outcomes could be achieved.		
I.		
II.		
III.		
IV.		
V.		

Q 12. In your opinion, indicate how the project has contributed to the field of study? (mark as many choices as you like)		
I.	Extended the conceptual/theoretical framework	
II.	Provided direction for theory building or policy practice	
III.	Been used by relevant groups in framing policy	

Q 13. What, in your opinion, are/were the key learnings from this project?		
I.		
II.		
III.		
IV.		
V.		

Q 14. In your opinion, has the research provided direction for theory building or policy/practice?		
I.	Yes	
II.	No	
III.	Research not yet completed	
If ***Yes,*** please provide examples. (max word count 200 words		

Q 15. Have the outcomes of research been used by policy makers to frame policy?		
I.	Yes	
II.	No	
III.	Research not yet completed	
If ***Yes***, please elaborate with examples. (max word count 200 words)		

SECTION 6: SUPPORT FROM GEH

Q 16. Why did you choose to work with IDRC over other possible sources of funding? (max word count 200)

Q 17. Do you think that IDRC's GEH program is innovative in its approach? (max word count 100 words)

Q 18. Did you receive timely and useful support from GEH? Please elaborate. (max word count 100 words)

Q 19. What was the role of the GEH Program Officer in helping to develop and get approval of your project?		
I.	Provided technical advice about the design	

II.	Provided suggestions about possible partnerships with other researchers	
III.	Provided advice about the process of approvals	
IV.	Helped with budgeting decisions	
V.	Other (please elaborate in the box below)	
(max word count 100)		

Q 20. What was the role of the GEH Program Officer during implementation of your research project?		
I.	Provided continued technical support	
II.	Provided opportunities to present findings to a relevant audience	
III.	Facilitated relationship building with policymakers	
IV.	Other (please elaborate in the box below)	
(max word count 100)		

Q 21. Was a formal M&E process in place for your project? Please elaborate on GEH's engagement to monitor your project's progress. (max word count 200)

SECTION 7: YOUR VIEWS ON THE IMPACT OF GEH

Q 22. In your opinion, is the GEH program useful in connecting researchers from the North and the South?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 23. In your opinion, does the GEH program help to increase Southern voice in local and international discourse?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 23. In your opinion, has GEH been able to contribute significantly to research capacity development in your country/region?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 24. In your opinion, has GEH contributed significantly to increasing research capacity in your country/region?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 25. In your opinion, has GEH's program helped to increase exchange of research findings between researchers in your country/region/world?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 26. In your opinion, has the GEH program helped to promote uptake of research findings into policy?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 27. In your opinion, has the GEH program supported changes in health policy and action leading to improvements in health service delivery practices?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Q 28. In your opinion, has GEH support been instrumental in informing government or donor policy in local or international settings?		
I.	Yes	
II.	No	
Please elaborate (max word count 100)		

Annex 5: Criteria for Assessing Research Outputs/Research Quality Detail

Assessment of Research Merit						
Does the documentation convey a clearly defined research question	**Does the research design have clearly articulated methodology which is consistent with generally accepted standards of rigor and credibility**	**Were relevant stakeholders involved in the design and implementation of the research**	**Does the documentation provide clarity in terms of who participated and who did not in overall research process**	**Were the conclusions drawn sufficiently grounded in strong evidence. Are they are objective and reliable**	**Was a peer review process conducted**	**How much did the research output add to knowledge. What was the Innovation & novelty quotient**
Score: 3 high / 0 low 3= Question well framed 2= Question adequately framed 1= Question framing is poor 0= Question not well defined	**Score: 3 high / 0 low** 3= Methodology rigorous and credible 2= Methodology adequately articulated 1= Methodology lacks sufficient rigor 0= Methodology inadequate	**Score: 3 high / 1 low** 3= Full range of relevant stakeholders involved 2= Most important stakeholders involved 1= Few stakeholders involved 0= Not involved	**Score: 3 high / 0 low** 3= Very clear 2= Process documentation available for the most part 1= Some documentation of participants in research process 0= Not clear	**Score: 3 high / 0 low** 3= Evidence resulting from the project well articulated 2= Sufficient 1= Poor 0= Connection between results and evidence not clear	**Score: 3 high / 0 low** 3= Comprehensive 2=Partial 1= Poor 0= Not defined	**Score: 3 high / 0 low** 3= Significant innovation in approach 2= Fresh approach 1= Largely derivative 0= Does not add new knowledge
Assessment of Research Significance						
Is there documentation of the grounding of the research within relevant ideas in existing literature and conceptual/ theoretical frameworks	**Does the research provide direction for theory-building or policy/practice**	**Was there record of use by relevant groups in framing of policy**				
Score: 3 high / 0 low 3= Excellent 2= Good 1= Average 0= Poor	**Score: 3 high / 0 low** 3= Excellent 2= Good 1= Average 0= Poor	**Score: 3 high / 0 low** 3= Intensive use 2= Some use 1= No use 0= No use noted				

Annex 6: Panel Biographies

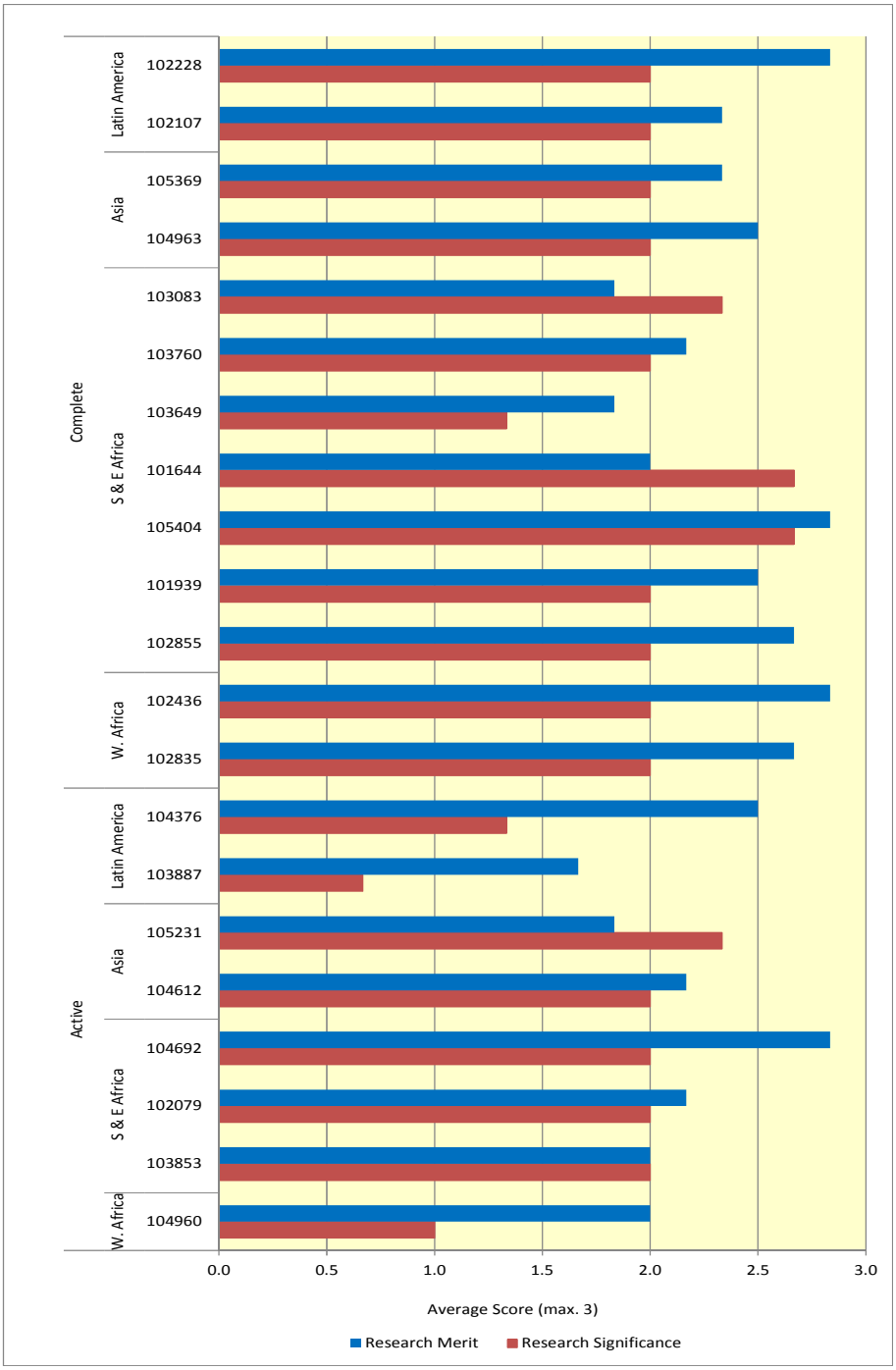
Dr. George F. Brown is an international health specialist, with wide experience in confronting the health needs of developing countries. His principal areas of expertise are in reproductive health and AIDS policy and programs. Dr. Brown is currently international health consultant to the Hewlett Foundation. Previously, Dr. Brown served as Director, Health Equity, the Rockefeller Foundation. He managed international health programs directed to the poor and excluded in Africa and Asia, and global efforts to improve profound imbalances in health and mortality among and within countries. He has also served as Special Advisor in Population to the President of the Canadian International Development Agency, Director of the Population and Health Sciences program at IDRC, and Vice President of International Programs at the Population Council, headquartered in New York. Dr. Brown received his Doctorate in Medicine from the University of Toronto, and a Masters degree in Public Health from Harvard University. Dr. Brown has served on the Boards and advisory bodies of a number of international institutions, and has published extensively on family planning and reproductive health.

Dr. Demissie Habte is an Ethiopian citizen who lives in Addis Ababa. He trained as a physician (American University of Beirut) and specialized in paediatrics (Cornell and Stanford). From 1967 to 1989 he served in various academic leadership positions in the Faculty of Medicine, Addis Ababa University, including the deanship (1983-1989). He then became the Director of the International Centre for Diarrhoeal Disease Research in Bangladesh, a position he held until 1997, when he joined the World Bank as Lead Health Specialist. In 2005 he returned to Bangladesh as founding international director of the James P. Grant School of Public Health, BRAC – a position he held until his return to his native Ethiopia in 2007. Dr. Habte has made major contributions to global health research including: Member of the International Independent Commission on Health Research for Development (1987-1990); Advisor to the African Health Research Forum; Co-chair, Africa Working Group, Joint Learning Initiative on Human Resources for Health and Development (2002-2004); Board Chair, African Population and Health Research Centre (Nairobi); Board Chair, International Clinical Epidemiology Network.

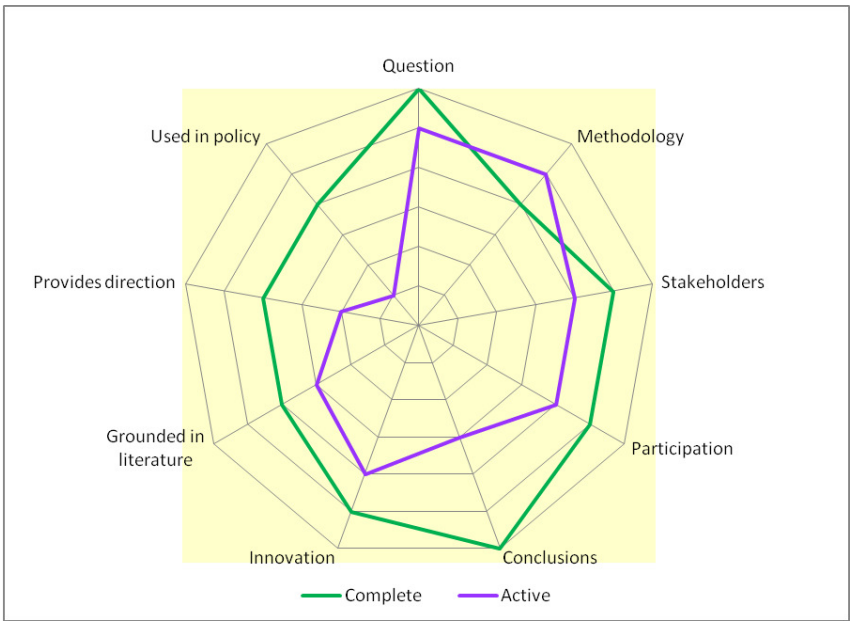
Dr. Suneeta Singh is currently the CEO of Amaltas, a research and consulting organization based in New Delhi, India. Prior to joining Amaltas, Dr. Singh has worked as a Senior Public Health Specialist at the World Bank for almost 10 years, and has led work on a variety of projects including design, supervision and completion reporting on the Bank's support of Government programs such as TB, HIV/AIDS, Leprosy, Cataract Blindness, and Health Systems Development. In her work in the Country Management Unit in New Delhi, she was responsible for reviewing and supporting the quality of the Bank's portfolio in India. While she was based in World Bank's Washington office, she worked at the HNP Quality Anchor to support the Bank's portfolio in health worldwide. She also led a large body of research for the South Asia unit into "Health of the Poor in Urban India" and "Reaching the Child" and several informal pieces on topics such as "Communication efforts in Leprosy Control in India" and "Equity Analysis of Utilization of RNTCP services in India". Dr. Singh has worked with DFID, Danida, Ministry of Health and Family Welfare GOI, St. John's National Academy of Health Sciences, and the Lady Hardinge Medical College.

Annex 7: Additional graphs on research merit and significance

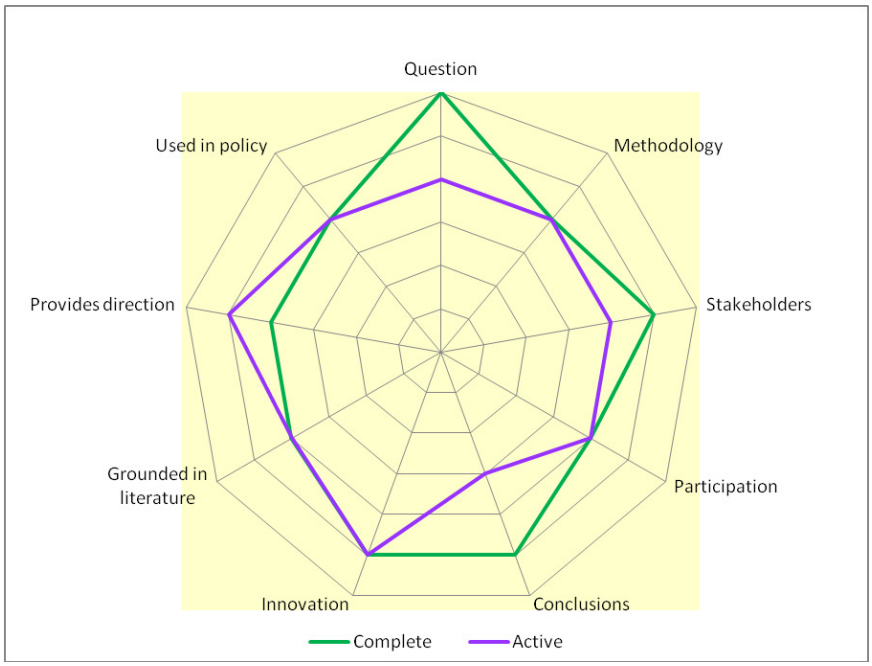
Graph A1: Research merit and significance of all sampled projects



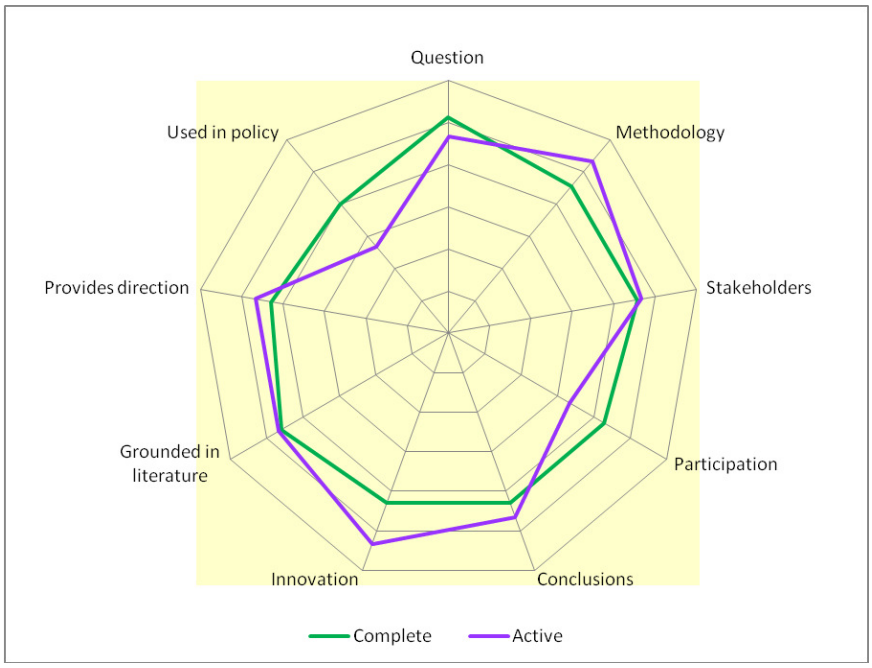
Graph A2: Average scores of sampled projects in Latin America and Caribbean region



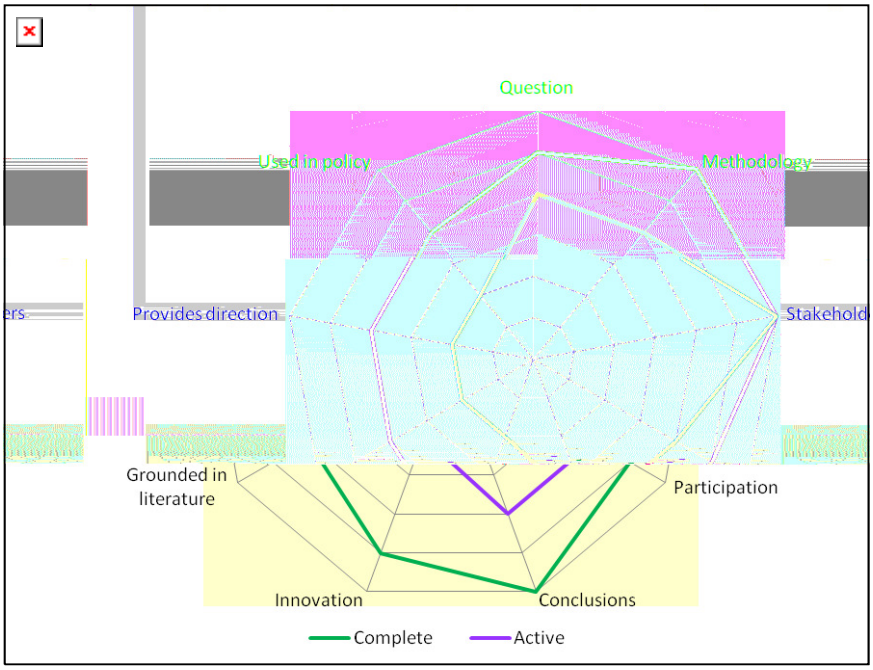
Graph A3: Average scores of sampled projects in Asia region



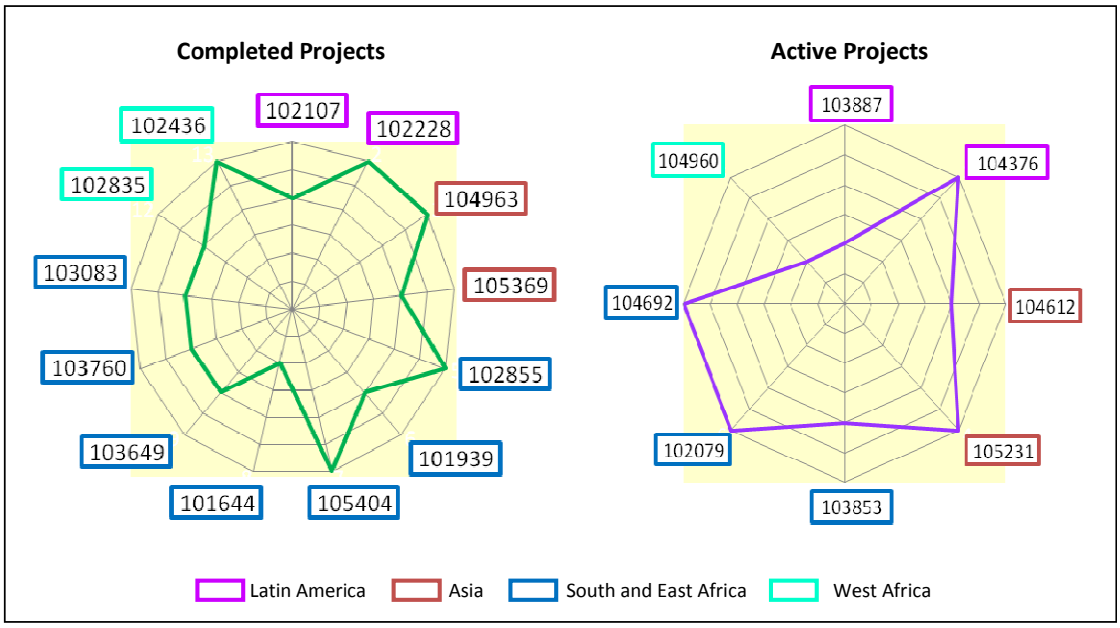
Graph A4: Average scores of sampled projects in South and East Africa region



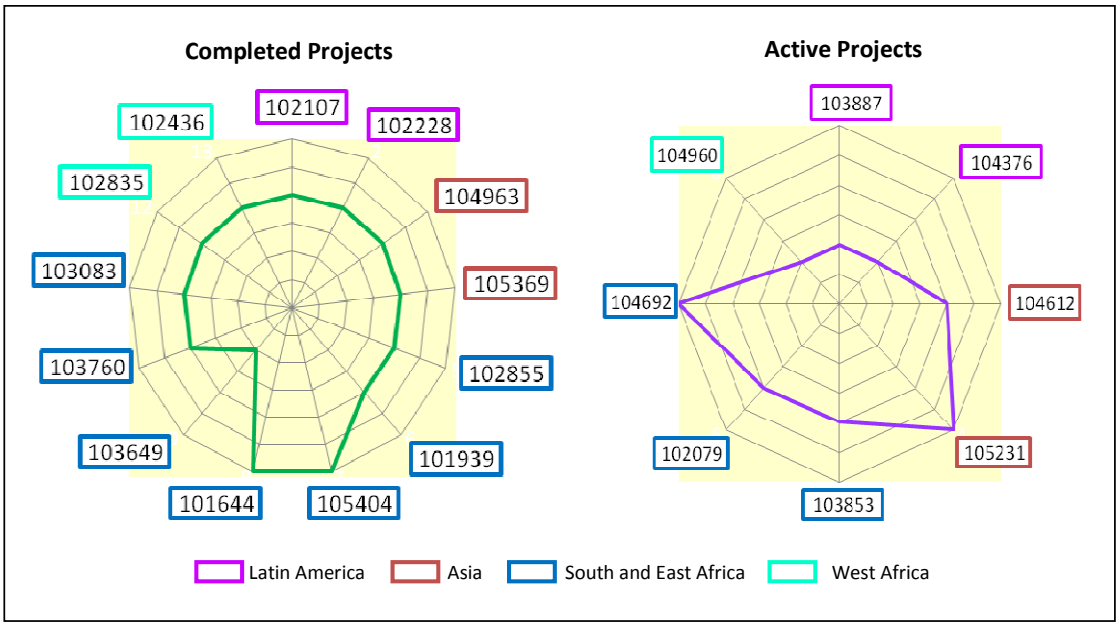
Graph A5: Average scores of sampled projects in West Africa region



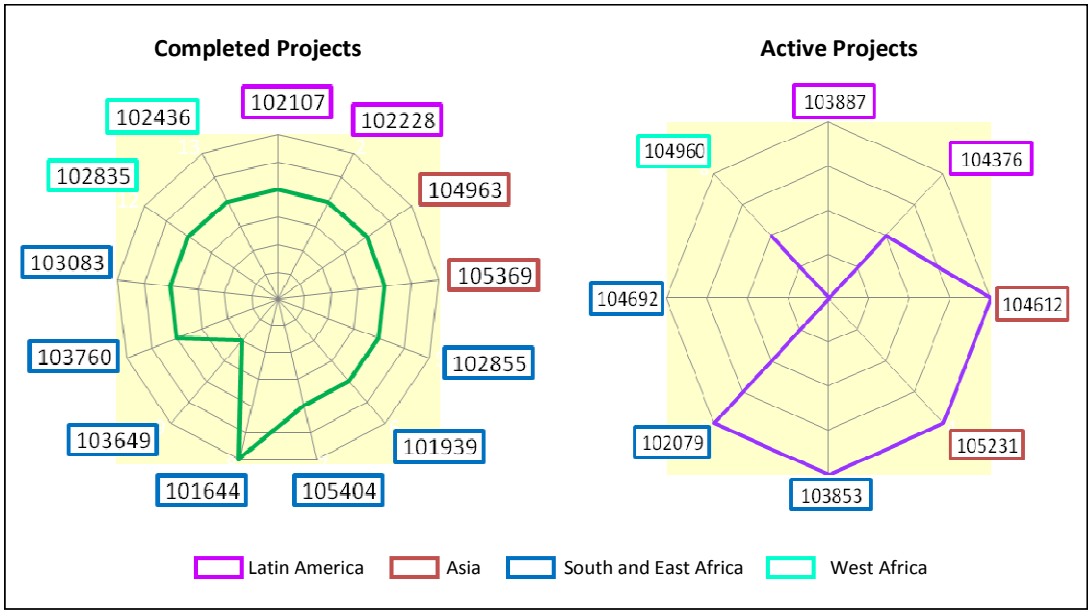
Graph A6: Average score of sampled projects on innovation



Graph A7: Average score of sampled projects on providing policy direction



Graph A8: Average score of sampled projects on being used in policy setting



Annex 8: Source tables of projects database and scoring of sampled projects

Table A1: GEH projects database by selected attributes

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
101465	Study on Voluntary HIV counseling-screening	2003/2004	West Africa	Governance	Capacity Building
101644	Municipal Services and Health in Southern Africa – Phase II	2002/2003	East and Southern Africa	Governance	Research
101892	Swiss-Canadian Partnership on Equitable Access in Health (SDC/GEH)	2002/2003	Global	Governance	Research
101938	Impact of HIV/AIDS on Health Service Capacity at the Primary Care Level in South Africa	2003/2004	East and Southern Africa	Health Systems	Research
101939	Private Health Care Sector and Sexually Transmitted Infections in Southern Africa	2004/2005	East and Southern Africa	Financing	Research
102079	Competitive Grants: Governance, Equity and Health Research in Eastern and Southern Africa	2003/2004	East and Southern Africa	Governance	Capacity Building
102107	Extending Social Protection in Health in LAC: Bridging Research and Practice-Phase II	2004/2005	Latin America	Health Systems	Research
102172	Operational Research Grants: Canadian International Immunization Initiative (CIII 2)	2008/2009	Global	Health Systems	Research
102228	Governance and Evidence-based Decision Making (Colombia) (Alternate title: Participatory Evidence-Based Health Policy Formulation in Colombia)	2003/2004	Latin America	Health Systems	Research
102229	Building the Future of Better Health in Guatemala	2004/2005	Global	Health Systems	Research
102421	Public Report on Health (India) - Phase I	2003/2004	Asia	Health Systems	Research
102436	NEHSI- Planning phase	2005/2006	West Africa	Health Systems	Research
102609	Fellowship Program African Health Research Forum	2003/2004	West Africa	Health Systems	Capacity Building
102660	Building Canadian Support for Global Health Research	2004/2005	Global	Governance	Capacity Building
102750	REACH: Regional Capacity for Evidence-based Health Policy in East Africa (PhI)	2004/2005	East and Southern Africa	Health Systems	Synthesis and Dissemination

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
102770	Public Sector Anti-retroviral Treatment in Free State (South Africa) - Phase II	2004/2005	East and Southern Africa	Governance	Development of Frameworks and Tools
102772	Local Experiences in Decentralization in West and Central Africa-ROCARÉ	2005/2006	West Africa	Governance	Development of Frameworks and Tools
102805	Decentralized Design and Management of a Maternal and Child Healthcare Intervention Program (Guinea)	2004/2005	West Africa	Health Systems	Research
102835	Equitable economic access to treatment for people with mental illness in Ghana	2004/2005	West Africa	Financing	Research
102852	Strengthening National Research Systems--COHRED	2005/2006	Global	Governance	Research
102855	Trust and Accountability in Health Service Delivery in South Africa	2004/2005	East and Southern Africa	Health Systems	Research
103083	Financing Primary Health Care in South Africa: Fiscal federalism, Equity and Governance	2005/2006	East and Southern Africa	Financing	Research
103085	Gouvernance et qualité des soins au Bénin	2005/2006	West Africa	Health Systems	Development of Frameworks and Tools
103145	International Recruitment of Nurses	2005/2006	Global	Health Systems	Research
103147	Building Canadian Support for Global Health Research - Phase II	2005/2006	Global	Governance	Capacity Building
103201	Strengthening the Health System through a Maternal Death Review	2005/2006	East and Southern Africa	Health Systems	Development of Frameworks and Tools
103211	Ethnicity, Poverty and Health in Peru	2005/2006	Latin America	Health Systems	Research
103234	Fostering Reforms in Public and Private Health Care in India	2005/2006	Asia	Health Systems	Research
103277	Equinet : Strengthening Equitable National Health Systems in East and Southern Africa - Phase IV	2005/2006	East and Southern Africa	Health Systems	Research
103297	WHO Commission on Social Determinants of Health: Health Systems Knowledge Networks	2005/2006	Global	Health Systems	Research
103305	CODESRIA 2005 Institute on Health, Politics and Society	2005/2006	West Africa	Governance	Capacity Building

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
103335	Access to Healthcare and Basic Minimum Services in Kerala/Vulnerability and Health in Wayanad, Kerala, India	2005/2006	Asia	Financing	Research
103355	Increasing Health Research Capacity in French Africa	2005/2006	West Africa	Health Systems	Development of Frameworks and Tools
103432	Global Forum for Health Research 2005-2006	2005/2006	Global	Governance	Synthesis and Dissemination
103457	Health Insurance to address Health Inequities in Ghana, South Africa and Tanzania	2005/2006	East and Southern Africa	Financing	Research
103524	Civil Society Participation in the Governance of Educational Systems	2004/2005	West Africa	Governance	Synthesis and Dissemination
103569	Social Participation in Health in the Mercosur	2005/2006	Latin America	Governance	Research
103649	Human Resources for Health Research in Africa	2005/2006	West Africa	Health Systems	Research
103650	Equity Gauge Zambia : Enhancing Governance, Equity and Health	2006/2007	East and Southern Africa	Governance	Capacity Building
103699	Labor Disputes and Governance of the Health Sector in Latin America and the Caribbean	2005/2006	Latin America	Governance	Development of Frameworks and Tools
103760	Kenya-Malawi Health Research Capacity Strengthening Initiative (HRCS Initiative)-Inception Phase	2006/2007	East and Southern Africa	Governance	Development of Frameworks and Tools
103853	HIV/AIDS Monitor Country Studies	2006/2007	East and Southern Africa	Governance	Research
103858	Community Exemption from Payment for Health Services (Burkina Faso)	2006/2007	West Africa	Financing	Research
103859	Taking Forward the Global Health Watch 2005-2008	2006/2007	Global	Health Systems	Synthesis and Dissemination
103861	Politiques Publiques et Lutte contre l'Exclusion--Phases III	2006/2007	West Africa	Finance	Research
103887	Strengthening Governance through Improvements in Equity and Accountability in Health Systems of Latin American Countries	2006/2007	Latin America	Governance	Development of Frameworks and Tools
103905	Health Financing, Equity and Poverty in Latin America	2007/2008	Latin America	Financing	Research

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
103998	Development of A Governance Analytic Approach to Health Systems Research	2006/2007	Latin America	Governance	Development of Frameworks and Tools
104024	Research Matters	2006/2007	Global	Health Systems	Synthesis and Dissemination
104222	Governance, Maternal Mortality and Health Systems: INCLEN pilot study	2006/2007	East and Southern Africa	Governance	Research
104278	Swiss-Canadian Partnership on Equitable Access in Health (SDC/GEH)	2006/2007	Global	Governance	Research
104298	Regional East African Community Health Policy Initiative (REACH) (PhII)	2006/2007	East and Southern Africa	Health Systems	Synthesis and Dissemination
104373	Understanding Maternal Mortality in Colombia : the Influence of Health Insurance (Alternate title: Governance and Evidence-Based Decision Making- PhII)	2007/2008	Latin America	Financing	Research
104374	Mexican-Canadian Knowledge Translation Partnership	2007/2008	Latin America	Health Systems	Development of Frameworks and Tools
104376	Southern Cone Countries Multi-Centre Study in Primary Health Care	2007/2008	Latin America	Health Systems	Research
104612	Public Report on Health (India) - Phase II	2007/2008	Asia	Health Systems	Research
104613	NEHSI- Implementation	2008/2009	West Africa	Health Systems	Research
104655	African Doctoral Dissertation Research Fellowships	2007/2008	Global	Health Systems	Capacity Building
104732	Un partenariat local pour des services de santé de qualité au niveau d'une collectivé territoriale décentralisée (Commune de Bamendjou) (Alternate title: Decentralization : Local Partnerships for Health Services in the Commune of Bamendjou (Cameroon)	2007/2008	West Africa	Governance	Research
104771	Building Canadian Support for Global Health Research - Phase III	2007/2008	Global	Governance	Capacity Building
104959	HRCS-Implementation and Learning	2007/2008	East and Southern Africa	Health Systems	Development of Frameworks and Tools
104960	Transnational Research on Decentralization in West and Central Africa	2008/2009	West Africa	Governance	Research

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
104963	Demonstration community-based audit of health services in two districts of Afghanistan	2007/2008	Asia	Health Systems	Capacity Building
105005	Negotiating Rights- Building Coalitions for improving Maternal Health services in Uttar Pradesh India	2007/2008	Asia	Governance	Research
105008	Human Resources in Health in Rural China	2008/2009	Asia	Health Systems	Research
105049	Council on Health Research for Development (COHRED) 2008-2010	2007/2008	Global	Health Systems	Development of Frameworks and Tools
105050	Global Forum for Health Research 2008-2009	2007/2008	Global	Health Systems	Research
105053	AIDS Prevention for the Underserved Majority- Namibia, Swaziland and Botswana (Alternate title: AIDS Prevention for the Underserved Majority : the Choice Disabled (Southern Africa)	2008/2009	East and Southern Africa	Health Systems	Research
105097	Building national health research systems- HRWeb-COHRED	2007/2008	West Africa	Health Systems	Development of Frameworks and Tools
105141	Alternative Public Service Delivery Models in Health, Water and Electricity (sub-Saharan Africa, Asia and Latin America) (Municipal Services Project--Phases III)	2008/2009	Global	Governance	Research
105231	EQUITAP- Health Financing in Asia (alternate title: Health Inequity in Asia : Strengthening Research Capacity to Deepen the Analysis)	2008/2009	Asia	Financing	Development of Frameworks and Tools
105285	Synthesis and Knowledge Transfer on Social Protection (Alternate title: Social Protection in Health : Consolidation and Dissemination Strategy)	2008/2009	Latin America	Health Systems	Synthesis and Dissemination
105309	Observatoire de la Gratuité (Niger, Burkina Faso, Mali) (Alternate title: Abolition of Direct Payment for Health Services in West Africa)	2008/2009	West Africa	Financing	Research
105370	Sensitivity Index to Assess Risk of Morbidity due to Undernutrition	2008/2009	Asia	Health Systems	Development of Frameworks and Tools
105404	Evaluation of PBL at Makerere University	2008/2009	East and Southern Africa	Health Systems	Capacity Building

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
105532	Coordinating and Strengthening the Health Research System (Zambia)	2008/2009	East and Southern Africa	Governance	Development of Frameworks and Tools
105666	EVIPNet Knowledge Translation (Evidence Informed Policy Network (EVIPNet) for Better Health Policymaking in sub-Saharan Africa)	2009/2010	East and Southern Africa	Health Systems	Development of Frameworks and Tools
105675	EQUINET : Reclaiming the Resources for Health - Phase V	2009/2010	East and Southern Africa	Financing	Research
105727	Understanding the Demographic and Health Transition in Developing Countries	2009/2010	West Africa	Health Systems	Synthesis and Dissemination
105306	Planning Workshop for Municipal Services Project (Phase III)	2008/2009	Global	Governance	Research
103388	GEH Conference and Workshop Support: 2006	2005/2006	Global	Health Systems	Research
103904	Health Financing : Planning Consultations	2006/2007	Global	Financing	Research
104586	Strategies for Health Insurance for Equity in Less Developed Countries (SHIELD) : Dissemination of Findings	2007/2008	East and Southern Africa	Financing	Research
104611	A preparatory workshop for training field epidemiologists in Afghanistan	2007/2008	Asia	Health Systems	Capacity Building
104627	Health Reform in Colombia : Synthesis and Knowledge Translation	2007/2008	Latin America	Governance	Research
104692	AIDS prevention in SADC region: Policy research and decision support	2007/2008	East and Southern Africa	Health Systems	Research
104722	Social Determinants of Health : International Meeting	2007/2008	Global	Health Systems	Synthesis and Dissemination
104972	Regional East African Community Health Policy Initiative (REACH) : Commission Governance and Architecture	2007/2008	East and Southern Africa	Health Systems	Synthesis and Dissemination
105093	Indian Colloquium for IDRC-GEH Supported Research Projects	2007/2008	Asia	Health Systems	Synthesis and Dissemination
105283	IDRC-PAHO New Partnership on Governance and PHC and Dissemination Strategy (Alternate title: Governance and Health Systems Research in Latin America and the Caribbean : Synthesis and Forward Thinking)	2008/2009	Latin America	Governance	Synthesis and Dissemination
105348	Understanding the Epidemiologic and Demographic Transition in Developing Countries	2008/2009	West Africa	Health Systems	Synthesis and Dissemination

Project Number	Project Title	Year of approval	Region	Primary Focus	Sub-Theme
105369	Public Health Foundation of India-Meeting (Alternate title: International Conference : New Directions for Public Health Education in Low and Middle Income Countries)	2008/2009	Asia	Health Systems	Capacity Building
105405	Toward a Zambian National Health Research Agency	2008/2009	East and Southern Africa	Governance	Development of Frameworks and Tools
105543	Building Canadian Support for Global Health Research (Bridging Grant)	2008/2009	Global	Governance	Capacity Building

Table A2: Quantitative review of research merit and significance of a sample of projects

Score		Question	Methodology	Stakeholders	Participation	Conclusion	Innovation	Grounded in literature	Provides direction	Used in policy
		Clearly defined research questions	**Clearly articulated methodology consistent with generally accepted standards of rigor and credibility**	**Relevant stakeholders involved in the design and implementation of the research**	**Clarity in terms of who participated, who did not in overall research process**	**Conclusions drawn sufficiently grounded in strong evidence; they are objective, reliable and comparable**	**Innovation & novelty; how much the research added to knowledge**	**Understanding of relevant ideas in existing literature, conceptual/theoretical framework**	**Research findings provides direction for policy/practice & theory-building**	**Use of relevant groups in framing of policy**
3		Well framed	Rigorous and credible	Full range of relevant stakeholders involved	Documentation very clear	Evidence base well articulated	Significant innovation	Very well grounded	Excellent	Excellent
2		Adequately framed	Adequately articulated	Most important stakeholders involved	Most process documentation available	Evidence base sufficiently described	Fresh approach	Good	Good	Good
1		Framing is poor	Lacks sufficient rigor	Few stakeholders involved	Some documentation available	Evidence base poorly described	Largely derivative	Average	Average	Average
0		Not well defined	Inadequate	Stakeholders not involved	Documentation not clear	Conclusion not grounded in evidence	Does not add new knowledge	Poor	Poor	No use noted in documentation
AFRICA Complete										
East and Southern Africa	102855	**3**	**2**	**2**	**3**	**3**	**3**	**2**	**2**	**2**
	101939	**3**	**3**	**3**	**2**	**2**	**2**	**2**	**2**	**2**
	105404	**3**	**3**	**3**	**3**	**2**	**3**	**3**	**3**	**2**
	101644	**3**	**2**	**2**	**3**	**1**	**1**	**2**	**3**	**3**
	103649	**2**	**2**	**2**	**1**	**2**	**2**	**2**	**1**	**1**
	103760	**2**	**2**	**2**	**2**	**3**	**2**	**2**	**2**	**2**
	103083	**2**	**2**	**2**	**1**	**2**	**2**	**3**	**2**	**2**
West Africa	102835	**3**	**3**	**3**	**2**	**3**	**2**	**2**	**2**	**2**
	102436	**2**	**3**	**3**	**3**	**3**	**3**	**2**	**2**	**2**

Score		Question	Methodology	Stakeholders	Participation	Conclusion	Innovation	Grounded in literature	Provides direction	Used in policy
		Clearly defined research questions	**Clearly articulated methodology consistent with generally accepted standards of rigor and credibility**	**Relevant stakeholders involved in the design and implementation of the research**	**Clarity in terms of who participated, who did not in overall research process**	**Conclusions drawn sufficiently grounded in strong evidence; they are objective, reliable and comparable**	**Innovation & novelty; how much the research added to knowledge**	**Understanding of relevant ideas in existing literature, conceptual/theoretical framework**	**Research findings provides direction for policy/practice & theory-building**	**Use of relevant groups in framing of policy**
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1		Framing is poor	Lacks sufficient rigor	Few stakeholders involved	Some documentation available	Evidence base poorly described	Largely derivative	Average	Average	Average
0		Not well defined	Inadequate	Stakeholders not involved	Documentation not clear	Conclusion not grounded in evidence	Does not add new knowledge	Poor	Poor	No use noted in documentation
AFRICA Active										
East and Southern Africa	103853	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
	102079	**2**	**3**	**2**	**1**	**2**	**3**	**2**	**2**	**2**
	104692	**3**	**3**	**3**	**2**	**3**	**3**	**3**	**3**	**0**
West Africa	104960	**2**	**2**	**3**	**2**	**2**	**1**	**1**	**1**	**1**
ASIA Complete										
104963		**3**	**2**	**3**	**2**	**2**	**3**	**2**	**2**	**2**
105369		**3**	**2**	**2**	**2**	**3**	**2**	**2**	**2**	**2**
ASIA Active										
104612		**3**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
105231		**1**	**2**	**2**	**2**	**1**	**3**	**2**	**3**	**2**

Score	Question	Methodology	Stakeholders	Participation	Conclusion	Innovation	Grounded in literature	Provides direction	Used in policy
	Clearly defined research questions	**Clearly articulated methodology consistent with generally accepted standards of rigor and credibility**	**Relevant stakeholders involved in the design and implementation of the research**	**Clarity in terms of who participated, who did not in overall research process**	**Conclusions drawn sufficiently grounded in strong evidence; they are objective, reliable and comparable**	**Innovation & novelty; how much the research added to knowledge**	**Understanding of relevant ideas in existing literature, conceptual/theoretical framework**	**Research findings provides direction for policy/practice & theory-building**	**Use of relevant groups in framing of policy**
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0	Not well defined	Inadequate	Stakeholders not involved	Documentation not clear	Conclusion not grounded in evidence	Does not add new knowledge	Poor	Poor	No use noted in documentation
LATIN AMERICA Complete									
102107	**3**	**2**	**2**	**2**	**3**	**2**	**2**	**2**	**2**
102228	**3**	**2**	**3**	**3**	**3**	**3**	**2**	**2**	**2**
LATIN AMERICA Active									
103887	**2**	**2**	**2**	**1**	**2**	**1**	**1**	**1**	**0**
104376	**3**	**3**	**2**	**3**	**1**	**3**	**2**	**1**	**1**