Review of
Global Health Research Initiative

Final Report

September 2010

Prepared by

for

Global Health Research Initiative

Table of Contents

Executive Summary **4**

I. Introduction **10**
- A. Background 10
- B. Review objectives 10
- C. Review scope & approach 11
- D. Constraints and limitations 14

II. GHRI Relevance and Need **15**
- Key findings: 15
- A. Initial Relevance and Need 15
- B. Current Alignment of GHRI to Partner Mandates and Priorities 17
- C. Perceived Current & On-going Relevance and Need 19

III. GHRI Progress and Impacts **21**
- Key findings: 21
- A. Summation of Recent and Available Performance Results 21
- B. Perceptions from key informants 26

IV. The Partnership **29**
- Key findings: 29
- A. Memorandum of Understanding (MOU) Overview 29
- B. Collaborative Relationships 30
- C. Governance 31
- D. Perceived Value 33

V. GHRI As A Model **35**
- Key findings: 35
- A. Perceptions of Interviewed Key informants 35
- B. Comparative Models 36

VI. Contrast with past GHRI evaluation studies **46**
- Key findings: 46

V. Conclusions and options for consideration **49**
- Key Strengths, Weaknesses, Opportunities and Threats 49
- Options for consideration 51
- Enhance GHRI through transformation 52

APPENDIX A – INTERVIEW GUIDES **56**

APPENDIX B – COMPARATIVE MODELS **65**

Disclaimer

KPMG's findings and report are confidential and are intended solely for internal use in this matter. This report is not intended for general use, circulation or publication and any use of KPMG's report for any purpose other than circulation within GHRI (and the five Partners within) without KPMG's prior written permission in each specific instance is prohibited. KPMG assumes no responsibility or liability for any costs, damages, losses, liability or expenses incurred by anyone as a result of the circulation, reproduction or use of or reliance upon KPMG's reports, contrary to this paragraph.

Executive Summary

KPMG LLP (KPMG) was engaged by the Global Health Research Initiative (GHRI or the 'Initiative') via the International Development Research Centre (IDRC) to undertake a Review of the GHRI on behalf of the five departments/agencies which have partnered via a memorandum of understanding (MOU) to support the Initiative.

The review of GHRI was initiated as a result of the requirement that the relevance and merit of the GHRI partnership arrangement be reviewed every three years as stated in the MOU. The last external review was completed in 2006. A number of questions raised by the GHRI Steering Committee regarding the relevance, performance, and governance of GHRI were summarized into the following eight questions to be addressed by the current Review:

Relevance

1. Is the GHRI relevant and what merits does the partnership arrangement possess?
2. Is there an on-going need for GHRI?

Performance & Results

3. What progress has been made since 2006?
4. What impact has the Initiative achieved?
5. Does the partnership provide value-added that would not be possible if the partners acted independently in this area?

Governance & Model

6. How has the overarching MOU and partnership composition worked?
7. Is GHRI the right model?
8. Are there comparable models that may provide lessons or insight into possible alterations?

This report presents the Review key findings, analysis, and recommended options to enhance the Initiative from the perspective of relevance, performance, results, governance and the partnership model. The scope of this Review was contained to the 8 Review questions noted above and the following Review methods: a review of available relevant GHRI documentation; interviews with GHRI staff (4) GHRI Steering Committee members (11), other Canadian government department/agency representatives (8), GHRI external stakeholders (7), and GHRI funded Canadian and LMIC researchers (6); and a comparison of GHRI's model to that of 3 other international organizations including interviews with their representatives.

As a result of the information gathered and analyzed, it is apparent that there is valid reasoning for the rationale behind Canada's Global Health Research Initiative. There appear to be are no other programs within Canada or internationally that provide the same

opportunities for researchers to build the global health research area across many different facets (knowledge creation, capacity building, knowledge translation) and across many different disciplines. GHRI is a unique model in its partnerships between Canadian researchers, low- and middle-income country researchers and research users. GHRI is seen as a critical enabler in the establishment of global health research programs. Despite this, many interviewed key informants indicated that if GHRI is to remain relevant, needed, and supported, there is a requirement for change and/or enhancement.

Seen as a relevant and key contributor to Canada's commitment to addressing global health issues, GHRI is aligned to the mandates of the partner departments/agencies and is viewed as an integrated "whole of Canada" approach to global health research. Higher visibility and an enhanced image on matters pertaining to global health and global health research have been reported for Canada and the participating departments, nationally and internationally. This said, there is opportunity for enhanced clarity and alignment between the GHRI mandate and priorities and the priorities of each partner department/agency. Further, opportunities exist to better define priorities and related expected outcomes among partners and increase visibility and connection to internal and external stakeholders. The model enables global health research related dialogue among five departments/agencies in a structured and focused manner that would likely not otherwise be possible. Pooled funding and the integrated partner approach have resulted in a stronger investment in global health research. Although, it was clear this investment could be further strengthened by increasing efforts to develop key strategic external relationships with other synergistic organizations.

There are healthy discussions taking place through the Steering Committee allowing GHRI to draw upon each partner's strengths and areas of expertise, such as the management of international research projects by IDRC and the leading practices for scientific peer review from CIHR, contributing to efficiencies gained for all partners involved.

GHRI is making progress in its stated strategic directions and the research projects supported through the Initiative are producing impacts. Research capacity in Canada and low- and middle-income countries has increased. Increased opportunities, credibility of programs, and growth in relationships, networks and collaborations have contributed to growth and/or expansion of research programs. However, increased levels of "knowledge brokering" of research results to partners and other stakeholders (and potential stakeholders) would improve progress and the potential for additional impacts.

There are some outstanding issues that are affecting, and will continue to affect, the progress and impacts that GHRI may achieve. Some of these were identified as limitations in the previous reviews of GHRI conducted in 2006.

The most fundamental is the elucidation of the partnership. Clarity of roles, responsibilities, value propositions, common priorities and individual contributions and expected returns is a key foundational element that partners and the partnership are missing. Heightening this is the current ad hoc funding model and operation in "reaction" to availability of funds and attachment to specific departmental mandates was thought to potentially restrict growth and advancement of the initiative. It was felt GHRI impacts may be greater if more flexibility was built into the funding model. As well, there is some "tenderness" surrounding unequal research funding contributions by partners.

Governance issues were also identified. Increased visibility for GHRI at senior levels (including Heads of Agency) is warranted. Full engagement of "champions" in meaningful

ways is required to drive consensus around strategy and priorities for the Initiative. Additionally, the membership of the GHRI Steering Committee was not seen to be consistent with the senior level requirement needed to meet the accountabilities of such a decisive and influential group. Operational activities now undertaken by the Steering Committee are taking away from the critical strategic role necessary to move forward.

Overall, since the last review completed in 2006, GHRI has sustained its positive influences including its good reputation, impact to global health research community, and increased awareness of global health research benefits among partners. It is an important addition to Canada's approach to global health. After 10 years of operation, this is an appropriate time to look at refining its model to help ensure its long-term relevance and to maximize the value GHRI can deliver and/or help enable.

Overall, it appears that GHRI is making progress in its stated strategic areas and the research projects supported through the Initiative are producing impacts. It is also clear that researchers themselves and the Canadian global health research landscape would be negatively impacted should GHRI not continue. Not renewing the Initiative could increase the risk of partners perhaps working at cross-purpose and a gap would be created in the global health systems research area. In effect, this is not seen to be a practical option at this time – unless of course an alternative mechanism or set of mechanisms was established to enable the progress made to date via GHRI to be leveraged and furthered through some other means. Consideration has been given by some interviewed key informants regarding the possibility of similar initiatives and progress being made possible via bilateral agreements. While this may be the case, some interviewed internal and external key informants believe this would diminish the impacts to be made and would weaken Canada's position/image internationally as being integrated in its global health research efforts.

This said, however, it is clear based on the summary of findings and the international comparative review presented in this report, that status quo is not a viable option either. This is because there are some very fundamental areas that still require solidification, for example, a common understanding among partners as to what each partner brings to the table (including committed funding), the establishment of common priorities and what outcomes the GHRI is aiming to achieve. There are also other areas that could be pursued now that GHRI has matured as an organization. The exploration of strategic relationships with external organizations and the upcoming opportunity to make further use of research and performance indicators now that the projects are further along in their work plans are a few examples. Opportunities do exist for the partners to enhance the GHRI.

Some key informants felt consideration could be given to establishing the GHRI as a "true" horizontal initiative with a separate program budget. According to Treasury Board, a horizontal initiative is an initiative in which partners from two or more organizations have established a formal funding agreement (e.g., Memorandum to Cabinet, Treasury Board Submission, federal/provincial agreement) to work toward the achievement of shared outcomes. The Office of the Auditor General (OAG 2005)[1] recognizes that horizontal initiatives are generally a reflection that an issue is complex and can be dealt with most effectively by coordinated actions across departments of government. This definition certainly fits with the GHRI however, with the transformation considerations noted below,

[1] Office of the Auditor General (2005), Matters of Special Importance – 2005, Chapter 4, "Managing Horizontal Issues", Ottawa

GHRI should be able to achieve the benefits of such coordinated efforts without the administration and energy required to establish such a formal program.

As a result of the information gathered and insight gained through documentation review and key informant interviews regarding the current relevance, performance, results, governance and model surrounding GHRI, it has become apparent that opportunity does exist to enhance the future value, performance, effectiveness, and impact of GHRI through modest yet meaningful transformation.

It is believed that the transformation considerations presented below are within GHRI's ability and control to implement provided the Secretariat and Steering Committee share a common vision on the desired change and maintain a shared commitment to planning, implementing, and sustaining the change. Buy-in and commitment from all partner organizations will be essential for success.

The planning and execution of the suggested change will require focus and dedication on the part of the Secretariat. To reduce the impact the effort will have on existing resources and minimize the degree of disruption on current Secretariat operations, consideration should be given to securing a resource for a defined period of time to work with the Secretariat and Steering Committee to plan, design, and implement the transformative change. This individual could be seconded from one of the partner organizations or be secured via contract from the consulting community.

Recommended key transformation considerations include, but may not be limited to, the following:

1 Clearer and more deliberate alignment of partner departmental/agency priorities and GHRI's mission and priorities with the focus being on how GHRI can and will assist partner departments/agencies fulfill and/or enable fulfillment of their mandates and priorities.

2 Formalization of a GHRI strategic plan complete with such key aspects as: vision; mission; values; strategic priorities/directions; strategic outcomes to be achieved; and action plans for each strategic priority/direction.[2]

3 Formation of well defined strategic alliances with organizations and/or initiatives outside of the five partner departments/agencies which may be synergistic to what GHRI is striving to achieve. Explore all avenues for collaboration with other Canadian and/or international organizations, private/ public partnerships, industry, academia, research institutions, and non-government organizations. This practice, supported by the International Review and the key informant interviews, identifies benefits to scaling-up funding capacity which in turn provides advantages to funders, researchers and the targeted sector. Such alliances should be clearly defined and agreed to by all parties and should include at a minimum: intent of the alliance; degree and type of collaboration/coordination; specific and measurable strategic outcomes to be achieved; role and obligations of all parties in realizing defined strategic outcomes; and an agreed to process for measuring and reporting on results achieved and/or issues encountered.

[2] A process to address the formulation of GHRI's strategic plan is underway.

4 Clear articulation, documentation and agreement on what each partner organization's contribution will be to the partnership and Initiative. This should include specific, measurable, achievable, relevant, and time-bound actions and contributions. Consideration should be given to both monetary and non-monetary contributions as both may be needed and of value.

5 Renewal of the existing MOU to include more detailed articulation of: 1) why each of the five partner organizations is in the partnership, i.e., clear articulation of how GHRI participation will support and/or enable achievement of departmental/agency mandates and priorities; and 2) what meaningful and measurable contribution each partner organization will make to the GHRI partnership.

6 Renewal of the GHRI management and governance regime so as to strengthen the value derived from and better delineate between the roles, accountabilities, and responsibilities of the Secretariat versus those of the Steering Committee. Leading practices gleaned from the international comparator organizations and mentioned by key informant interviews lead to a requisite review of this area. In so doing, consideration should be given to:

- Examining the current focus and activities of the current governing body, i.e., the Steering Committee, to determine which areas of focus, activities and/or decisions made are more operational and/or tactical in nature and, therefore could/should be delegated to the Secretariat thus positioning the Steering Committee to focus exclusively on matters of strategic direction in collaboration with the Secretariat and provision of oversight to the Initiative.

- Examining the membership of the existing Steering Committee and determine if the composition is optimal. This could/should include consideration of such key aspects as: the seniority of each member, within their respective organizations, to provide strategic direction and oversight for GHRI; the level of authority and accountability he/she has within his/her home department/agency to make recommendations and decisions concerning GHRI; his/her ability to raise the visibility and awareness of GHRI within their home organization; and the relevance of each member's position and organizational placement within their home department/agency and alignment of organization unit mandate and priorities and those of GHRI. Strong oversight is critical to being able to provide balanced, cohesive and focussed direction and being able to represent/ balance the needs and interests of all partners and other interested parties and/or strategic alliances.

- Considering the establishment of a two tiered governance structure whereby an Executive Strategic Advisory Committee is created and attended by partner department/agency ADMs and VPs. This could help elevate the awareness, interest and understanding of GHRI within and across all partner organizations and would potentially bring additional strategic insight and advice to GHRI thus potentially strengthening the alignment with departmental/agency priorities, GHRI relevance, and value to be derived through the Initiative. As well, it could help drive increased awareness and potential involvement on the part of Heads of Agency. To manage the time demand this would place on members, consideration should be given to quarterly or semi-annual meetings. Efforts would also have to be taken to

ensure there is clear delineation between the role and accountabilities of this Committee and that of Steering Committee which could be rebranded as the Governance Committee.

- Considering the inclusion of ex-officio members on the Executive Strategic Advisory Committee and/or Steering Committee/Governance Committee. Such members could be individuals from organizations outside of the existing partnership which are or may be synergistic. This could include representatives from organizations with whom GHRI forms strategic alliances as suggested above. This would establish a link with such organizations which may result in future and mutually beneficial collaborations and/or expansion of the reach and impact that can be made by GHRI. To limit the time burden on ex-officio members and raise the value GHRI will receive through their involvement, it is suggested that consideration be given to what discussions/type of discussions these individuals would be asked to participate in. For example, it may be only those meetings where strategic direction, priorities, collaborations, research programs are being discussed.

7 Exploration of how GHRI via the partnership and Secretariat can be positioned beyond the role of 'implementer' to also be that of 'a catalyst' for forward thinking on matters pertaining to global health research and Canada's involvement in terms of knowledge creation, capacity building and/or knowledge translation, and 'knowledge broker' between and among Initiative partners, strategic alliances, and other interested parties both domestically and internationally. As a starting point, this could include bringing key stakeholders together, facilitating and 'holding the pen' on the development of an integrated Government of Canada vision and strategy for global health research.

8 Renewal of how GHRI documents contributions being made over time, what and how outcomes have been/will be achieved, and how these factors as well as overall progress and impacts will be monitored and reported on and to whom. Within this context, consideration should be given to making use of existing tools, drawing on advantages of proven methods (i.e., leverage partner department experiences) and from the International Review, include different areas of measurement to fully assess performance of the whole Initiative (e.g., progress on research projects, as well as internal management performance, impacts to partners, etc.) Each partner must see itself within the framework of outputs and outcomes/impacts. This will help enable more focused and consistent measurement of GHRI performance.

How GHRI wishes to pursue the above recommended transformation considerations should be explored and decided up jointly by the Secretariat, Steering Committee and Heads of Agency. It is recommended that this be incorporated into or aligned with the planned upcoming Strategic Planning initiative. Further, it is recommended that consideration be given to engaging an independent and experienced facilitator to lead stakeholders through the process in a robust and systematic manner. This will be important to help ensure the right questions get asked – including the most difficult and sensitive ones, the right people are engaged in discussions and decisions, and objectivity is maintained.

I. Introduction

KPMG LLP (KPMG) was engaged by the Global Health Research Initiative (GHRI or the 'Initiative') via the International Development Research Centre (IDRC) to undertake a Review of the GHRI on behalf of the five departments/agencies which have partnered via a memorandum of understanding (MOU) to support the Initiative.

A. Background

The review of GHRI was initiated as a result of a requirement to have an independent review of the relevance and merit of the GHRI partnership arrangement every three years as stated in the MOU. The last external review was completed in 2006. A number of questions raised by the GHRI Steering Committee regarding the relevance, performance, and governance of GHRI were summarized into the following eight questions to be addressed by the current Review.

Exhibit 1

Questions to be addressed in the review

Relevance

9. Is the GHRI relevant and what merits does the partnership arrangement possess?
10. Is there an on-going need for GHRI?

Performance & Results

11. What progress has been made since 2006?
12. What impact has the Initiative achieved?
13. Does the partnership provide value-added that would not be possible if the partners acted independently in this area?

Governance & Model

14. How has the overarching MOU and partnership composition worked?
15. Is GHRI the right model?
16. Are there comparable models that may provide lessons or insight into possible alterations?

B. Review objectives

The objectives of the GHRI Review were as follows.

1. To assist the five partnering agencies/departments in their examination of the progress made by GHRI since the last formal review - conducted in 2006.

2. To support decision-making by partnering agencies/departments on renewal.

3. To identify and summarize the effectiveness of the GHRI in achieving its mandate.

4. To identify and summarize the key strengths and weakness of the GHRI approach and the value of the Initiative to each of the partners.

5. To gain insights and lessons learned relating to possible improvements, prioritization and focus in support of renewal for the GHRI.

C. Review scope & approach

The scope of the Review has been contained within the eight Review questions presented above in Exhibit 1. Combined, these questions will address the five objectives presented above in Section B.

There were three principal methods of data collection required for the Review: (1) key informant interviews; (2) document review; and (3) international comparative review.

1. Key Informant Interviews

A listing of key informant interviewees was developed by the GHRI Secretariat with input and approval from the GHRI Steering Committee. The mix of interviewees included a combination of internal and external GHRI stakeholders and three international informants. When selecting interviewees, it is our understanding that the primary focus was on selecting individuals who: are knowledgeable about GHRI; are currently or have in the past been involved in GHRI directly or indirectly; are associated with complementary organizations/programs; and/or are associated with complementary or comparative organizations internationally.

A total of 39 interviews were undertaken with the following respondent groups:

Key informant interview groups	Number of interviewees
Internal	
▪ GHRI staff	4
▪ GHRI Steering Committee members	11
▪ Other Canadian government department/agency representatives	8
External	
▪ GHRI stakeholders (broadly within the Global Health Research area)	7
▪ GHRI researchers (Canadian and LMIC)	6
International	3

Total	39

a) Internal interviews

Representatives of the GHRI Secretariat, the GHRI Steering Committee, other representatives from the partner departments/agencies as well as other representatives from Canadian Government Departments/Agencies were interviewed by telephone or in-person. The interviews with GHRI Secretariat and Steering Committee representatives addressed all review questions. The interviews with other government representatives mainly focused on relevance and the partnership, but still addressed governance and progress at a high level. Twenty three representatives of these groups were formally interviewed.

b) External interviews

Representatives of external GHRI stakeholders (i.e., other Canadian initiatives and networks focused on global health issues), a limited selection of GHRI researchers (Canadian and LMIC researchers receiving funding), and a selection of International representatives of similar organizations were interviewed by telephone. The interviews with external GHRI stakeholders and GHRI researchers focused on relevance, progress, impacts and lessons learned. The interviews with other international jurisdictions were in support of the organizational comparative review (see section 3 below). Thirteen representatives of these groups were formally interviewed (one LMIC researcher provided a written response).

The interview guides used for the different respondent groups in both the internal and external interviews are included in Appendix A.

2. Document Review

A review of supporting documentation relating to the GHRI's design, delivery and results achieved was completed. Certain data derived from the document review have been incorporated throughout this report as part of the analysis. Types of documents reviewed included: GHRI annual reports; governance framework; performance reports; external performance reviews; Steering Committee meeting minutes; and planning documents.

3. International Comparative Review

A high-level review of the characteristics of international initiatives sharing similarities to various elements of the GHRI to identify possible lessons learned or best/better practices was undertaken. This work did draw from, and build, on prior efforts undertaken by GHRI with regard to identifying possible comparators and summarized in the document "Global Health Research Funders (Canada and International)—Web scan information", developed in support of a Steering Committee Planning Day held in April of 2010 Our review of the approaches in three selected jurisdictions consisted of a review of information on the selected organizations' websites plus follow-up contacts with representatives of these organizations, where possible.

The jurisdiction/initiatives selected for review summarize organizational characteristics describing structure, budgets, governance, research priorities, and delivery aspects. Jurisdictions selected for review were intended to share similarities with various elements of the GHRI to identify possible lessons learned or best/better practices. The following

criteria elements were taken into consideration when researching potential organizations/initiatives:

1. Must be partnership or collaboration between two or more organizations
2. Must be publicly funded (at least in part)
3. Focused on needs of both home country and LMICs
4. Must undertake global health systems research activities.

The following table identifies the initial results for those jurisdictions/initiatives researched.

Jurisdiction/initiative	Criteria element Pros	Criteria element Cons
European and Developing Clinical Trials Partnership (EDCTP)	▪ Large partnership between EU countries, Switzerland, Norway and sub-Saharan Africa. ▪ Focus on capacity building and clinical trials ▪ Process to identify complementary priority areas for partnerships ▪ Large projects (1-5 years) ▪ KPIs in place ▪ Secretariat or equivalent in place	▪ May be too large ▪ Based on existing research activities ▪ More oriented to biomedical ▪ Narrow scope: Sub-Saharan Africa, HIV/AIDS, TB and malaria ▪ Some co-funding requirements
The Research Council of Norway (RCN) Global Health and Vaccination Research	▪ At same "fork in road" as GHRI, may have collected lessons learned ▪ Overall RCN is funded by several Ministries ▪ One program run under one government department ▪ International Partnerships ▪ Focused on strengthening capacity in Norway and LMICs ▪ 62 projects funded since 2005 (comparable to GHRI at approx. 54)) ▪ Secretariat or equivalent in place	▪ Currently in negotiations to extend funding beyond 2011 ▪ Has only published two calls for proposals ▪ Appears to be requirement for co-funding

KPMG

Jurisdiction/initiative	Criteria element Pros	Criteria element Cons
World Health Organization – Special Programme for Research and Training in Tropical Diseases (WHO-TDR)	▪ Multiple funders, public, private, not-for-profit ▪ Mature, established in 1975 ▪ Focused on knowledge creation and capacity building ▪ Strategy in place ▪ KPIs in place	▪ Large budget ▪ Large amount of staff

D. Constraints and limitations

Although the Review shares many similarities to an Evaluation, this formal Review project is not an Evaluation and as such does not explicitly follow standard Treasury Board criteria for evaluation studies.

The availability of performance data was limited at the time of the Review. An Evaluation Strategy was recently adopted by the GHRI (2009/10) and the first indicators report prepared in July 2010. This first indicators report addresses the first of objective in the GHRI strategy (1 of 3) and summarizes data from six GHRI projects.

The scope of this Review did not permit for additional collection of performance data. No primary research was undertaken to assess progress made and/or impacts achieved by or through GHRI. Our assessment of these two variables, i.e., progress and impacts, was mainly based on available and recent documentation supported by the input of stakeholders interviewed.

Key informants were selected by the GHRI Secretariat and Steering Committee members. The respondent pool was somewhat limited, in some cases not large enough to characterize a representative sample (i.e., researchers, other government departments). Due to small sample sizes, for the most part, the report has aggregated results of interviews across all key informant groups.

Original examples of outputs or outcomes identified through the interview program of researchers have not been provided due to confidentiality reasons.

II. GHRI Relevance and Need

The review questions addressed in this section of the report include:

Question #1: "Is the GHRI relevant and what merits does the partnership arrangement possess?" "Is the GHRI relevant?" is addressed in this section of the report whereas "…what merits does the partnership arrangement possess?" is addressed in Chapter IV of this report.

Question #2: "Is there an on-going need for GHRI?"

Key findings:

- GHRI is seen as relevant and a key contributor to Canada's commitment to addressing global health issues. It is aligned to the mandates of the partner departments/agencies. However, there is opportunity for enhanced clarity and alignment between the GHRI mandate and priorities and the priorities of each partner department/agency.
- There are no known other programs within Canada or internationally that provide the same opportunities for researchers to build the global health research area across many different facets (knowledge creation, capacity building, and knowledge translation).
- Many interviewed key informants indicated that if GHRI is to remain relevant, needed, and supported, there is a requirement for change.
- Within the context of the current projects, GHRI has provided options for global health research that would likely not have been possible.
- GHRI is a unique model in its partnerships between Canadian researchers, LMIC researchers and research users and is seen as a critical enabler in the establishment of global health research programs.
- In order to sustain its current achievements, opportunities exist to better define priorities and related expected outcomes among partners and increase visibility and connection to internal and external stakeholders.

A. Initial Relevance and Need

Through review of available and relevant background documentation and discussions with identified and targeted key informants, we understand that the Government of Canada's Global Health Research Initiative was established in November, 2001 under the terms of a Memorandum of Understanding (MOU) between:

- International Development Research Centre (IDRC)
- Canadian Institutes of Health Research (CIHR)
- Health Canada (HC)
- Canadian International Development Agency (CIDA).

In October 2008, a decision was made to add the Public Health Agency of Canada (PHAC) to the GHRI partnership thus resulting in an amended MOU.

As stated in the Global Health Research Initiative, Update 2009-2010, the partnership was designed to bring the collective knowledge, leadership, and mobilization capabilities of its partners to bear on global health priorities. To this end, a number of factors motivated the individuals responsible for establishing GHRI to create a research partnership focusing on global health issues. These included:

- A growing realization that the threat of pandemic influenza as well as new and emerging infectious diseases would require unprecedented global cooperation to prepare effective responses.
- A greater understanding of the potential impacts of global warming and climate change on the risk of transmission of diseases (such as dengue fever) in areas of the world previously unaffected, possibly including Canada.
- Increasing concern over the impact of HIV/AIDS around the world, particularly in sub-Saharan Africa.
- A need for compelling, timely evidence from high quality research to mobilise action on health-related Millennium Development Goals (MDGs).
- A desire to find scientific solutions to long standing global health problems such as malaria and tuberculosis.
- A recognition of the need to make research results more accessible for practical use by wide audiences, especially results that add to our understanding of the factors that make up good health, improve the organization and delivery of care, and strengthen health systems.[3]

In addition, the MOU recognized there were distinct advantages and benefits from a Canadian context in that "investing in these global public goods could have the double advantage of improving the effectiveness and cost-effectiveness of official development assistance (ODA; improved sustainable health gains per dollar of Canadian ODA invested) and contribute to the protection of the health of citizens of all countries, including Canadians. Diseases know no borders. Health events and issues in other countries increasingly impact on the health of Canadians and the Canadian health system."

[3] Global Health Research Initiative, Update 2009-2010, Global Health Research Initiative

As stated in the 2001 MOU and 2008 amendment, together the partnering agencies, funded by the Government of Canada, can bring expertise to bear on health problems in developing countries and global health priorities:

- Health Canada, with its considerable knowledge base and recognized leadership.
- IRDC, with its experience with research in developing country settings.
- CIHR, with its strong tradition of excellence in research through the peer-review process.
- CIDA, with its considerable development experience and its emphasis on evidence based health development.
- PHAC with its role in helping build an effective public health system in Canada and responsibility for surveillance, monitoring, researching, investigating and reporting on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally.[4]

The mission of GHRI is to fund research on global health problems, strengthen capacity to perform research and to use research findings to deal with global challenges. In doing so, the Initiative promotes and facilitates inter-disciplinary research to address global health challenges. Six distinct areas of research are currently supported through GHRI, namely:

1. Eco EID: Ecohealth Emerging Infectious Diseases Research Initiative ($4.9-million in GHRI funding)
2. HIV-AIDS Prevention Trials Capacity Building Grants (Phase II $6.7-million and Phase IIb $10-million)[5]
3. Canadian International Immunization Initiative (Phase II $2.7-million)
4. Haiti Immunization Program ($1.055-million)
5. African Research Partnership Program ($5.9-million)
6. Teasdale-Corti Research Partnership Program ($24.6-million).

B. Current Alignment of GHRI to Partner Mandates and Priorities

There is alignment of the GHRI funded research with the strategic outcomes of its partner departments and agencies as well as the whole of Government Performance Framework. The following exhibit aligns the partner departments and agency strategic outcomes against the whole of government framework and identifies how GHRI may be seen within the overall health agenda.

[4] Global Health Research Initiative, Memorandum of Understanding in Support of Better Health for the Poor – A Canadian Collaboration for Global Health

[5] There was a First Phase to this research program funded for $3 million

Exhibit 2
Alignment of GHRI to Partner strategic outcomes[6]

Org	Strategic Outcome/Mission	Whole-of-government Framework *(relevant to Global Health Research)*			
		Economic Affairs	Social Affairs		International Affairs
GOC		An innovative and knowledge-based economy *(fund and support academic research and research partnerships in health)*	Healthy Canadians *(support applied health research for policy development)*	A safe and secure Canada *(build preparedness for and responses to health-related emergencies)*	Global poverty reduction through sustainable development *(conduct research aimed at improving the quality of life in developing countries)*
CIDA	Reduction in poverty for those living in countries where CIDA engages in international development				• Fragile Countries and Crisis-Affected Communities • Low-Income Countries • Middle-Income Countries • Global Engagement and Strategic Policy • Canadian Engagement
CIHR	A world-class health research enterprise that creates, disseminates and applies new knowledge across all areas of health research		• Health Knowledge • Health Researchers* • Health Commercialization • Health and Health Services Advances*		
IDRC	To promote research in developing countries, research by people of those countries, for the purpose of applying knowledge	• Complementing Thematic Programs			• Health and Health Systems
HC	Accessible and sustainable health system responsive to the health needs of Canadians		• Canadian Health System • Canadian Assisted Human Reproduction • International Health Affairs*		
PHAC	Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury		• S&T for Public Health • Surveillance and Population Health Assessment • Public Health Preparedness and Capacity* • Health Promotion • Disease and Injury Prevention and Mitigation	• Regulatory Enforcement and Emergency response	
GHRI	Fund research on global health problems, strengthening the capacity to do research and to use research findings to deal with global challenges	• Knowledge Creation • Capacity Building • Knowledge Translation	• Health Policy and Health Systems	• Prevention and Control of Pandemics and Emerging Infectious Diseases	• Prevention and Control of Chronic Diseases • The Interaction of Health, Environment, & Development
			Priority Research Themes		

** Program activity may align with other outcome(s).*

Program Activity or Research Fields (IDRC)

[6] Data presented in this exhibit have been taken from Departmental Reports on Plans and Priorities (RPPs) 2010/11 except for IDRC where information was obtained from its Strategic Framework 2010-2015 and the GHRI where information was taken from the Update 2009-2010 document.

C. Perceived Current & On-going Relevance and Need

Through the conduct of focused interviews with a cross-section of key informants, as outlined in the Review scope and approach section of this report, the following key themes emerged concerning the perceived current and on-going relevance and need for GHRI.

- The majority of interviewed key informants support the concept of a 'whole of government' approach to global health research and believe that Canada has and can continue to be a recognized leader internationally. Further, there is a perception that Canada can make a meaningful contribution to the advancement of global health research and, in effect, global health and global health systems.

> *"Through the lens of Canadian/South research collaborations, GHRI is a big player."*
>
> GHRI funded Canadian Researcher

- GHRI is unique in its form. There is no other program nationally or internationally that provides the same opportunity for research (knowledge generation) and capacity building at the same time in addition to the distinctive requirement of Canadian-LMIC co-leadership as well as the involvement of users.
- This said, many interviewed key informants indicated that if GHRI is to remain relevant, needed, and supported, there is a requirement for change. The most frequently reported suggested changes included:
  - Clear alignment between the mandate, priorities and initiatives of GHRI and the priorities of the "Government of the day". Leveraging new/renewed priorities as opportunities present themselves (e.g., 2010 G8 summit commitment by Canada to provide $1.1 billion to the Muskoka Initiative—money for health and nutrition programs that benefit women and children in developing countries) will help to solidify the establishment of GHRI as an instrument to advance the Government of Canada's and partner agency's priorities.
  - A common set of clearly defined GHRI priorities that can be supported by all GHRI partner agencies.
  - Clear definition of the outcomes to be achieved through GHRI and how these outcomes will produce value and measurable results/impacts for each partner agency (in return for the contribution/investment made) and the advancement of the Government of Canada's priorities, e.g., Maternal and Child Health.
  - Increased engagement/involvement in GHRI among Heads of Agency to elevate the relevance, need and value of GHRI within each partner agency and across Government.
  - Increased collaboration with complementary organizations/initiatives, e.g., the Development Innovation Fund delivered through Grand Challenges Canada, Canadian Academy of Health Sciences, and the Canadian Society for International Health, etc.
- There is a perception among some interviewed key informants that if GHRI is to continue to be of relevance, it must be both a strategic catalyst and an implementer of global health research programs. There is a belief among many interviewed key informants that GHRI in its current state is not performing as an effective strategic catalyst for exploring, influencing or defining Canada's role and/or contribution to global health research but has the potential to.

Some of the key results reported in the GHRI: Outcomes from 2002-2003 Developmental Programs Report completed in 2010, support the continued relevance and need of the GHRI with the following conclusions:

- The grants were highly valued by both newer and more experienced global health researchers.
- Of the 13 grant PIs interviewed, almost all believe their global health research projects would not have been undertaken without the developmental GHRI funding.
- For 4 PIs, the GHRI funded project was an important base for a subsequent long-term research program, and 7 more PIs report that their whole subsequent research program would not have happened without the GHRI funding.
- Teams found the grants particularly critical in providing time and funds to develop substantial partnerships; these GHRI-supported relationships are at the heart of most of their on-going work.

The results from the current interviews with researchers are consistent with these earlier findings.

- All researchers, both from Canada and LMICs, indicated that their project would not have taken place without GHRI funding.
- All researchers interviewed to date, both from Canada and LMICs, indicated it was not very likely or not at all likely their research would have been funded by some other organization, whether within their home country or internationally. The unique approach and perspective of GHRI on research and capacity building is difficult to fit into the typical research paradigm in Canada and for LMICs, the funding is really not there at all. This is supported by external key informants as well. A majority of external respondents could not identify another program within Canada providing the same type/level of support for global health research.

> *"Currently, GHRI is absolutely critical."*
>
> GHRI funded Canadian Researcher

> *"There are a huge number of researchers and global health research questions but virtually no programs to carry out the interest . . . GHRI is very important."*
>
> *External GHRI Stakeholder*

The post-report from the 2009 Teasdale-Corti Team Meeting involving Canadian and LMIC researchers and representatives of the GHRI secretariat also identified ongoing need. "A balance between research, capacity building and knowledge translation and extension was advocated. Investment in capacity building, including research infrastructure, institutional processes, and networking of research and research users remain important gaps that need continued attention."

III. GHRI Progress and Impacts

The review question addressed in this section of the report included:

Question #4: "What impact has the Initiative achieved?"

Key findings:

- Impacts are being achieved in GHRI's strategic direction areas: Knowledge Creation, Capacity Building, and Knowledge Translation with results being achieved or highly anticipated across many different areas.
- Research capacity in Canada and low- and middle-income countries has increased. Increased opportunities, credibility of programs, and growth in relationships, networks and collaborations have contributed to growing or expansion of research programs.
- However, ad hoc funding may be limiting the reach of GHRI programs. GHRI operating in "reaction" to availability of funds and funds attached to specific departmental mandates may be restricting. Respondents felt impacts may be greater if more flexibility was built into the funding model.
- Increased levels of "knowledge brokering" of research results to partners and other stakeholders (and potential stakeholders) would improve progress and potential for additional impacts.

A. Summation of Recent and Available Performance Results

In preparation of the methods used to address the review questions relating to progress and impacts (keeping in mind the limitations around performance data documented earlier), it was determined numerous efforts to document results had already been completed or were in process of being finalized by the GHRI that would be highly complementary to this Review. Numerous studies have been commissioned to investigate and document results of GHRI activities. Namely three key reports have been commissioned documenting the results and impacts of the GHRI and its research projects:

- Global Health Research Initiative (GHRI): 2009 Progress Report, March 2009.
- Assessing Global Health Research: The Application of Bibliometrics, March 2010.
- Global Health Research Initiative (GHRI): Outcomes from 2002-2003 Developmental Programs, June 10, 2010.

The GHRI 2009 Progress Report documents program achievements in the following areas contributing to the GHRI strategic directions of knowledge creation, research capacity building and knowledge translation:

- Increased LMIC leadership and control inherently through eligibility requirements for GHRI programs but also through the training, resources and support components of

GHRI programs as well. This is also leading to increased potential for leverage, reputation, resources and buy-in of the projects (for both LMICs and Canada).

- Increased decision-maker leadership also inherently (in some cases) through eligibility requirements for GHRI funding support, leading to more possible relevance to LMICs and pragmatic approaches to working in the existing environment (i.e., existing skills, existing resources, political situations, etc.). This is also leading to increased research implementation and ownership of the results by the LMIC leaders.
- More knowledge exchange among LMICs increasing LMIC-to-LMIC linkages for the transfer of research expertise, exchange of ideas and knowledge.
- Better support (from GHRI staff) to research teams contributing to increased capacity building and the establishment of networks.
- Higher status for global health research.
- Building sustainable global health research relationships and outcomes. Reportedly, implementation of LMIC-lead research results have greater opportunities for continuation as (noted above) projects are built on the existing environments.

The report also identified opportunities available to GHRI to make larger impacts in moving its strategic direction forward which mainly centre around increasing emphasis on knowledge translation and the assimilation and sharing of results from the project level, to the program level, across projects and programs, and beyond.

Documented in the report "*Outcomes from 2002-2003 Developmental Programs*" are the following key messages:

- The creation of GHRI has influenced the visibility and attention paid to global health research and ultimately its credibility among the health research community.
- 85% of respondent researchers were able to maintain a primary focus on global health research projects following funding from GHRI.
- Researcher productivity of GHRI funded PIs increased approximately five-fold following their grants; however, no publications could be traced for about one-third of the grants. (See next section on bibliometric study).
- Initial projects from 2002/03 are influencing program and policy decisions through the LMIC partners resulting in a wide range of health system changes.

In addition, the GHRI has looked at success and achievements internally and, for example, has documented such in the post-report of the 2009 Teasdale-Corti Team Meeting held in Cairo, Egypt, October 2009. The input provided by the Teasdale-Corti teams identified impacts. The following impacts were selected from the summary of the group sessions held on Day 1 of the meeting:

- Infrastructure, relationships and personnel for research are or are being established.
- Research questions are gaining profile and support in host countries.
- Linkages between researchers and research users are being established.
- Linkages to policy makers and decision makers have started.
- A spectrum of people, from community members to government officials have been attracted, allowed, trained and supported to participate in team research.
- Ethics processes have been developed.

- Unique trainee experiences are underway.[7]

The bibliometric study, *Assessing Global Health Research: The Application of Bibliometrics, Mark Bisby, March 2010,* concluded that interest and involvement of Canadian researchers in global health have increased significantly over the past 10 years yet was not able to demonstrate sizeable findings in relation to research publication productivity for GHRI funded projects. The study concluded that there was low publication productivity for the GHRI funded projects (time period covered was 1997 through 2009) and that the GHRI had yet little influence on recent Canadian publication in support of research conducted by Canadian and LMIC researchers.

However, it is important to interpret the results of the bibliometric study in context. The report provides specific caveats that it is still "early days" for most GHRI projects as well as identifying that the publication of research results has not been a major objective of the GHRI funding programs alone. The fact that by and large publication only occurs several years after a funding program has ended was also acknowledged. So in fact, looking at the time period covered by the bibliometric review (1997 through 2009), Exhibit 3 establishes three programs in place that may have been expected to have publications discovered during the bibliometric review namely: CIII2, CHVI Phase I, and perhaps some of the Teasdale-Corti team grants.

Exhibit 3

GHRI Research Programs

Program	Funding period*	Years operational during the bibliometric review
Teasdale-Corti Research Partnership Program (Teasdale-Corti)	2006-2010	4 years
Canadian International Immunization Initiative (CIII2)	2003 – 2009	7 years
Haiti Immunization Program (CIII2-Haiti)	2008—2013	2 years
HIV-AIDS Prevention Trials Capacity Building Grants (CHVI Phase 1)	2006—2008	3 years
HIV-AIDS Prevention Trials Capacity Building Grants (CHVI Phase 2)	2009 – 2014	1 year
African Research Partnership Program (AHSI-RES)	2008 – 2013	2 years
Ecohealth Emerging Infectious Diseases Research Initiative (ECOEID)	2009 – 2015	1 year

**These dates are program dates and may not reflect actual funding periods. Projects may have started later.*

[7] Post-meeting report, Global Health Research Initiative, 2009 Teasdale-Corti Team Meeting, Cairo, Egypt, October 19-21, Page 4.

The GHRI should continue to recognize the importance as well as the limitations of bibliometric review, being one component of its overall evaluation strategy. As outlined in the current 2010 bibliometric study the appropriate weighting of bibliometric results within the overall framework of indicators will be a valuable contribution to GHRI's definition of "success"

Since the time of the bibliometric review in early 2010, GHRI has embarked upon the implementation of an evaluation strategy and the first indicators report[8] was drafted using six of the Teasdale-Corti Team Grant projects. These six projects have been documented to have produced 8 peer-reviewed articles/publications signifying that publication is indeed starting to take place.

Other results of interest taken from the first GHRI indicators report (based on 6 Teasdale-Corti projects) are as follows:

Indicator	Result[9]
▪ Collaboration between researchers and research-users in projects funded by GHRI	• 61
▪ # of Canadian institutions networked in GHRI projects:	• 28
▪ # of LMICs institutions networked in GHRI projects:	• 133
▪ # of projects funded by GHRI:	• 54[10]
▪ # of people on proposals submitted for funding by GHRI:	• Average 7.8
▪ Knowledge transfer activity by projects funded by GHRI:	• Web site development 5of 6 projects
▪ Publication counts	• 11 outputs[11]
▪ LMIC individuals as first authors	• 2 of 11 (18%)
▪ Co-author analysis	• International: 9 • National: 7 • Industry: 0 • Other disciplines: 7
▪ Field analysis of citations (citations outside global health)	• 1
▪ Proportion of projects' funds allocated by GHRI that are directly managed by a LMIC grantee	• 39%
▪ Capacity building of individuals by projects funded by GHRI (# of individuals)	• 2,154
▪ Capacity building of networks by projects funded by GHRI (# of networks)	• 10

[8] Global Health Research Initiative (GHRI) – Evaluation, Indicators to measure GHRI achievements, Indicators Report #1 – Preliminary, July 26, 2010.
[9] Indicators include results from 6 projects of the Teasdale Corti Team Grant program.
[10] 2006-2009, 6 calls (54 projects)
[11] Includes conference proceedings

Indicator	Result[13]
▪ Capacity building of organizations (# of organizations)	• 128
▪ Graduate students funded	• 47
▪ Graduate students' completion rate	• 17%[12]
▪ Funding of graduate education by projects	• >$600K
▪ Graduated research students in health-related subjects	• 9 of 47
▪ Consultations to policy makers	• 10
▪ Consultations to advocacy groups by projects funded by GHRI	• 4
▪ Number of presentations given by projects funded by GHRI	• 142
Indicator	**Result[13]**
▪ Number of non-health related policy makers provided with consultation by projects funded by GHRI	• 8[14]
▪ Number of presentations given outside health by projects funded by GHRI	• 9[15]
▪ Consulting to advocacy groups outside health by projects funded by GHRI	• 3[16]
▪ Researcher reported use of findings outside health	• 0
▪ Media citation analysis: newspapers	• 24
▪ Collaborations of projects funded by GHRI with other components of the innovation system	• 2
▪ Grants funding allocated by GHRI partner agencies and departments	• $31.9M[17]
▪ Funding leveraged from external sources by GHRI	• 0
▪ Funding allocated to GHRI funded projects by LMICs	• $89K

As the Evaluation Strategy, Evaluation Plan and Performance Monitoring Plans are put in place and begin to mature, GHIR intends to reassess and interpret the results with enhanced qualitative descriptions of achievements in areas such as advancing science, informing decision-making, and transformative effects.

For a complete information on methods, and details of indicators (including examples), the reader is referred to the original report prepared by GHRI.

[12] Completion rate for graduate students funded by GHRI to date
[13] Indicators include results from 6 projects of the Teasdale Corti Team Grant program.
[14] By one project
[15] By two projects
[16] By one project
[17] 2006-2009

B. Perceptions from key informants

Based on the interviews conducted to date with Canadian and LMIC researchers, results are consistent with the document review and the results of the performance studies undertaken by GHRI.

- The GHRI is providing Canadian and LMIC researchers with an option for their research programs that would not likely have been possible had GHRI not been in existence.
- Canadian and LMIC researchers noted increased credibility of their research programs allowing them to continue and/or expand their research programs.
- One of the most cited impacts is the influence GHRI has had on researcher's establishment of relationships, networks, and other research collaborations.

In relation to the generation of impacts, researchers were asked to comment on the impacts their research projects have had, or are anticipated to have in the future, associated with the three strategic directions set by the GHRI:

- Knowledge Creation: strengthening global health research in Canada and in low and middle-income countries;
- Capacity Building: Building research capacity to deal with global health challenges; and
- Knowledge Translation: Strengthening the capacity to use global health research results.

Both Canadian and LMIC researchers interviewed were able to discuss impacts being achieved or anticipated in all three areas. Generic examples** are provided below:

Knowledge Creation	Capacity Building	Knowledge Translation
▪ Development of empirical and scientific data to support evidence based decisions. ▪ South/South sharing of information and/or experience for similar problems and the determination of possible solutions. ▪ Much needed research being undertaken in relation to long standing problems.	▪ Creation of new university programs in LMICs. ▪ Multi-disciplinary training occurring across LMIC Ministries. ▪ Increased networking has encouraged further collaborations building expertise and credibility of researchers. ▪ Training of students. ▪ Increased capacity for	▪ Continuing work that will bring LMIC partners to Canada as experts to look at changing practice and policy domestically in Canada. ▪ South /south collaborations have grown out of north/south collaborations. ▪ Linkages to Canadian standards bodies

KPMG

▪ Increased awareness of public health issues in LMICs.	collaborations and discussion among LMIC Ministries and local stakeholders.	influencing the uptake of Canadian standards in LMICs. ▪ Sharing results with other international funding agencies where these agencies are approaching the LMIC for information. ▪ Sustainable training models – i.e., "train the trainer".

***Due to issues of confidentiality surrounding the researcher respondent group, detailed examples are not provided. Should the reader wish to obtain specific details on impacts being made in each of the three strategic areas, we would refer to the GHRI 2009 Progress Report prepared by Michelle Campbell, March 2010 as the achievements of some 70 projects are fully documented in this report.*

There were no formal definitions of Knowledge Creation, Capacity Building, or Knowledge Translation provided to the researchers before or during the interviews. The resulting responses are based on the interpretation of the meaning of these terms by the researchers themselves.

Through the conduct of focused interviews with a cross-section of internal and external respondents (not including researchers), as outlined in the Review scope and approach section of this report, the following key themes emerged concerning the perceived progress and/or impact GHRI has had.

- When asked about the progress made and impacts achieved, the Teasdale-Corti Research Partnership Program was the most commonly cited example of a positive impact made by and through GHRI. Some individuals suggested that as long GHRI exists, an impact will be made; however, the degree of impact is and will continue to be limited given the levels of funding available.
- Some interviewed parties suggested that GHRI operates on an opportunistic basis as a result of the current ad hoc funding model and that this has and will continue to limit the impacts that can be made. Funding tied to specific partner mandates can be a restriction. It was suggested that more flexibility be considered, perhaps a separate funding authority (or program budget) be established.
- It was noted by many interviewed parties that more needs to be achieved in the area of knowledge translation.

- It was suggested that more progress could be made and impacts achieved through the GHRI Secretariat increasing its efforts to be the 'knowledge broker' among the five partner agencies as well as other organizations/initiatives with complementary mandates and priorities.
- A few interviewed key informants indicated that GHRI has contributed to their agency's / department's approaches and strategies; however, the majority of those interviewed were unable to draw this same conclusion.
- Many interviewed key informants indicated that they believe GHRI has the potential to generate meaningful impacts but that this will only be possible through a strengthened partnership, clear alignment between the mandate, priorities and initiatives of GHRI and the priorities of the "Government of the day", a common set of clearly defined GHRI priorities that can be supported by all GHRI partner agencies, and establishment of GHRI as an instrument to advance the Government of Canada's and partner agency's priorities; and access to additional funding.

IV. The Partnership

The review questions addressed in this section of the report include:

Question #1: "…what merits does the partnership arrangement possess?"

The first part of this question, i.e., "Is the GHRI relevant?" was addressed in Chapter II.

Question #5: "Does the partnership provide value-added that would not be possible if the partners acted independently in this area?"

Question #6: "How has the overarching MOU and partnership composition worked?"

Key findings:

- GHRI is seen as a valuable mechanism to deliver global health research programs.
- Pooled funding and the integrated partner approach have resulted in a stronger investment in global health research that may not have otherwise been possible.
- GHRI's integrated partner approach has helped enhance Canada's image on matters pertaining to global health and global health research.
- More effort is required to develop key strategic external relationships with other synergistic organizations.
- Clarity of roles, responsibilities, value propositions, common priorities and individual expected returns is a key foundational element that Partners are missing.
- Increased visibility for GHRI at senior levels (including Heads of Agency) is warranted. Full engagement of "champions" in meaningful ways is required to drive consensus around strategy and priorities for the Initiative.
- The membership of the GHRI Steering Committee is not seen to be consistent with the senior levels required to meet the accountabilities of such a group. Operational activities undertaken by this group are taking away from the critical strategic role necessary to move forward.
- Some administrative struggles exist in the areas of funding and financial arrangements.

A. Memorandum of Understanding (MOU) Overview

A Memorandum of Understanding was initially signed by four federal government departments in November 2001. The newly formed partnership included the Canadian Institutes for Health Research, the Canadian International Development Agency, Health Canada, and the International Development Research Centre. The MOU was amended in 2008 to include the Public Health Agency of Canada as a signatory.

The MOU commits each of the partners to collaborate in international health research projects and programs addressing global health issues. The work to be undertaken through this collaborative arrangement intends to enhance Canadian efforts in the global health

research area by leveraging the unique strengths and expertise of all partners. The MOU specified:

"These mechanisms will include at least the following:

- Parallel funding of different components for joint research programs;
- Joint review of project and programs through participation in relevant approval committees; and
- Co-funding of international heath research projects and programs."[18]

Although these three mechanisms were specifically identified, the MOU did not limit the partners to employ only these means.

The Global Health Research Initiative was established under the terms of the MOU to facilitate delivery on the commitment of the now five partners.

GHRI responds to the commitments made in the MOU by centring on three key strategic areas:

1. **Knowledge Creation:** Strengthening global health research in Canada and in low and middle-income countries.
2. **Capacity Building:** Building research capacity to deal with global health challenges.
3. **Knowledge Translation:** Strengthening the capacity to use global health research results.

In turn, these three key strategic areas are applied against GHRI's current priority research themes which are:

- Health policy and health systems
- Prevention and control of chronic diseases
- Prevention and control of pandemics and emerging infectious diseases
- Interaction of health, environment, and development.

B. Collaborative Relationships

The key theme emerging from the interviews with a cross-section of key informants is the increased importance of GHRI maintaining and developing appropriate constructive relationships. Internal and external interviewees noted some effort being placed in the development of strategic linkages and relationships but most felt that this was an area that could be improved upon. Linkages to other external partners or potential partners were noted to be a little ad hoc at this point in time. Internal and external interviewees suggested that more time be spent thinking about other relationships, whether it be with other government departments (i.e., Industry Canada, DFAIT, CFI, the granting councils, etc.),

[18] GHRI Memorandum of Understanding (November 19, 2001 – November 19, 2011); Updated October 7, 2009.

NGOs, other Canadian initiatives like Grand Challenges or other global organizations and programs.

GHRI has already identified this as one of its potential future areas of attention as well[19]. "Linkages with existing centres of innovation; ongoing networks and research consortia" will be important to GHRI's future sustainability.

C. Governance

The governance structure of the GHRI partnership is comprised of three elements:

- **Heads of Agency** – most senior leaders of each GHRI partner (i.e., Presidents and Deputy Ministers).
- **Steering Committee** – members of the Steering Committee are appointed by their home department/agency. There are typically two representatives selected from each GHRI partner.
- **Secretariat** – operational staff that act to implement GHRI projects and programs and serve to support the Steering Committee.

Numerous changes have occurred over the 10 year time frame. These have been purposeful changes such as the Secretariat staffing up to a level that enables it to respond to its mandate as the Initiative has grown (based on recommendations made during the last review in 2006), and evolution of the Steering Committee to reflect increasing maturation of the GHRI (i.e., formal terms of reference in place). Inevitably, there has also been turnover in department/agency representation on both the Heads of Agency Committee and the Steering Committee. The following key themes emerged from key informant interviews in relation to governance mechanisms in place for the GHRI:

Heads of Agency:

- Increased engagement/involvement among Heads of Agency in a meaningful way is required to empower the drive for consensus around strategy and priorities for the Initiative. It was noted that momentum in this regard has somewhat diminished compared to what was initially transpiring. This was attributed to possible lack of information reaching this level of senior management within the partner agencies/departments, and the current economic and political climates. The required increased engagement of Heads of Agency was mentioned by both internal and external respondents. It was noted to be necessary by both respondent groups to really engage the Heads as "champions" to increase the profile of the initiative as well as leverage their respective positions to best benefit the work undertaken through GHRI (e.g., Grand Challenges has two GHRI partner departments on its Board of Directors). Internal respondents noted more substantive discussions at this level could be occurring so as to in turn help the Heads see the value position of shared ownership, iterate the interest across research disciplines in the subject areas of global health research, remain engaged and position GHRI within the government's accountability framework.

[19] GHRI Planning Day April 13, 2010, Pre-reading material, Concepts & Options for Renewal with special reference to the Teasdale-Corti Research Partnership, page 10.

Steering Committee:

- The functioning of the Steering Committee has improved over the last year or so. Increased organization and streamlining of processes as well as more substantive discussions are taking place. That said, it was suggested by many interviewed key informants that there should be less focus on administration and more focus on strategic decision-making and oversight. Further, it was suggested that the Steering Committee should turn some attention to global health policy, the Government of Canada's global health research priorities, determining if gaps exist that, if not bridged, will impact Canada's ability to realize its defined priorities, identifying possible bridging options, assigning responsibilities, monitoring and tracking process against priorities and disseminating information and knowledge.

There is a need for a "true-champion" at the senior level, e.g., ADM or senior DG, representing each partner organization with easy access to the Head of Agency. There is a perception that the current Steering Committee composition has a mix of senior and mid-level management at the table. Uncertainties were raised as to fit between some Steering Committee members and the requirement that they be challenged with stimulating and influencing the recognition and buy-in of GHRI within their home organizations.

- There is a potential for the involvement of other stakeholders to be invited as participants in the Steering Committee to assist in defining priority areas and contributing to research opportunities (e.g., Environment Canada and Agriculture and Agri-Food Canada).
- Connections by the Steering Committee members back to their home organizations requires further development and effort by all parties. "Hooks" into synergistic programs within partner departments would be beneficial.

GHRI Secretariat:

- There is a perception among some interviewed key informants that there is a need/opportunity to clarify and possibly expand the go-forward role and responsibilities of the GHRI Secretariat. It has been suggested that responsibilities could perhaps be expanded beyond that of administrative coordination and implementation to include being a strategic catalyst and a coordinator and broker of knowledge across the GHRI partnership and possibly with other complementary initiatives funded by the Government of Canada. This may require a revisit of the GHRI Secretariat staff skill mix so as to ensure it, at a minimum, has planning, strategy development and facilitation skills resident within.
- Also raised were issues around the Secretariat's role in relation to the department that houses it and the other partners. Examples of some of the issues raised are accountabilities and first line reporting to host agency can sometimes raise perception of perhaps not respecting the "partnership" at times and how much autonomy GHRI staff has in balance with requirements of host agency particularly when dealing with administrative issues. These concerns were raised by internal respondents.
- The initiative appears to still be struggling with varying administrative requirements of partner departments, most notably funding and financial arrangement/reporting (i.e., different conditions placed on the administration and conduct of research programs by funding source partners, timeliness of funding transfer to secretariat)

D. Perceived Value

Through the conduct of focused interviews with a cross-section of key informants, as outlined in the Review scope and approach section of this report, the following key themes emerged concerning the perceived value of GHRI.

Value contribution as demonstrated by:

- There is a perception among some interviewed key informants that GHRI has made a valuable contribution since its inception to global health research approaches and strategies. Historically, each of the partners had invested little in this area.
- On the matter of funding available, it was suggested by one interviewed stakeholder that the Government of Canada's contribution to and impact on global health research is stronger as a result of the partner agencies pooling the limited funding they have and that if the partnership did not exist, the impact on global health research would be much less significant.
- GHRI helps enable a forum for a coordinated and collaborative 'whole of government' approach to global health research. This has helped position and perhaps enhanced the image of the Government of Canada in matters pertaining to global health and global health research.
- GHRI provides Heads of Agency with an opportunity to engage in dialogue concerning global health research albeit once a year.
- There is a belief among some interviewed key informants that the coordination and leveraging of additional funding on the part of partner agencies has contributed to the initiation of more meaningful and valuable research projects that would not have otherwise been possible.
- It is recognized by some interviewed key informants that every partner brings something different to GHRI and that if there was no integrated partnership, the nature of what GHRI does/enables would not be possible. Teasdale-Corti Research Partnership Program is one example of this cited by many.
- GHRI is seen by researchers as a "Canadian" initiative and this carries weight with LMICs and people like it.

One distinctive value proposition of the GHRI partnership was also cited by the Directors General Working Group on International Science and Technology in their report "The Government of Canada's engagement in international Science & Technology and the path forward[20]:

> *"Examples of interdepartmental collaboration such as the Global Health Research Initiative demonstrate that there are new interdepartmental models of international S&T collaboration that leverage the capabilities of expertise within government and academia and contribute to improved coordination and leveraging of resources.*
>
> - *While examples such as GHRI are important, they are the exception to the rule and opportunities for increased collaboration and synergies through new multi-institutional program initiatives should be encouraged . . . "*

[20] *Unpublished*: The Government of Canada's engagement in international Science & Technology and the path forward, Report of the DGSI Working Group on International Science and Technology, October 2008.

Conversely, some of the value contributions were contrasted by:

- To some, the role of all partners is not clear and it was noted that some departments/agencies stand out more than others. Those partners that provide a majority of funding were thought to be recognized more.
- There is a general belief among many interviewed key informants that there is a need for all partners to understand what each other's unique yet complementary contribution to GHRI is and will be going forward. There is a general feeling today among some interviewed key informants there are two types of partners, i.e., funding and non-funding. It was suggested by some interviewees that this view must change if the partnership is to continue and to be a success.
- There is a belief among many interviewed key informants that there is a lack of recognition for the value GHRI does and can bring to the Government of Canada's priorities. This may in part be due to the absence of clearly aligned GHRI, partner agency and Government of Canada priorities and limited engagement on the part of Heads of Agency. Some believe that GHRI needs a political champion.
- There is a belief among some interviewed key informants that while complementary relationships exists between and among the five partner agencies, the full potential of benefits has not been derived to date. Perhaps as a result of a combination of factors including: the current governance model; the absence of a set of common priorities clearly aligned with the priorities of each partner agency and with the priorities of the Government of Canada; limited Heads of Agency engagement and evident commitment; the constraint of ad hoc and limited funding for research projects; absence of a Government of Canada global health research strategy; and a perceived absence of strategic action on the part of the Secretariat (i.e., regular environmental scanning – what's going on in the global health research landscape, identification of threats/opportunities)
- Some key informants noted a "tenderness" exists due to unequal research funding contributions by all partners.

V. GHRI As A Model

The review questions addressed in this section of the report include:

Question #7: "Is GHRI the right model?"

Question #8: "Are there comparable models that may provide lessons or insight into possible alterations?"

Key findings:

- The model enables global health research related dialogue among five departments and agencies in a structured and focused manner that would likely not otherwise be possible.
- Roles and responsibilities of all parties need to be clarified.
- Leading practices indicate:
    - Clarity of an Initiative and the policy and research that it supports should be clearly established and agreed upon by all members/ committees/ boards within that Initiative, including the process for obtaining funding from partners and the use of those funds.
    - Performance metrics/ frameworks should be developed to monitor progress across all areas of an initiative including research projects and internal management performance.
    - Consideration of all avenues/partnerships/collaborations can provide many advantages.
    - The steering committee needs to have the right mix of members in order to be able to provide strong oversight and direction.

A. Perceptions of Interviewed Key informants

Through the conduct of focused interviews with a cross-section of key informants, as outlined in the Review scope and approach section of this report, the following key themes emerged concerning perceptions surrounding GHRI as a model.

- The effectiveness of the model has varied over time largely as a result of the individuals who have been involved – the people involved in GHRI since its inception have been defined as both a strength and a weakness with the key strength being the knowledge and experience of and with GHRI and the weakness being limitations surrounding new ideas and approaches.
- The model enables global health research related dialogue among five agencies in a structured and focused manner that would likely not otherwise be possible. This said, it was recognized by some that this forum may not be leveraged to its fullest, that the exchange of information could be stronger, and that more formal positions should be

coming forward from GHRI to influence global health and global health research policy.

- The model has positively contributed to and facilitated the launch of such initiatives as Teasdale-Corti Research Partnership Program that some believe would otherwise not have been launched and/or been as successful. By way of contrast, some interviewed key informants have suggested that if GHRI were to no longer exist, agencies and departments would simply establish bi-lateral arrangements to fund global health research.
- It has been suggested that there would be merit in revisiting the MOU every three to five years and asking each partner agency to confirm its commitment to GHRI by presenting a road map of what it intends to invest and/or do to contribute to the success of GHRI and the advancement of global health research.
- There is a perception among some interviewed parties that while the model is valid in concept and has delivered value, the roles and responsibilities of the five partner agencies as they pertain to the GHRI and those of the Secretariat and Steering Committee need to be clarified and perhaps strengthened and/or streamlined.
- It was suggested by some interviewed parties that consideration should be given to expanding the partnership model to include Grand Challenges as a means of facilitating the achievement of collaboration (where appropriate)..
- GHRI and the partnership model enable Canadian agencies to coordinate their efforts with others in global health research internationally.

There were also opinions voiced through the attendees at the 2009 Teasdale-Corti Team Meeting "there is a role for the GHRI to act something akin to an NGO advocating for a more inclusive, integrative and a broader conception of global health research."[21] This was also mentioned by a few researchers.

B. Comparative Models

As part of this review, KPMG conducted a comparative analysis with three relevant comparator organizations. This analysis was conducted to review the characteristics of these other programs/ initiatives, that share similarities to various elements of the GHRI, in order to identify possible lessons learned or better practices that GHRI could incorporate as possible improvements to their organization. These three comparator organizations were:

- World Health Organization – Special Program for Research and Training in Tropical Diseases (WHO-TDR);
- European and Developing Countries Clinical Trials Partnership (EDCTP); and
- The Research Council of Norway (RCN) – Global Health Vaccination Research (GLOBVAC).

The findings from the review of these organizations are detailed below, including insights gained, that could be applicable for program improvements for GHRI. Detailed summaries for each of these organizations can be found in Appendix B.

[21] Post-meeting report, Global Health Research Initiative, 2009 Teasdale-Corti Team Meeting, Cairo, Egypt, October 19-21, page 11.

I. Relevance (program overview, policy/ research priorities, funding)

Findings:

Organization	Program/ Initiative Description
• **World Health Organization – Special Program for Research and Training in Tropical Diseases (WHO-TDR)**	▪ **Overview** - This is a Special Programme executed by the WHO and sponsored by the UNICEF, UN Development Programme, the World Bank and WHO. It was established in 1975, this programme is focused on research and training in tropical diseases aimed at coordinating global efforts to combat major diseases of the poor and disadvantaged. Three main strategic directions are: stewardship, which consists of harmonized global research on infectious diseases of poor populations; empowerment, which is the support to researchers and public health professionals from disease endemic countries (DECs); and research on neglected priority needs, which facilitates new research, applying research and increase access to research. ▪ **Policy and Research Priorities -** Research is focused on support (on neglected priority needs for disease control) for countries where diseases are prevalent and that fosters, innovation for product discovery and development, research on development and evaluation of interventions in real-life settings, and research to increase access to interventions. For empowerment the emphasis is placed on individual researchers and on systems that will sustain health research and its utility in DECs. For stewardship, a platform has been created for stakeholders to set priorities and harmonize their research on diseases of poverty. There are nine lines of research focus. ▪ **Funding** – Receive funding from WHO, UN, World Bank, and voluntary contributions from donors. Approximate budget is $100m biannually.

KPMG

Organization	Program/ Initiative Description
• **European and Developing Countries Clinical Trials Partnership (EDCTP)**	▪ **Overview** – Created in 2003 in responses to health crisis caused by three main poverty-related diseases of HIV/AIDS, malaria and tuberculosis. The partnership includes 14 participating European Union member states plus Norway and Switzerland. Their aim is to accelerate the development of new or improved drugs, vaccines and microbicides against HIV/AIDS, malaria and tuberculosis, with a focus on phase II and III clinical trials in sub-Saharan Africa. ▪ **Policy and Research Priorities –** The partnerships primary focus is to accelerate HIV research, and to develop research capacity in Africa. The five main types of grants they fund are related to: integrated projects on HIV/Aids, malaria and tuberculosis; senior fellowships (develop capacity in sub-Saharan African institutes, etc.); ethics and regulatory projects; networks of excellence (setup regional networks for mentorship, conduct epidemiological/ **demographic studies and support less established institutions with additional** expertise); and member states initiated projects (integration of projects and programmes that have been independently initiated/funded by member states). ▪ **Funding -** Funding provided by European Commission and by member states and third-party co-funding. The EU Commission contributed $200m initially with the expectation that additional funding by members would total $200m over time (there is no formal framework around this).

Organization	Program/ Initiative Description
The Research Council of Norway (RCN) – Global Health Vaccination Research (GLOBVAC)	▪ **Overview** – The Research Council is comprised of three research division (Science, Strategic Priorities, and Innovation), one division for administrative affairs, and an executive staff that reports to a Director General. RCN is responsible for enhancing Norway's knowledge base and for promoting basic and applied research and innovation (including encouraging international research cooperation). Three areas of focus are: advisor on research policy issues, research needs and national priorities; implement national research policy objectives; and to act as a meeting place for researchers, funders and users of research findings (including international research). The Global Health Strategy for the country is primarily set by the Ministry of Foreign Affairs and the Prime Minister's Office. ▪ **Policy and Research Priorities** – Global Health and Vaccination Research (GLOBVAC) is part of the Strategic Priorities division and consists of two subprograms on global health research and vaccination research under a joint programme board including: Vaccination Research which strengthens current knowledge and contribute to new vaccines with international partners. Committed to the Global Alliance for Vaccines and Immunization; and Global Health Research which contributes to knowledge on poverty-related diseases. ▪ **Funding** - RCN's total budget is 7,703 million NOK$ (this is approximately $1b Can$) approximately half of which is spent on research programmes. GLOBVAC receives about $10m Can$ in budget of which one quarter goes to global research and three quarters goes to vaccination research. Funding is provided by several ministries including Ministry of Foreign Affairs (for development aid), Ministry of Health, and the Ministry of Research.

Issues/ Observations:

- WHO suggested that there needs to be a "convening power" to steer direction of policy setting and establish focus for an Initiative. They also suggested that it may be difficult to establish a global health policy without an overall foreign policy.
- WHO reported that it can be problematic to balance the needs of the funders of research with the needs of the Board-approved research. There can also some tension/ conflict between academic members and policy members on the Board versus Committees.

- European and Developing Countries Clinical Trials Partnership (EDCTP) has experienced some problems in receiving member contribution funding and now want to get countries to provide more upfront funding to the Partnership. There have been issues in working with countries that receive development funding for research as sometimes this funding comes with "strings attached" (e.g., how/ where to spend money, etc.).
- The Research Council of Norway (RCN) is able to adjust their funding models in order to accommodate different countries, groups, and/ or research endeavours (e.g., allowing for private funding, etc.). Partnerships in funding with other organizations/ countries allow for Norwegian scientists to obtain larger grants/ funds and can complete larger scale global projects.
- For their involvement with EDCTP, the RCN would like to improve the matched funding model which has been inconsistent with the member countries participating within the EDCTP (different countries have contributed inconsistently).

Insights Gained:

- There should be a clear mandate and direction set for a global health initiative and this should likely be a subset of a larger overall foreign policy.
- Clarity of an Initiative and the policy and research that it supports should be clearly established and agreed upon by all members/ committees/ boards within that Initiative.
- The process for obtaining funding from participant members of an Initiative, as well as, how funds can be utilized to support research projects should be formalized and agreed upon by all members of an Initiative in order to avoid future issues with funding and allocations of funds.

KPMG

II. Performance and Results (performance frameworks/ metrics/ key performance indicators)

Findings:

Organization	Program/ Initiative Description
• **World Health Organization – Special Program for Research and Training in Tropical Diseases (WHO-TDR)**	▪ **Performance Metrics/ Indicators –** WHO-TDR recently developed a performance framework in order to monitor progress of their programme (including metrics/ indicators, monitoring, evaluation plan). There are 11 key program results, with 29 key performance indicators (KPIs) that are monitored including: achievement of objectives, application of core values, and management performance.
• **European and Developing Countries Clinical Trials Partnership (EDCTP)**	▪ **Performance Metrics/ Indicators -** The following measures are monitored on a monthly basis and updated quarterly on the EDCTP website (as well, annual reporting provides for further accountability): - Grants - value of grants signed; number of clinical trials approved; capacity building activities in Africa; and contract negotiation period. - Partnerships - African countries involved; African institutions involved; African project coordinators; and countries collaborating in projects. - Co-funding/donors - annual MS co-funding. - Governance – grants; other expenditures; EDCTP expenditures in Africa; and EDCTP expenditures in Europe.
• **The Research Council of Norway (RCN) – Global Health Vaccination Research (GLOBVAC)**	▪ **Performance Metrics/ Indicators** – Researchers prepare an annual report for each research project that they are involved in. They also sometimes produce scientific reports on research progress in the interim. The Board will occasionally do site visits to check on research projects/ progress.

KPMG

Issues/ Observations:

- It appears that each of the three comparator organizations monitors performance of their programmes/ initiatives in a slightly different manner (e.g., KPIs (for grants signed, specific country involvement, management performance, etc.), annual reports, etc.). For some, this has been guided by the development of more formal performance frameworks. In all comparator organizations, they reported that they are satisfied with how they monitor performance and all felt that their programmes/ initiatives were making valuable contributions to their specific fields of research.

Insights Gained:

- Performance metrics/ frameworks should be developed that can appropriately monitor the progress of an Initiative. Performance metrics should include different areas of measurement in order to assess fully the whole performance of an Initiative (e.g., including progress on research projects, number of grants awarded, internal management performance, etc.).

III. Governance and Model (agreements, collaborative relationships, governance, roles and responsibilities)

Findings:

Organization	Program/ Initiative Description
• **World Health Organization – Special Program for Research and Training in Tropical Diseases (WHO-TDR)**	▪ **Agreements/ MOUs –** WHO-TDR does not have any formal frameworks across the organizations that they work with as this would be too complicated to do. With some organizations, they have do MOUs in place but this varies dependent upon the organization. ▪ **Collaborative Relationships –** WHO-TDR has partnerships/ collaborations with all levels of government, private/ public partnerships, industry, academia, research institutions, and non-government organizations. They also belong to a group called Essence for Health Research which provides a collaborative framework between funding agencies to scale up research capacity. ▪ **Governance Structures -** WHO-TDR is governed by three bodies, including: Joint Coordinating Board which coordinates the interest and responsibilities of the Committees and makes final decisions (the Board was also recently responsible for approving the newly developed vision/ strategy for the organization); Standing Committee which reviews action plans and makes proposals to the Board; and the Scientific and Technical Advisory Committee which reviews and recommends priorities. ▪ **Roles & Responsibilities –** WHO-TDR is structured by business lines. Specific research roles and responsibilities vary by organizations they are involved with (i.e. individual researchers, NGOs, etc.).

Organization	Program/ Initiative Description
• **European and Developing Countries Clinical Trials Partnership (EDCTP)**	▪ **Agreements/ MOUs -** Members must belong to the European Economic Interest Group (EEIG) which is a legal entity (and is more formal than an MOU). The Partnership was established under Article 169 of the European Treaty. ▪ **Collaborative Relationships –**Partnerships/ collaborations include other European countries/ Norway/ Switzerland/ Africa, and other third-party collaborators (pharmaceutical companies, product development partners, Bill & Melinda Gates Foundation, etc.). All funded projects must include at least two European countries and/ or an African institution. Each country varies slightly on how they structure and fund projects, but each country also tries to fund their own researchers primarily. It can be a challenge for the EDCTP to match money to researchers to the different countries. They reported that they have been successful in gaining greater confidence in the work of African researchers. ▪ **Governance Structures -** The legal entity is the European Economic Interest Group (EEIG), which each member state belongs to, and which consists of: the General Assembly (GA) which is the governing body with representatives from member states (the GA is also the primary decision maker in regards to policy and strategy setting); and the Secretariat (includes 26 staff) which is the executive body overseeing day-to-day management. External to the EEIG are: the Partnership Board (PB) (includes 9 staff) which is the scientific independent expert panel that develops the strategic plan; the Developing Countries Coordinating Committee (DCCC) with representatives of African scientists who provide input and commitment of the African countries and researchers; and the High Representative which is appointed by General Assembly to raise visibility and represent EDCTP. ▪ **Roles & Responsibilities -** For project selection, applications are assessed for eligibility by a Project Officer. Eligible applications are reviewed by an independent Scientific Review Committee and they also make suggestions. The Partnership Board passes on their recommendations through the Secretariat, who prepares a report of the recommendations, and the General Assembly makes a final decision. There are a total of five Project Offices who oversee the individual projects.

Organization	Program/ Initiative Description
• **The Research Council of Norway (RCN) – Global Health Vaccination Research (GLOBVAC)**	▪ **Agreements/ MOUs -** GLOBVAC has a bilateral agreement with India for initiating projects together and to match funding on projects. ▪ **Collaborative Relationships –** All projects must involve Norwegian institutions with other international partners. The research network includes: the Norwegian Forum for Global Health which promotes global health research with an emphasis on strengthening the capacity of Norwegian institutions and partners in low and middle income countries; the Department of Biotechnology which is a collaborative effort between India and RCN; and the European and Developing Countries Clinical Trials Partnership (EDCTP). ▪ **Governance Structures -** The structure consists of: the Executive Board which is the highest authority of RCN (and consists of seven members and two deputies); Division Research Boards are comprised of one board for each research division and are chaired by a member of the Executive Board; there are Programme Boards which are appointed for each research programme (7-10 people, which consists of external scientists, representatives from funding agencies, etc.); and the Division for Strategic Priorities which identifies and assesses national research needs. Improvements noted for the future include a pre-ranking of research proposals in order to assist the Boards in making decisions of which projects to fund. ▪ **Roles & Responsibilities -** Roles are fairly clear on research projects. Contracts are established for each project and there is a project manager that is accountable to the RCN for status/ progress updates, etc. Researchers applying for grant money need to be part of a Norwegian institute/ organization.

Issues/ Observations:

- WHO made some recent changes and introduced new rules as NGOs were not well represented on their Board/ Committees.
- WHO belong to a group called Essence for Health Research which provides a collaborative framework between funding agencies to scale up research capacity. This enables the Program to more effectively participate and work with other outside funding agencies.
- For governance, the European and Developing Countries Clinical Trials Partnership (EDCTP) reported that for the General Assembly it is important to have the “right” people, those that have political clout in their home countries, in order to more definitively and quickly be able to acquire funds/ support commitments as needed. It is also important to have equal country representation on the Assembly in order to obtain equal and balanced representation (e.g., they have now added four African members to the Assembly).

- The EDCTP also reported that there is a need to have very good coordination and oversight in order to bring together multiple countries in an effective manner for research projects.
- The Research Council of Norway (RCN) reported that they can cover a wide scope of research projects and with minimal administrative staff. As they frequently sponsor conferences, the RCN is able to bring together groups of scientists which enable collaborative research across countries and organizations.
- The RCN has currently established joint working groups with India which is better enabling their working relationships with that country.

Insights Gained:

- Consideration of all avenues/partnerships/collaborations available to help scale up funding capacity provides advantages to funders and researchers and the targeted sector.
- The steering committee or group that has overall oversight of an Initiative, needs to have the right mix of members in order to be able to provide strong oversight, to be able to provides balanced, cohesive and focussed research direction overall, and to be able to represent/ balance the needs and interests of their originating jurisdictions.
- Individual group or country specifications and/ or requirements can be built into research agreements, even when involving multiple jurisdictions, in order to ensure knowledge/ research translation is retained and transferred back to the individual's group or country.

VI. Contrast with past GHRI evaluation studies

Question #3: "What progress has been made since 2006?"

This question is addressed as a separate chapter where a broader view of progress since 2006 is presented, drawing on data elements and findings presented throughout the report.

Key findings:

- GHRI has been able to sustain its positive influences such as its good reputation, impact to global health research community, and increased awareness of global health research benefits among partners.
- Little progress has been made in addressing noted areas for improvement. A majority of the limitations noted in 2006 still exist.

Two external reviews were undertaken in 2006 that documented strengths and areas for improvement for the GHRI. The first study was an Organizational Assessment[22] conducted in May 2006. The second study, A Global Health Research Initiative Review[23] was conducted in September of 2006. Both reviews focused on the extent to which the GHRI was meeting its objectives.

We have mapped the current findings analysis presented throughout the report against the strengths and opportunities identified from the 2006 studies. This current study has found that most of the strengths noted by the external reviews undertaken in 2006 still exist and support these earlier findings. The GHRI has been successful in maintaining these positive aspects. The following table compares the findings:

Strengths – 2006	Strengths – Current Review
▪ Good reputation and profile ▪ Effective mechanism for assembling funds ▪ Raising awareness of global health research among all its partners ▪ Good enabler of health research ▪ Driven positive changes within the partners own organizational culture in	▪ Applies "whole of government" approach, enhanced Canadian image on global stage ▪ Pooled and leveraged funding of partners is effective and efficient ▪ Catalyst for influencing visibility and attention to global health research within partner departments/agency,

[22] An Organizational Assessment of the Global Health Research Initiative (GHRI), Sussex Circle, May 30, 2006

[23] Global Health Research Initiative Review, Final Report, Social Sector Metrics Inc., September 2006

relation to global health research ▪ Good working relationships among the partners ▪ Synergies have been created among the partners ▪ Substantial success notably in capacity building	Canada and abroad ▪ Unique concept/model —the research being funded is otherwise unlikely to occur ▪ Strong implementation team within the Secretariat going beyond typical Canadian research funding relationships. ▪ Research projects are producing impacts

However, the current review also finds some of the same areas for improvement identified in 2006 still exist. There are some cases where efforts have been undertaken to address some of the opportunities raised by the 2006 reviews (i.e., GHRI has established a formal governance framework as of December 2009, formal steering committee procedures, a communications strategy, etc.), it does not appear these undertakings have been sufficient. The areas for improvement are compared below.

Areas for Improvement – 2006	Findings – Current Review
▪ A strengthened management and governance structure	▪ Improved governance -- clearly separate strategic vs. operational functions and decision-making ▪ Roles/responsibilities/value contributions of all partners and the Secretariat not fully understood or communicated
▪ An enhanced role for the Secretariat – both resource wise and in terms of its capacity and decision-making ability	▪ Secretariat could take on role of "knowledge broker"
▪ The need for clearer definition by partner organizations of desired outcomes and performance targets in global health research	▪ Develop clear performance indicators and accountability framework for the initiative ▪ Unclear outcome expectations at Initiative level
▪ The need for a strategic and operational plan that is reviewed/updated on a regular basis ▪ The need for a clear focus, clear priorities/a common vision	▪ Approved Strategic plan not in place, common priorities not yet defined (although there is a process underway) ▪ Ad hoc funding ▪ Emphasis on all three key functions is

KPMG

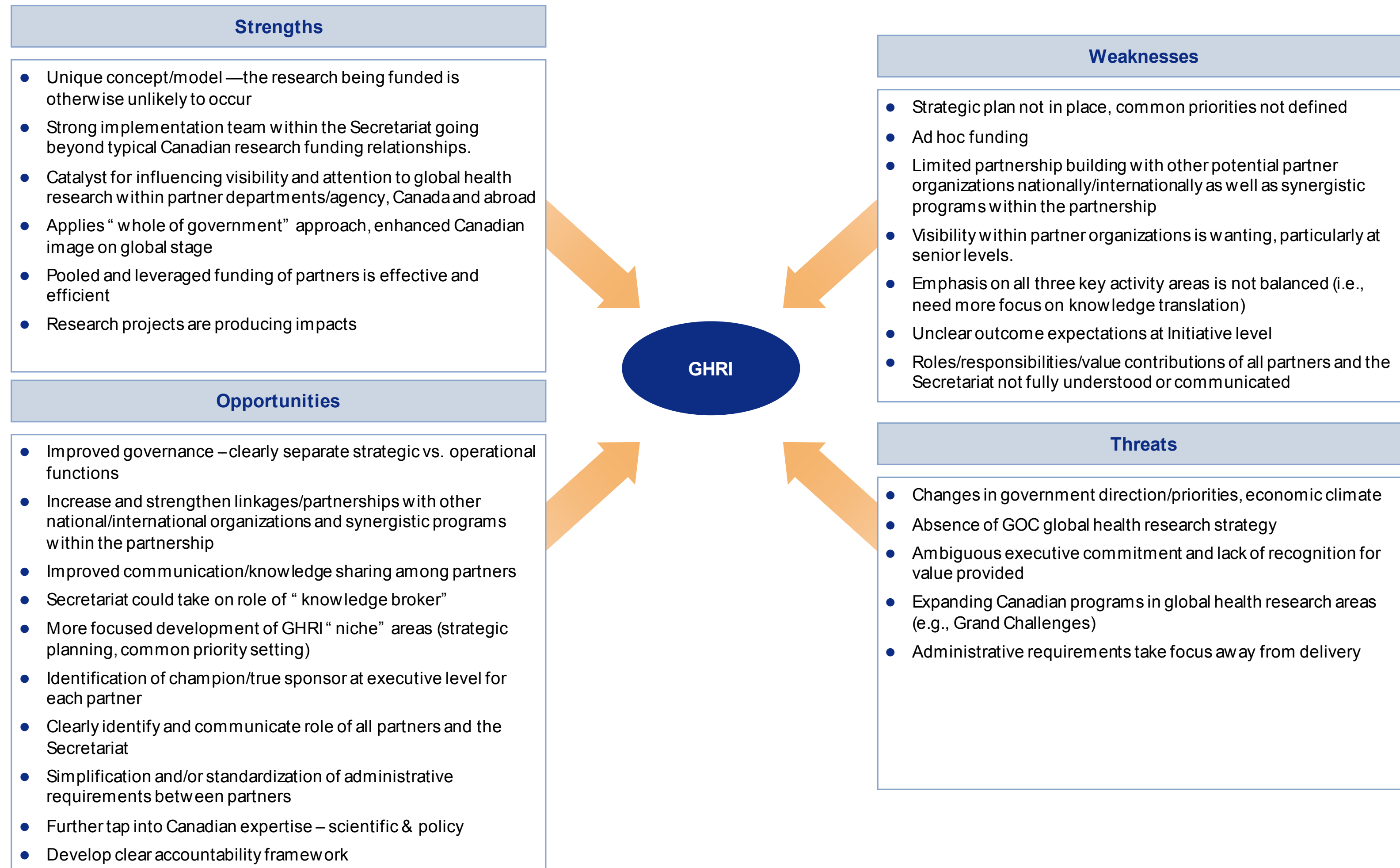
	not balanced (i.e., need to increase focus on knowledge translation)
▪ The need for an enhanced profile among the partner agencies, with the Agency Heads and with other organizations in Canada and internationally	▪ Visibility within partner organizations is desired / needed, particularly at senior levels ▪ Limited partnership building with other potential partner organizations nationally/internationally as well as synergistic programs within the partnership
▪ The need to streamline exchanges of information among the five partners	▪ Improved communication/knowledge sharing among partners ▪ Simplification and/or standardization of administrative requirements between partners

V. Conclusions and options for consideration

Overall, the relevance and continued need for the GHRI remains strong. GHRI has contributed to putting Canada "on the map" in the area of global health research. In order to remain relevant and sustainable opportunities exist to enhance GHRI's relevance as well as its effectiveness and impacts. In this section we summarize the data and analysis presented throughout the report in the form of key overarching Strengths, Weaknesses, Opportunities and Threats (SWOT) and then present options for consideration regarding the continuation and enhancement of GHRI.

Key Strengths, Weaknesses, Opportunities and Threats

Findings presented throughout the report have been complied into a summary of key Strengths, Weaknesses, Opportunities and Threats (SWOT) chart for a high level reference to GHRI's position.


KPMG
Strengths
Unique concept/model —the research being funded is otherwise unlikely to occur
Strong implementation team within the Secretariat going beyond typical Canadian research funding relationships.
Catalyst for influencing visibility and attention to global health research within partner departments/agency, Canada and abroad
Applies " whole of government" approach, enhanced Canadian image on global stage
Pooled and leveraged funding of partners is effective and efficient
Research projects are producing impacts
Weaknesses
Strategic plan not in place, common priorities not defined
Ad hoc funding
Limited partnership building with other potential partner organizations nationally/internationally as well as synergistic programs within the partnership
Visibility within partner organizations is wanting, particularly at senior levels.
Emphasis on all three key activity areas is not balanced (i.e., need more focus on knowledge translation)
Unclear outcome expectations at Initiative level
Roles/responsibilities/value contributions of all partners and the Secretariat not fully understood or communicated
GHRI
Opportunities
Improved governance – clearly separate strategic vs. operational functions
Increase and strengthen linkages/partnerships with other national/international organizations and synergistic programs within the partnership
Improved communication/knowledge sharing among partners
Secretariat could take on role of " knowledge broker"
More focused development of GHRI " niche" areas (strategic planning, common priority setting)
Identification of champion/true sponsor at executive level for each partner
Clearly identify and communicate role of all partners and the Secretariat
Simplification and/or standardization of administrative requirements between partners
Further tap into Canadian expertise – scientific & policy
Develop clear accountability framework
Threats
Changes in government direction/priorities, economic climate
Absence of GOC global health research strategy
Ambiguous executive commitment and lack of recognition for value provided
Expanding Canadian programs in global health research areas (e.g., Grand Challenges)
Administrative requirements take focus away from delivery

Options for consideration

Overall, it appears that GHRI is making progress in its stated strategic areas and the research projects supported through the Initiative are producing impacts. It is also clear that researchers themselves and the Canadian global health research landscape would be negatively impacted should GHRI not continue. Not renewing the Initiative could increase the risk of partners perhaps working at cross-purpose and a gap would be created in the global health systems research area. In effect, this is not seen to be a practical option at this time – unless of course an alternative mechanism or set of mechanisms was established to enable the progress made to date via GHRI to be leveraged and furthered through some other means. Consideration has been given by some interviewed key informants regarding the possibility of similar initiatives and progress being made possible via bilateral agreements. While this may be the case, some interviewed internal and external key informants believe this would diminish the impacts to be made and would weaken Canada's position/image internationally as being integrated in its global health research efforts.

This said, however, it is clear based on the summary of findings and the international comparative review presented in the previous section of this report, that status quo is not a viable option either. This is because there are some very fundamental areas that still requiring solidification, for example, a common understanding among partners as to what each partner brings to the table (including committed funding), the establishment of common priorities and what outcomes the GHRI is aiming to achieve. There are also other areas that could be pursued now that GHRI has matured as an organization. The exploration of strategic relationships with external organizations and the upcoming opportunity to make further use of research and performance indicators now that the projects are further along in their work plans are a few examples. Opportunities do exist for the partners to enhance the GHRI.

Some key informants felt consideration could be given to establishing the GHRI as a "true" horizontal initiative with a separate program budget. According to Treasury Board, a horizontal initiative is an initiative in which partners from two or more organizations have established a formal funding agreement (e.g., Memorandum to Cabinet, Treasury Board Submission, federal/provincial agreement) to work toward the achievement of shared outcomes. The Office of the Auditor General (OAG 2005)[24] recognizes that horizontal initiatives are generally a reflection that an issue is complex and can be dealt with most effectively by coordinated actions across departments of government. This definition certainly fits with the GHRI however, with the transformation considerations noted below, GHRI should be able to achieve the benefits of such coordinated efforts without the administration and energy required to establish such a formal program.

[24] Office of the Auditor General (2005), Matters of Special Importance – 2005, Chapter 4, "Managing Horizontal Issues", Ottawa

Enhance GHRI through transformation

As a result of the information gathered and insight gained through documentation review and key informant interviews regarding the current relevance, performance, results, governance and model surrounding GHRI, it has become apparent that opportunity does exist to enhance the future value, performance, effectiveness, and impact of GHRI through modest yet meaningful transformation.

It is believed that the transformation considerations presented below are within GHRI's ability and control to implement provided the Secretariat and Steering Committee share a common vision on the desired change and maintain a shared commitment to planning, implementing, and sustaining the change. Buy-in and commitment from all partner organizations will be essential for success.

The planning and execution of the suggested change will require focus and dedication on the part of the Secretariat. To reduce the impact the effort will have on existing resources and minimize the degree of disruption on current Secretariat operations, consideration should be given to securing a resource for a defined period of time to work with the Secretariat and Steering Committee to plan, design, and implement the transformative change. This individual could be seconded from one of the partner organizations or be secured via contract from the consulting community.

Key transformation considerations include, but may not be limited to, the following:

1 Clearer and more deliberate alignment of partner departmental/agency priorities and GHRI's mission and priorities with the focus being on how GHRI can and will assist partner departments/agencies fulfill and/or enable fulfillment of their mandates and priorities.

2 Formalization of a GHRI strategic plan complete with such key aspects as: vision; mission; values; strategic priorities/directions; strategic outcomes to be achieved; and action plans for each strategic priority/direction.[25]

3 Formation of well defined strategic alliances with organizations and/or initiatives outside of the five partner departments/agencies which may be synergistic to what GHRI is striving to achieve. Explore all avenues for collaboration with other Canadian and/or international organizations, private/ public partnerships, industry, academia, research institutions, and non-government organizations. This practice, supported by the International Review and the key informant interviews, identifies benefits to scaling-up funding capacity which in turn provides advantages to funders, researchers and the targeted sector. Such alliances should be clearly defined and agreed to by all parties and should include at a minimum: intent of the alliance; degree and type of collaboration/coordination; specific and measurable strategic outcomes to be achieved; role and obligations of all parties in realizing defined strategic outcomes; and an agreed to process for measuring and reporting on results achieved and/or issues encountered.

4 Clear articulation, documentation and agreement on what each partner organization's contribution will be to the partnership and Initiative. This should include specific,

[25] A process to address the formulation of GHRI's strategic plan is underway.

measurable, achievable, relevant, and time-bound actions and contributions. Consideration should be given to both monetary and non-monetary contributions as both may be needed and of value.

5 Renewal of the existing MOU to include more detailed articulation of: 1) why each of the five partner organizations is in the partnership, i.e., clear articulation of how GHRI participation will support and/or enable achievement of departmental/agency mandates and priorities; and 2) what meaningful and measurable contribution each partner organization will make to the GHRI partnership.

6 Renewal of the GHRI management and governance regime so as to strengthen the value derived from and better delineate between the roles, accountabilities, and responsibilities of the Secretariat versus those of the Steering Committee. Leading practices gleaned from the international comparator organizations and mentioned by key informant interviews lead to a requisite review of this area. In so doing, consideration should be given to:

- Examining the current focus and activities of the current governing body, i.e., the Steering Committee, to determine which areas of focus, activities and/or decisions made are more operational and/or tactical in nature and, therefore could/should be delegated to the Secretariat thus positioning the Steering Committee to focus exclusively on matters of strategic direction in collaboration with the Secretariat and provision of oversight to the Initiative.

- Examining the membership of the existing Steering Committee and determine if the composition is optimal. This could/should include consideration of such key aspects as: the seniority of each member, within their respective organizations, to provide strategic direction and oversight for GHRI; the level of authority and accountability he/she has within his/her home department/agency to make recommendations and decisions concerning GHRI; his/her ability to raise the visibility and awareness of GHRI within their home organization; and the relevance of each member's position and organizational placement within their home department/agency and alignment of organization unit mandate and priorities and those of GHRI. Strong oversight is critical to being able to provide balanced, cohesive and focussed direction and being able to represent/ balance the needs and interests of all partners and other interested parties and/or strategic alliances.

- Considering the establishment of a two tiered governance structure whereby an Executive Strategic Advisory Committee is created and attended by partner department/agency ADMs and VPs. This could help elevate the awareness, interest and understanding of GHRI within and across all partner organizations and would potentially bring additional strategic insight and advice to GHRI thus potentially strengthening the alignment with departmental/agency priorities, GHRI relevance, and value to be derived through the Initiative. As well, it could help drive increased awareness and potential involvement on the part of Heads of Agency. To manage the time demand this would place on members, consideration should be given to quarterly or semi-annual meetings. Efforts would also have to be taken to ensure there is clear delineation between the role and accountabilities of this

Committee and that of Steering Committee which could be rebranded as the Governance Committee.

- Considering the inclusion of ex-officio members on the Executive Strategic Advisory Committee and/or Steering Committee/Governance Committee. Such members could be individuals from organizations outside of the existing partnership which are or may be synergistic. This could include representatives from organizations with whom GHRI forms strategic alliances as suggested above. This would establish a link with such organizations which may result in future and mutually beneficial collaborations and/or expansion of the reach and impact that can be made by GHRI. To limit the time burden on ex-officio members and raise the value GHRI will receive through their involvement, it is suggested that consideration be given to what discussions/type of discussions these individuals would be asked to participate in. For example, it may be only those meetings where strategic direction, priorities, collaborations, research programs are being discussed.

7 Exploration of how GHRI via the partnership and Secretariat can be positioned beyond the role of 'implementer' to also be that of 'a catalyst' for forward thinking on matters pertaining to global health research and Canada's involvement in terms of knowledge creation, capacity building and/or knowledge translation, and 'knowledge broker' between and among Initiative partners, strategic alliances, and other interested parties both domestically and internationally. As a starting point, this could include bringing key stakeholders together, facilitating and 'holding the pen' on the development of an integrated Government of Canada vision and strategy for global health research.

8 Renewal of how GHRI documents contributions being made over time, what and how outcomes have been/will be achieved, and how these factors as well as overall progress and impacts will be monitored and reported on and to whom. Within this context, consideration should be given to making use of existing tools, drawing on advantages of proven methods (i.e., leverage partner department experiences) and from the International Review, include different areas of measurement to fully assess performance of the whole Initiative (e.g., progress on research projects, as well as internal management performance, impacts to partners, etc.) Each partner must see itself within the framework of outputs and outcomes/impacts. This will help enable more focused and consistent measurement of GHRI performance.

How GHRI wishes to pursue the above recommended transformation considerations should be explored and decided up jointly by the Secretariat, Steering Committee and Heads of Agency. It is recommended that this be incorporated into or aligned with the planned upcoming Strategic Planning initiative. Further, it is recommended that consideration be given to engaging an independent and experienced facilitator to lead stakeholders through the process in a robust and systematic manner. This will be important to help ensure the right questions get asked – including the most difficult and sensitive ones, the right people are engaged in discussions and decisions, and objectivity is maintained.

APPENDIX A – INTERVIEW GUIDES

Review of the Global Health Research Initiative

Other departmental/agency representatives Interview Guide

A. Relevance

1. Is there a clear link between the activities performed by GHRI and the global health policy goals, priorities and concerns of your department/agency?
2. Has the GHRI influenced your department's/agency's approaches to global health research in any way?
3. How does your department/agency assess the value of GHRI work and to what extent are these value expectations satisfied (or expected to be satisfied in future)?
4. To what degree do the GHRI activities complement or duplicate any other global health research initiatives within your department/agency? Within Canada? Internationally?
5. What effect does this have on the progress of meeting your department's/agency's global health policy goals, priorities and concerns?
6. Do you view the GHRI as applying a "whole of government" approach? If yes, what aspects stand out your mind? If no, what is it lacking? How might GHRI be able to change this?
7. Are there other models/mechanisms/strategies that could be considered instead of GHRI? What are/would be the pros and cons of each of these alternatives compared to GHRI?
8. What are the anticipated future needs for global health research? How can GHRI contribute to their achievement?

B. Partnership

9. How has the overarching GHRI MOU and partnership composition worked? (i.e., commitment and engagement)
10. What benefits or efficiencies have been achieved through the GHRI partnership?
11. What types of challenges are, or have been, encountered with the efficiency or effectiveness of the GHRI partnership?
12. Does the GHRI partnership provide value added that would not be possible if the partners acted independently in this area?
13. Are there opportunities to further strengthen the partnership? If so, please explain what may be done.

C. Governance, management and delivery

14. Are the right governance/management mechanisms in place? How effective are they?
15. Are there opportunities to further strengthen governance, management and delivery elements? If so, please explain what may be done.

D. Progress and Impacts

16. To what extent are the activities of GHRI on track to achieve intended impacts in each of the three areas of activity? What have been the factors for success or reasons for not being on track? (Please provide supporting evidence or examples where possible.)
17. What methods are used by GHRI to communicate results? What are your views regarding the effectiveness of these methods?

18. Would the same results have been achieved in the absence of GHRI?

E. Lessons learned

19. What factors (both internal and external) affect GHRI's performance? Please discuss both those that facilitate success, and those that inhibit it.
20. Are any refinements to the GHRI needed to facilitate the attainment of its objectives? If yes, please describe the changes needed.
21. Do you have any other comments?

Review of the Global Health Research Initiative

Stakeholders Interview Guide

A. Context

1. Please briefly describe your position and relationship with GHRI.

B. Relevance

2. How relevant/important is this program to your organization?
3. What national Canadian global health research approaches and strategies exist? Has GHRI participated and effectively contributed to these approaches and strategies? How?
4. Are there opportunities for GHRI to increase its participation in this area? How?
5. Has GHRI established appropriate collaborative relationships with its stakeholders?
   - 5.1. What mechanisms have been used to establish the relationships (e.g., involved in planning and/or participating in research projects)? Are they effective?
   - 5.2. Are there opportunities to establish linkages or relationships with other organizations?
6. To what degree do the GHRI activities complement or duplicate any other global health research initiatives within Canada? Internationally?
7. What effect does this have on the progress of meeting Canada's global health policy goals, priorities and concerns?
8. Do you view the GHRI as applying a "whole of government" approach? If yes, what aspects stand out your mind? If no, what is it lacking? How might GHRI be able to change this?
9. Are there other models/mechanisms/strategies that could be considered instead of GHRI? What are/would be the pros and cons of each of these alternatives compared to GHRI?
10. What are the anticipated future needs for global health research? How can GHRI contribute to their achievement?
11. Does the GHRI partnership provide added value that would not be possible if the partners acted independently in this area?

C. Progress and Impacts

12. Does GHRI have the potential to generate significant impacts in each of its three areas of activity?
    - Knowledge Creation: strengthening global health research in Canada and in low and middle-income countries
    - Capacity Building: Building research capacity to deal with global health challenges
    - Knowledge Translation: Strengthening the capacity to use global health research results
13. Would the same potential for results be achieved in the absence of GHRI?
14. How does this compare with what was available prior to the existence of GHRI? How does this compare to what is offered internationally?
15. What factors (both internal and external) affect GHRI's performance? Please discuss both those that facilitate success, and those that inhibit it.

D. Lessons learned

16. In summary, what would you say are the major advantages of the GHRI model to the federal government, the GHRI partners and the low and middle-income countries?
17. And what disadvantages or weaknesses of the GHRI model should also be taken into account?
18. What do you see for the future of GHRI?
19. Do you have any other comments?

Review of the Global Health Research Initiative

Researchers Interview Guide

A. Context

1. Please briefly describe your position and relationship with GHRI.

B. Relevance

2. How relevant/important is GHRI to your overall research program?
3. To what degree do the GHRI activities complement or duplicate any other global health research initiatives within Canada? Within your home country? Internationally?
4. Do you view the GHRI as applying a "whole of government" approach? If yes, what aspects stand out your mind? If no, what is it lacking? How might GHRI be able to change this?
5. Are there other models/mechanisms/strategies that could be considered instead of GHRI? What are/would be the pros and cons of each of these alternatives compared to GHRI?

C. Progress and Impacts

6. Has or does your GHRI project have the potential to generate significant impacts in any of the three GHRI areas of activity?:
   - Knowledge Creation: strengthening global health research in Canada and in low and middle-income countries
   - Capacity Building: Building research capacity to deal with global health challenges
   - Knowledge Translation: Strengthening the capacity to use global health research results
7. Please describe the impacts that you consider the most significant and why they are important (e.g., important users and uses).
8. Would the same potential for results be achieved in the absence of GHRI?
9. In the absence of GHRI, how likely is it that your GHRI-supported research project(s) would have been supported at roughly the same level by some other funding source (e.g., one of the federal granting councils, a foundation, and some other international collaboration)?

Very likely	Likely	Somewhat likely	Not very likely	Not at all likely	Don't know
❑	❑	❑	❑	❑	❑

10. What factors (both internal and external) affect your project's performance? Please discuss both those that facilitate success, and those that inhibit it.

D. Lessons learned

11. In summary, what would you say are the major advantages of the GHRI model to the Canadian federal government, the GHRI partners and the low and middle-income countries?
12. And what disadvantages or weaknesses of the GHRI model should also be taken into account?
13. Is GHRI needed in the future? Why?
14. Do you have any other comments?

Review of the Global Health Research Initiative

Steering Committee Interview Guide

A. Context

1. Please describe the nature of your role and your involvement with GHRI.

B. Relevance

2. What current federal government global health policy goals, priorities and concerns does the GHRI contribute to?
3. Is there a clear link between the activities performed by GHRI and the global health policy goals, priorities and concerns of your department/agency?
4. Has the GHRI influenced your department's/agency's approaches to global health research in any way? If yes, how? If not, why?
5. How does your organization assess the value of GHRI work and to what extent are these value expectations satisfied (or expected to be satisfied in future)?
6. To what degree do the GHRI activities complement or duplicate any other global health research initiatives within your department/agency? Within Canada? Internationally?
7. What effect does this have on the progress of meeting partner global health policy goals, priorities and concerns?
8. Are there other models/mechanisms/strategies that could be considered instead of GHRI? What are/would be the pros and cons of each of these alternatives compared to GHRI?
9. What are the anticipated future needs for global health research? How can GHRI contribute to their achievement?

C. Partnership

10. How has the overarching GHRI MOU and partnership composition worked? (i.e., commitment and engagement). How would you characterize the nature of this relationship?
11. What benefits or efficiencies have been achieved through the GHRI partnership?
12. What types of challenges are, or have been, encountered with the efficiency or effectiveness of the GHRI partnership?
13. Does the GHRI partnership provide added value that would not be possible if the partners acted independently in this area?
14. Are there opportunities to further strengthen the partnership? If so, please explain what may be done.

D. Governance, management and delivery

15. Where does accountability for GHRI sit organizationally within your department/agency? Please briefly describe the other portfolio components and provide a breakdown of spending if possible.
16. How are the following elements incorporated into the GHRI governance/management regime and how effective are they?
    a) Clear goals and objectives
    b) Clear management structure and decision-making processes

c) Mechanisms for setting overall GHRI priorities
d) Mechanisms to ensure that budget allocation to GHRI programs is consistent with these priorities
e) Communication and coordination mechanisms and processes
f) Mechanisms for ensuring adequate input and control by all departments and agencies involved
g) Mechanisms for program/project selection and funding
h) Appropriate reporting and accountability mechanisms
i) Delivery process sufficiently flexible to respond to changing needs, priorities and external influences

17. To what extent does the GHRI Secretariat have the appropriate authorities to carry out its mandate? How effective has it been?
18. What types of contributions does your department/agency supply to GHRI (funding only, in-kind service)? How does your department/agency decide on contribution levels? Who is involved in these decisions?
19. Are there opportunities to further strengthen governance, management and delivery elements? If so, please explain what may be done.

E. Progress and Impacts

20. To what extent are the activities of GHRI on track to achieve intended impacts in each of the three areas of activity? What have been the factors for success or reasons for not being on track? (Please provide supporting evidence or examples where possible.)
    - Knowledge Creation: strengthening global health research in Canada and in low and middle-income countries
    - Capacity Building: Building research capacity to deal with global health challenges
    - Knowledge Translation: Strengthening the capacity to use global health research results
21. What influence (or anticipated effect) have these activities had:
    - On low and middle-income countries?
    - On partner departments and agencies?
    - In Canada generally?
22. Would the same results have been achieved in the absence of GHRI?
23. How are the GHRI's results against these activity areas and their impacts tracked and reported?
    - To internal stakeholders (steering committee, Deputies & Heads of Agency, grant recipients and potential applicants)
    - To external stakeholders (parliamentarians, national and international health research organizations, other decision makers)?
24. What factors (both internal and external) affect GHRI's performance? Please discuss both those that facilitate success, and those that inhibit it.
25. Are any refinements to the GHRI needed to facilitate the attainment of its objectives? If yes, please describe the changes needed.

F. Lessons learned

26. In summary, what would you say are the major advantages of the GHRI model to the federal government, the GHRI partners and the low and middle-income countries?
27. What disadvantages or weaknesses of the GHRI model should also be taken into account?
28. What do you see for the future of GHRI?
29. Do you have any other comments?

KPMG

APPENDIX B – COMPARATIVE MODELS

GHRI Operational Benchmarking of Global Health Research Initiatives

Template for Information Regarding Specific Organizations or Initiatives

Organization/Initiative Name: World Health Organization (WHO) - TDR

Organization Attribute	Description
History	• A programme for Research and Training in Tropical Diseases aimed at coordinating global efforts to combat major diseases of the poor and disadvantaged. Established in 1975.
Mandate and objectives	*"An effective global research effort on infectious diseases of poverty, in which disease endemic countries play a pivotal role"* Vision and ten year strategy outline three main strategic directions: • Stewardship – harmonized global research on infectious diseases of poor populations • Empowerment – support to researchers and public health professionals from disease endemic countries (DECs) • Research on neglected priority needs – facilitate new research, applying research and increase access to research
Legal structure (e.g., a Branch or Ministry of government, an independent agency funded by government, a non-profit corporation funded by various sources, a consortium, etc.)	• A Special Programme executed by the WHO and sponsored by the UNICEF, UN Development Programme, the World Bank and WHO
Funding of the organization/initiative (sources and amounts, note: this is different from the funding of research projects).	• Receives voluntary contributions from donors, for FY 10/11 a budget of US$ 121 million is projected

Organization Attribute	Description
Governance (overall direction, such as a Board of Directors; mechanisms for the involvement of funding organizations; mechanisms for the involvement of stakeholders; mechanisms for expert advisory input)	Govern by three bodies • Joint Coordinating Board – coordinate the interest and responsibilities of the Committees and make final decision. • Standing Committee – review action plan and make proposal to the Board • Scientific and Technical Advisory Committee – review and recommend priorities • **Out contact:** Gary Aslanyan is Manager of Portfolio Policy & Development
Global health policy priorities (country strategy and overarching priorities)	Research – support (on neglected priority needs for disease control) countries where diseases are prevalent that fosters: • Innovation for product discovery and development • Research on development and evaluation of interventions in real-life settings • Research to increase access to interventions. Empowerment – place emphasis not only on individual researchers but on systems that will sustain health research and its utility in DECs. Stewardship – create a platform for stakeholders to set priorities and harmonize their research on diseases of poverty
Research focus and objectives (primary areas of R&D undertaken or supported; intended impacts)	Created nine lines for research: • Lead discovery for drugs – facilitate & support discovery of new drugs for infectious tropical diseases (focusing on 8 diseases) through networks & partnerships between pharmaceutical companies, academia and DEC institutions • Innovation research in DECs – foster the discovery & development of novel drugs, diagnostic tests and other products • Vector control interventions – develop & evaluate improved and innovative vector control methods for the prevention of neglected diseases (e.g., malaria, dengue, human African trypansomiasis and Chagas disease)

KPMG

Organization Attribute	Description
	• Drug development for helminths/NTDs – progress candidate drugs into development; generate evidence of efficacy and safety; and determine field safety and effectiveness of registered drugs and optimize their use • Quality-assured diagnostics – promote & facilitate research on the development, evaluation and introduction of diagnostic tests for infectious diseases of poverty appropriate for use in developing country settings • Evidence for treatment of TB/HIV – generate evidence for optimized treatment and case management for all TB patients, including those with HIV or additional co-morbid diseases • Animalarial policy/access – develop strategies for improved access to effective treatment for malaria and other childhood fevers at all levels of the health system with the aim at reducing childhood mortality • Visceral leishmaniasis elimination – develop and validate innovative and efficient interventions and strategies for the elimination of visceral leishmaniasis from the Indian Subcontinent • Community-based interventions – develop innovative, effective and efficient strategies for implementing community-bases interventions in poor populations
Methods used for the identification of research priorities and programs	See Governance above
Partnering: Linkages to other organizations that perform research, or that use the results of the research (including government, university and academia) and if possible including the pros and cons of these partnerships.	• Partnerships/collaboration with all levels of government private industry, academia, research institutions, non-government organizations to local clinics in remote areas. • Facilitate networks, create forums and gather lists of stakeholders, good practices, resources, discussions groups and scientist
Methods used by the organization to report to its funding organizations	• Annual progress reports and a final report must be completed using the official forms.

Organization Attribute	Description
Methods used by the research organization to report to stakeholders and the public (e.g., communications/outreach program)	• Project publications allowed but must acknowledge TDR for funding. • Publications produced by TDR, journal articles from TDR-funded projects, educational CD-ROMs, videos and an image library are available on-line
Methods used for the identification of potential research projects (e.g., projects identified in planning exercises, proposal calls)	• Provide grant opportunities post-graduate, academic graining, career development, short courses and research • Calls for collaborative research grants from corresponding lines of business posted on the website. For first time applicants, recommend sending a brief outline of proposed research to get advice on relevance and implications. • No longer accepting DIF project proposals on an ad hoc basis, however will be establishing an Innovation fund for proposals outside the business lines priorities
Methods used for project selection (review mechanisms and main criteria – e.g., how peer review is organized, whether factors other than scientific merit are considered [financial management, project management, etc.] and how)	• Proposals reviewed by Scientific Steering Committee or Task Force, and makes recommendations to the Director, TDR. • Stipulations in the proposals on use of laboratory animals, human subjects. Blood samples, drugs and medical devices. Also, must submit document indicating national government approval, where required.
Funding of research projects (Methods used for funding research projects (totally funded by organization, co-funding required, co-funding encouraged, etc.)	• Funding awarded on a yearly basis and renewed for up to three years. • Signed Technical Services Agreement with WHO and the Institution responsible for the project. • Funding restricted to salary of Principal Investigator and costs for items such as overhead, administrative, equipment operation, other items
Methods used to track and evaluate project performance (performance measures)	• Must indicate technical progress of the project, and continuing relevance in progress reports.

Key Interview Questions:

1. What is your organization's involvement in global health research? Based on review of your web-site and available documentation, our understanding of your mandate and objectives (as it pertains to global health research) is as follows….. Is this correct? If not, please describe.
2. In keeping with this mandate and objectives:
   - What are your country's global health policy priorities?
   - How does your organization influence and/or enable achievement of these priorities?
   - What mechanisms do you have in place to track and report progress / impacts being made against these priorities?
3. Within the context of fulfilling this global health research mandate, objectives and priorities:
   - How is your organization funded (e.g., annual program funding, project specific funding, combination of the two) and by whom? What is your budget for this fiscal?
   - How are priorities set and decisions made with respect to: a) identification and selection of research priorities, programs and projects; and 2) allocation of funding?
   - Do you work with other government and/or non-government organizations in a formal or informal partnership arrangement?
     - If so, which ones and for what purpose?
     - What are the roles and responsibilities of each organization in relation to global health research? Is there a lead organization for global health research within your country and, if so, is it your organization or another? How do the lead organization's roles and responsibilities differ from those of the others involved as formal and/or informal partners?
     - Are the efforts of your organization (and these others) governed by a common global health research vision and/or set of strategic goals? Please explain.
     - Does a governance framework/structure exist to govern the roles and relationships between and among these organizations? If so, please describe. Is this governance framework/structure effective and would you recommend it to others? Why or why not.
     - Have other delivery and/or governance models been considered? If so, what and why? Are changes anticipated?
4. Has your organization (independently and/or in collaboration with partnering organization) established highly effective practices (at a strategic, operational, tactical level) that you would recommend be considered by Canada? If so, what and why?

GHRI Operational Benchmarking of Global Health Research Initiatives

Template for Information Regarding Specific Organizations or Initiatives

Organization/Initiative Name: <u>European and Developing Clinical Trials Partnership (EDCTP)</u>

Organization Attribute	Description
History	• Created in 2003 in responses to health crisis caused by the three main poverty-related diseases of HIV/AIDS, malaria and tuberculosis • Includes 14 participating European Union member states plus Norway and Switzerland
Mandate and objectives	• *"aim to accelerate the development of new or improved drugs, vaccines and microbicides against HIV/AIDS, malaria and tuberculosis, with a focus on Phase II and III clinical trials in sub-Saharan Africa"*
Legal structure (e.g., a Branch or Ministry of government, an independent agency funded by government, a non-profit corporation funded by various sources, a consortium, etc.)	• Part of European Commission's Sixth Framework Programme for R&D
Funding of the organization/initiative (sources and amounts, note: this is different from the funding of research projects).	• Funding provided by European Commission and by member states and third-party co-funding (in the form of cash or in-kind/direct) • Total income since 2003 is € 221M or between € 10 to 80 M annually • Governance costs over € 600 K annually (include GA, PB, DCC and ENNP defined below) • Programme activities expenditures of about € 3 to 4 M annually (staff salary, support costs, rental, etc.)

Organization Attribute	Description
Governance (overall direction, such as a Board of Directors; mechanisms for the involvement of funding organizations; mechanisms for the involvement of stakeholders; mechanisms for expert advisory input)	European Economic Interest Group consist (EEIG) of: • **Assembly** (GA) – governing body with representatives from member states • **Secretariat** – executive body overseeing day-to-day management External to EEIG: • **Partnership Board** (PB) – scientific independent expert panel that develops the strategic plan • **Developing Countries coordinating Committee** (DCCC)– representatives of African scientist who provide input and commitment of the African countries and researchers • **High Representative** – appointed by Assembly to raise visibility/represent EDCTP • **European Network of National Programmes** (ENNP) - ? • **Our Contact:** Dr. David Coles is Joint Programme Manager, works for the Secretariat
Global health policy priorities (country strategy and overarching priorities)	• Approach based on "Joint Programme Activities"; existing and/or ongoing research activities of two or more EU Member States working independently on the same area • Offer larger grants that focus on clinical trials as the core and use networking and capacity development • Believes capacity development gives African researchers the opportunity to 'learn by doing' and networking create critical mass required for sustainability

Organization Attribute	Description
Research focus and objectives (primary areas of R&D undertaken or supported; intended impacts)	Five main types of grants: • Integrated Projects on HIV/Aids, Malaria and Tuberculosis –clinical trials integrated with project management, networking and capacity development • Senior Fellowships – develop capacity in sub-Saharan African institutes, promote career development in sub-Saharan African researchers and strengthen the capacity in to undertake clinical trial in the 3 diseases • Ethics and Regulatory Projects – strengthen local capacity in both Ethical Review and the National Regulatory framework in Africa • Networks of Excellence – setup regional networks for mentorship, conduct epidemiological/demographic studies and support less established institutions with additional expertise • Member States Initiated Projects - integration of projects and programmes that have been independently initiated/funded by member states
Methods used for the identification of research priorities and programs	• PB prepares proposals and recommendation to the Assembly on strategic needs and priorities, calls for project proposals, criteria for peer reviews, action plans and results of evaluation session • DCCC provides input of the strategy by aggregating and transmitting advice from scientists in developing countries to the PB • GA makes the final decision
Partnering: Linkages to other organizations that perform research, or that use the results of the research (including government, university and academia) and if possible including the pros and cons of these partnerships.	• Funded projects must include at least two European countries and/or African institution

Organization Attribute	Description
Methods used by the organization to report to its funding organizations	• There is a Grant Agreement that must be signed • Project Coordinator will submit the clinical trial protocol, work plan and detailed budget to EDCTP • If applicable, official letters from all African and third parties involved • Project Coordinator must supply 'legal entity form' • EDCTP utilises a Performance Related Payment Scheme, in general, payments made after all Annual and Final Reports have been approved
Methods used by the research organization to report to stakeholders and the public (e.g., communications/outreach program)	• A list of grants awarded are published on EDCTP website and there is also an on-line database that contains a summary of all funded project
Methods used for the identification of potential research projects (e.g., projects identified in planning exercises, proposal calls)	• Call for proposals published on EDCTP website and relevant scientific journals • Applications submitted through institution from Africa or European Member state, involving a minimum of two European countries and/or African institution • Full proposal follow a template detailing objects and participants (sent via email)
Methods used for project selection (review mechanisms and main criteria – e.g., how peer review is organized, whether factors other than scientific merit are considered [financial management, project management, etc.] and how)	• Applications assessed for eligibility by Project Officer • Eligible applications reviewed by independent Scientific Review Committee and makes suggestions (Committee members identified by Project Office) • Partnership Board passes on their recommendations • Secretariat prepare a report of the recommendations • General Assembly make final decision • All proposal reviewed for Excellence, relevance, partnership and project management

Organization Attribute	Description
Funding of research projects (Methods used for funding research projects (totally funded by organization, co-funding required, co-funding encouraged, etc.)	• European Member States should co-fund a minimum of 50% of estimate resources
Methods used to track and evaluate project performance (performance measures)	The following measures monitored on a monthly basis and updated quarterly on the EDCTP website: • Grants - Value of grants signed(€) # of clinical trials approved Capacity building activities in Africa Contract negotiation period (months) • Partnerships - African countries involved African institutions involved African project coordinators Countries collaborating in projects • Co-funding/donors - Annual MS co-funding (€) • Governance - Grants (€) Other expenditures (€) EDCTP expenditures in Africa (€) EDCTP expenditures in Europe (€)

Key Interview Questions:

1. What is your organization's involvement in global health research? Based on review of your web-site and available documentation, our understanding of your mandate and objectives (as it pertains to global health research) is as follows….. Is this correct? If not, please describe.
2. In keeping with this mandate and objectives:
   - What are your country's global health policy priorities?
   - How does your organization influence and/or enable achievement of these priorities?
   - What mechanisms do you have in place to track and report progress / impacts being made against these priorities?
3. Within the context of fulfilling this global health research mandate, objectives and priorities:
   - How is your organization funded (e.g., annual program funding, project specific funding, combination of the two) and by whom? What is your budget for this fiscal?
   - How are priorities set and decisions made with respect to: a) identification and selection of research priorities, programs and projects; and 2) allocation of funding?
   - Do you work with other government and/or non-government organizations in a formal or informal partnership arrangement?

- If so, which ones and for what purpose?
- What are the roles and responsibilities of each organization in relation to global health research? Is there a lead organization for global health research within your country and, if so, is it your organization or another? How do the lead organization's roles and responsibilities differ from those of the others involved as formal and/or informal partners?
- Are the efforts of your organization (and these others) governed by a common global health research vision and/or set of strategic goals? Please explain.
- Does a governance framework/structure exist to govern the roles and relationships between and among these organizations? If so, please describe. Is this governance framework/structure effective and would you recommend it to others? Why or why not.
- Have other delivery and/or governance models been considered? If so, what and why? Are changes anticipated?

4. Has your organization (independently and/or in collaboration with partnering organization) established highly effective practices (at a strategic, operational, tactical level) that you would recommend be considered by Canada? If so, what and why?

Template for Information Regarding Specific Organizations or Initiatives

Organization/Initiative Name: The Research Council of Norway (RCN)

Organization Attribute	Description
History	Research Council comprises of three research division (Science, Strategic Priorities, and Innovation), one division for administrative affairs and an executive staff that reports to a Director General. Employs a staff of about 350 people including international staff
Mandate and objectives	RCN is responsible for enhancing Norway's knowledge base and for promoting basic and applied research and innovation (including encouraging international research cooperation). Three areas of focus: • Advisor on research policy issues, research needs and national priorities • Implement national research policy objectives • Act as a meeting place for researchers, funders and users of research findings (including international research)
Legal structure (e.g., a Branch or Ministry of government, an independent agency funded by government, a non-profit corporation funded by various sources, a consortium, etc.)	• RCN is funded by several ministries, with the Ministry of Education and Research and the Ministry of Trade and Industry contributing 40% of its budget
Funding of the organization/initiative (sources and amounts, note: this is different from the funding of research projects).	• RCN's total budget is NOK 7,073 million, approximately half of which is spent on research programmes.

Organization Attribute	Description
Governance (overall direction, such as a Board of Directors; mechanisms for the involvement of funding organizations; mechanisms for the involvement of stakeholders; mechanisms for expert advisory input)	• Executive Board – highest authority of RCN, consists of 7 members and two deputies • Division Research Boards – one board for each research division and chaired by a member of the Executive Board • Programme Boards – appointed for each Research Council's research programme • Division for Strategic Priorities – identifies and assess national research needs • **Our Contact:** Karstein Maseide is a Senior Adviser, Global Health-and Vaccination Research
Global health policy priorities (country strategy and overarching priorities)	Norwegian research policy key points include: • R&D expenditure will be 3% of GDP • Focus on major global challenges relating to energy, climate, poverty and health • Advocate greater focus on internationalisation RCN global health: • Current initiative on vaccine research • Policy report for medical and health-related research indicates greater focus called for on epidemiological research, diagnosis, treatment and rehabilitation. • One of the goals is to promote international research cooperation and another goal is to further enhance the strongest medical and health-related research
Research focus and objectives (primary areas of R&D undertaken or supported; intended impacts)	• Global Health and Vaccination Research (GLOBVAC) – consist of two subprograms on global health research and vaccination research under a joint programme board • Vaccination Research – strengthen current knowledge and contribute to new vaccines with international partners. Committed to the Global Alliance for Vaccines and Immunization. • Global Health Research – contribute to knowledge on poverty-related diseases

Organization Attribute	Description

Methods used for the identification of research priorities and programs	• Annual conferences:
	  • 2010 focus on the challenges of mitigating the impact on health from environmental changes
	  • 2009 conference entitled "Meeting the challenges of the Millennium Development Goals and beyond – Health research and policy"

Partnering: Linkages to other organizations that perform research, or that use the results of the research (including government, university and academia) and if possible including the pros and cons of these partnerships.	• Global Health Research – projects based in Norwegian instates with international partners
	• Research network includes:
	  • The Norwegian Forum for Global Health- promotes global health research with emphasis on strengthening the capacity of Norwegian institutions and partners in low and middle income countries
	  • The Department of Biotechnology – collaborative effort between Ministry of S&T in India and RCN
	  • European and Developing Countries Clinical Trials Partnership (EDCTP) – GLOBVAC contribute with 50 mill NOK co-funding available for EDCTP –calls on vaccination in 07/08

Methods used by the organization to report to its funding organizations	• Projects that receive funding from RCN must submit electronic progress and final reports according to their contract
Methods used by the research organization to report to stakeholders and the public (e.g., communications/outreach program)	• 62 projects listed on their website with a description and indication of project manager
Methods used for the identification of potential research projects (e.g., projects identified in planning exercises, proposal calls)	• Global Health Research – started up in 2005 and has published two calls for proposals, currently there are no calls

Organization Attribute	Description
Methods used for project selection (review mechanisms and main criteria – e.g., how peer review is organized, whether factors other than scientific merit are considered [financial management, project management, etc.] and how)	• RCN applications are assessed by at least two experts. • Applicant can provide feedback on outcome of assessment • Allocation decisions are made by the programme committee or research boards • There is an appeal/complaints process
Funding of research projects (Methods used for funding research projects (totally funded by organization, co-funding required, co-funding encouraged, etc.)	• RCN will normally fund between 25-50% of the total project costs for support to companies, but for small and medium size companies the ceiling may be raised an additional 10%. Separate budgets: • Vaccination Research – NOK 50 million yearly • Global Health Research – NOK 15 million yearly
Methods used to track and evaluate project performance (performance measures)	• In the midterm review it was recommended that GLOBVAC continue and be extended beyond 2011. RCN has entered into negotiations for funding

KPMG

Key Interview Questions:

1. What is your organization's involvement in global health research? Based on review of your web-site and available documentation, our understanding of your mandate and objectives (as it pertains to global health research) is as follows….. Is this correct? If not, please describe.
2. In keeping with this mandate and objectives:
   - What are your country's global health policy priorities?
   - How does your organization influence and/or enable achievement of these priorities?
   - What mechanisms do you have in place to track and report progress / impacts being made against these priorities?
3. Within the context of fulfilling this global health research mandate, objectives and priorities:
   - How is your organization funded (e.g., annual program funding, project specific funding, combination of the two) and by whom? What is your budget for this fiscal?
   - How are priorities set and decisions made with respect to: a) identification and selection of research priorities, programs and projects; and 2) allocation of funding?
   - Do you work with other government and/or non-government organizations in a formal or informal partnership arrangement?
     - If so, which ones and for what purpose?
     - What are the roles and responsibilities of each organization in relation to global health research? Is there a lead organization for global health research within your country and, if so, is it your organization or another? How do the lead organization's roles and responsibilities differ from those of the others involved as formal and/or informal partners?
     - Are the efforts of your organization (and these others) governed by a common global health research vision and/or set of strategic goals? Please explain.
     - Does a governance framework/structure exist to govern the roles and relationships between and among these organizations? If so, please describe. Is this governance framework/structure effective and would you recommend it to others? Why or why not.
     - Have other delivery and/or governance models been considered? If so, what and why? Are changes anticipated?

4. Has your organization (independently and/or in collaboration with partnering organization) established highly effective practices (at a strategic, operational, tactical level) that you would recommend be considered by Canada? If so, what and why?