

External Evaluation
Research for International Tobacco Control/RITC
Secretariat of the International Development Research Centre

Prepared for: RITC and IDRC
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I Basis of the EvaluationError! Bookmark not defined.

a) Purpose

This external evaluation was commissioned by the Research for International Tobacco Control (RITC) Secretariat, in conjunction with the Evaluation Unit of IDRC, in compliance with the Centre's accountability requirements for all Secretariats. It is also intended as input to the annual RITC Steering Committee meeting.

The evaluation has five broad objectives, essentially reflecting a summative assessment of what RITC has achieved since inception in 1994, but with particular focus on the past 5 years. These objectives are set within the framework of the initial mission of the Secretariat, and factors influencing the nature, scope and reach of its achievements.

Specifically, the evaluation attempts to:

1. Assess the extent to which the Secretariat appears to be meeting its mission and identify any evolution in its direction;
2. Document the Secretariat's progress towards achieving its intended outcomes;
3. Offer reflections on the strengths and weaknesses of the Secretariat's mission and strategies in relation to its vision and the current state of the field in which the Secretariat is active;
4. Suggest options with respect to the content and processes of RITC's programming, boundary partners, donors, governance and management infrastructure; and
5. Indicate where any further, more in-depth or focused, analysis of any of these issues appears warranted, toward enabling the Steering Committee and Secretariat to make sound decisions about future RITC directions.

b) Methodology and Limitations

The evaluation was conducted within the relatively short timeframe of five weeks in order to meet the schedule of the May/June Steering Committee meeting. For the same reason, it was also decided to make it a desk-based, rather than field, evaluation. Data have, therefore, been collected through:

- an extensive review of RITC and other related documents;
- supplemented by 24 phone/personal interviews and some written communication with donor partners, counterpart agencies and those researchers it was possible to reach in this way¹.

Data analysis is largely qualitative, with a brief presentation of some of the budget numbers and funding patterns considered pertinent to understanding the Programme's experience in generating and focusing its resources, as these relate to its mission and objectives.

Given the parameters of the methodology, the evaluation is somewhat limited, intended to provide a *reasonably comprehensive, as opposed to a fully elaborated, analysis* of the evolution and current status of RITC in terms of the objectives noted above. Also, it is

¹ Listings of people interviewed and documents used in the evaluation are noted in the annexes.

not within the terms of this evaluation to comment on the “science” of the tobacco research funded by RITC. An effort has been made to draw inferences about the relevance, quality and reach of that research, however, from actions taken and comments made by those in a position to make more technical assessments.

II EVOLUTION OF RITC: Substantive Strength and Structural Uncertainty

Vision²: ... reflecting the development impacts that the Secretariat hopes to encourage, RITC’s vision intends that:

Governments, communities and international organizations recognize the control of tobacco production and consumption in developing countries as an integral part of economic and social development. Fewer people’s health and well-being are being compromised by tobacco use and cultivation. Researchers are providing receptive governments and advocacy groups with credible evidence in order to develop sound tobacco control policies and programmes. Northern and southern countries, researchers, policy-makers and advocates are sharing their tobacco control knowledge and experience. (Earl: 6)

Mission: ... describing how RITC intends to operationalize its role in support of the vision, RITC will:

- work in areas of research, dissemination, capacity building and coordination;
- contribute to the production, synthesis and dissemination of research data and other information in appropriate formats that will sensitize local and international actors to tobacco control issues;
- seek to expand the range of disciplines involved in tobacco control research;
- enhance tobacco control research capacity in order to produce credible information for local, national and international policy-making and programme development;
- promote an interest in tobacco control research among new researchers by providing research fellowships, mentorship and training opportunities;
- contribute to the development of linkages between Northern and Southern researchers and encourage partnerships between research organizations, advocates and decision-makers; and
- increase its visibility and credibility among the donor community and will convince them of the utility of supporting tobacco control research for development. (Earl: 6)

Boundary Partners: those individuals, groups and organizations with whom RITC interacts directly to effect change and with whom it can anticipate some opportunities for influence: Researchers in developing countries.

² The terms and content quoted here (Earl: 6) are taken from the Outcome Mapping Framework developed jointly by the IDRC Evaluation Unit and RITC as a tool for enabling the latter to monitor its own progress toward its goals; “to track the more ‘nebulous’ or ‘softer’ results of capacity building as opposed to the technical outputs of research projects” (Earl: 1). RITC’s use of the Framework will be addressed elsewhere in the evaluation.

Through its decade of support to tobacco control researchers and projects, ITI/RITC has begun to realize a range of important results: *as a tobacco control catalyst*, enabling major agenda and policy declarations; *as a research funder*, reducing knowledge gaps in key areas such as the economics of tobacco and tobacco consumption patterns among young people; and *as a research for development agency*, helping lay the basis of sustained tobacco control research capacity and commitment in the South.

Born out of a genuine and professionally well-founded commitment to the broadly framed goals incorporated in the “vision statement” described above, the Secretariat has continued to maintain a strong sense of development and substantive direction. It has taken action in all of the areas identified in the above mission statement and realized important results in many.

At the same time, ITI/RITC has not had an easy life. Plagued by persistent imbalances between the outcomes expected of it and the human and financial resources provided to it, the Secretariat’s results have been more limited in scope and depth than would be expected of a 10-year programme.

ITI/RITC Historical Chart

1993/4	Preparatory reviews and a commissioned PATH situation analysis of tobacco-control issues confirmed “a multi-disciplinary leadership vacuum and that a need exists for a co-ordinated and enhanced effort in support of policy-relevant research...”.
Oct/94	ITI approved by IDRC Board (as project, not secretariat), with Steering Committee, Programme Contact (not Executive Director) and funding commitments from IDRC, CIDA, Health Canada
June/95	Bellagio “Tobacco Control and Sustainable Development” statement requests IDRC “to lead a round table process of consulting with other agencies, countries and experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development”.
1996/7	ITI recommends move to Secretariat status. Described as “still finding its feet”, decision is instead to report to the Healthy Public Policies PI. Part-time external ED
End 1997	New programme/funding strategy recommends fulltime ED, 2 POs and \$1m over 2 years. Decision: Senior IDRC officer appointed ED (30%), fund level approved.
1998/99	ITI renamed RITC; 2 POs and one Awardee placed. SIDA contributes \$.46m. WHO/TFI created, identifying RITC as partner to “expand the evidence-base”. Regional Agenda-setting Workshops completed. Review of IDRC Secretariats highlights persistent under-attention by IDRC to weaknesses in ITI capacity, leadership and focus. RITC retreat confirms priorities.
1999	RITC presents Regional Agenda results at Washington “Global Tobacco Forum”, outcomes feeding into WHO/RITC mobilized “Global Agenda for Tobacco Control Research”; <i>first fulltime ED</i> named from within RITC.
2000	ED, Senior Programme Specialist, RITC Co-ordinator and Programme Assistant in place; high-profile RITC involvement in World Conference on Tobacco or Health; strategic plan developed.
2001	15-month PWB approved; CIDA contributes \$.2; HC annual payments continue.
2002	SPS resigns; IDRC contributes \$1.2m to 2005; RITC/Rockefeller Foundation convene donor and agency meeting “to address the need for enhanced global coordination to “bridge the gaps” in existing (tobacco control) research...”
2003	SPS seconded from HC (February); Framework Convention on Tobacco Control/FCTC approval; high-profile RITC involvement World Conference on Tobacco or Health; Rockefeller Foundation terminates “Tobacco for Health Initiative” reducing potential for partnership funding; ED relocates to Vancouver (September) 25% time in Ottawa; 18-month Work Plan approved by SMC

2004	SPS returns to HC (February) replaced by part-time consultant
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On the Plus Side...

In conceptualization and mission, RITC (then the International Tobacco Initiative) was founded in 1994 on a very strong base. It emerged in the early '90s, drawing directly on the sector and development priorities of IDRC's health sciences programme. At the same time, it drew on the multiple perspectives of the social, economic and environmental sectors, as well as gender equity, communication and evaluation, of IDRC more broadly.

As part of the Centre-wide push toward integrated programming at the time, a small group of programme officers interested in tobacco control issues undertook a wide-ranging review of the field, including extensive consultations with relevant agencies, the hosting of a forum on tobacco as "more than a health issue", and the commissioning of PATH to conduct a survey of research gaps and opportunities. These activities identified tobacco as an area appropriate for IDRC to pursue given its serious threat to socio-economic, health and environmental development in the South. In human and financial terms, tobacco use and production was undermining the capacity of countries to move forward, but doing so in ways which many did not fully understand due to lack of "substantial multi-disciplinary" analyses demonstrating objectively "the real balance of costs and benefits" (PS: 2).

Institutionally, the IT Initiative was also firmly based. It built directly on the past and current experience and expertise of IDRC programme staff and partners in issues of healthy public policy and development-oriented research. It drew on the strengths of the Centre as a recognized and unique facilitator of high quality development research and research capacity strengthening in the South, one with extensive networks in both the North and the South. It was also a creation of the particular organizational dynamics within IDRC at the time, in which all programmes were being required to adopt a more holistic, multi-disciplinary and integrated approach to defining research problems, design parameters and partnerships.

→ Unfortunately, the Initiative also misjudged this last element. While it did, no doubt correctly, confirm the recognition by other donors of the seriousness of the tobacco control issue, and their expressions of interest in collaboration at some level, neither of these factors ever translated into the joint funding anticipated by either the originators of the ITI or IDRC.

In October 1994, the IDRC Board approved the Initiative³, the mission of which was "To create a strong research, funding, analysis and knowledge base for the development of effective public policies which will minimize the threat to sustainable and equitable development posed by tobacco production and consumption in the developing world" (PS: 12)

³ Called at the time the "International Initiative on Tobacco Policy Research"

The overall goals of the Initiative were twofold:

“to support the strategic research and partnerships required for the development of effective tobacco control policies and programmes, and to support an investment in Southern capacity to sustain such programmes” (Armstrong & Whyte: 162).

Broken into four very broad sub-goal areas, each with its own objectives and outcomes, the intention of the originating ITI officers essentially appeared to be to *grow the programme*, more or less organically, in both substance and structure. Staffing, funding and programme directions were loosely defined, and set within a reasonably long timeframe:

- Research priorities were expected to become increasingly focused as projects and partnerships were developed;
- Governance and management were to be reasonably light, through a co-ordinator reporting to IDRC Senior Management and Programme Officers from across the Centre engaging with the Initiative as and if they developed projects (for which they would remain responsible);
- Ad hoc advisory committees were to be formed to meet objectives “as they unfold”;
- Funding was to be further leveraged activity by activity; and
- A “fixed” timeline of 10 years was anticipated. (PS: 22-23)

Over the next five years 1994-99, nine projects were funded, five of them above \$200,000. Based on comments from partner organizations familiar with this work, and the number of venues to and in which project researchers shared their results, there is nothing to indicate that the quality of these projects was anything less than high. In the South African case, user impact is considered to have been significant: the credibility, relevance and timeliness of the results – as well as the researchers’ connections with key policy-makers -- providing a pivotal evidence-base for the country’s then-new tobacco control legislation.

Following 1994 Board approval, the next most critical “*visibility* expansion” for the ITI came at the Bellagio Tobacco Control and Sustainable Development meeting which it organized in 1995 to mobilize tobacco control agencies toward working within a stronger, expressly development, framework. The meeting’s final *Bellagio Declaration* has formed the basis of all further thinking and action in the field. The *Declaration* also “put ITI and IDRC on the international tobacco control map” (Armstrong & Whyte: 169) by including a request that IDRC “lead a round table process of consulting with other agencies, countries and experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development”.

→It was somewhat ironic, then, that the subsequent decision by IDRC to reconfigure the ITI as a secretariat served to put it at a distance from the very strengths for which the Centre was selected to play this role, disengaging it from a natural link to PI structures and programme staff, Regional Offices, Centre networks (and, of course, annual budget allocations).

In addition to its growing project portfolio, probably the most critical “*programme expansion*” event in the shift from ITI to RITC came at the end of the decade with the appointment of its first Executive Director, someone from within IDRC and with expertise in tobacco control. In a December 1998, a strategic meeting-cum-retreat organized under his watch, confirmed the Secretariat’s mission statement as per the ITI, emphasizing its role “as a strategic catalyst in promoting tobacco control research to serve as a basis for policy development in the South” (notes from the retreat).

As part of this, RITC undertook the three Regional Agenda-setting Workshops. These Workshops operationalized this “strategic catalyst for the South”, aimed at grounding the then-emerging global tobacco control agenda process in the realities of the South. The Workshops sought to “bring together researchers, policy-makers and advocates....; promote strategizing and capacity building....; motivate and encourage research and policy-makers to work in partnership....; prepare a research agenda....; promote multi-country and comparative research (and) devise mechanisms for facilitating information sharing, dissemination and policy development in the region’ (RITC 1998/b)

From each of these three regional interventions, small 2-3 person “nodal” groups were to be formed, each to begin to implement the agenda through research projects. While expected to be fairly small, given RITC’s limited budget, these would <over a couple of years, build a research base>, strengthening capacity and, hopefully, attracting other donors through increasing quality⁴ (former IDRC officer).

With the departure of the ED that year, these first systematic attempts to anchor RITC directly and in a fairly major way in the realities of Southern research priorities and capacity were not pursued. Part of the reason was probably structural: in a time of transition between Executive Directors, no one took the decision to further elaborate the agendas or to create the nodal teams. More explicitly, the perspective of future resource uncertainty on the part of the new ED, coupled with the certainty of a depleting current budget balance, appeared to play a major role in pushing for caution against committing the Secretariat to the expectations of regional action beyond what it might be able to deliver.

→ All of those respondents familiar with the Workshops agreed that the concept was a good one, but that follow-up actions would have had to be taken immediately to seize the momentum. A year or more later was <too late; researchers in the regions move on to other pressing issues when no money is available for one, even when that one is agreed to be important>. (donor agency officer). RITC’s failure to act in a timely way was unfortunate; it was probably unavoidable in the circumstances.

There was, however, crucial value realized from the Workshops for RITC, and the wider tobacco control community. Synthesized results of the three regional perspectives formed the basis of RITC’s presentation at a World Bank meeting in Washington in 1999,

⁴ <> are used in the text to indicate indirect interview quotes. Regular quotation marks “ ” are used only where quotations are exact, taken from written documentation. For the purposes of confidentiality, interview and written communication sources are not identified except in generic terms.

“the most significant aspect of which (was) RITC’s positioning as the organization responsible for co-ordinating the global research agenda on tobacco control. RITC was acknowledged as the natural leader in this respect both as a result of our research orientation and our experience and foundations in developing countries” (L Waverley March/99 Trip Report: 4)

Several of those interviewed agreed with this assessment. Most significantly, following this meeting, RITC was invited to collaborate with the WHO/TFI in developing the Global Agenda on Tobacco Control.

→The outcomes of the regional agendas fed directly into both.

The Washington meeting presentation, coupled with its other international interventions, served to associate the Secretariat with a number of new partners and players:

- The Rockefeller Foundation, for example, became an important collaborator as an intellectual resource and occasional financial contributor through its Tobacco for Health Initiative. It co-funded RITC’s 2002 “Bridging the Research Gaps” conference; and was part-funder of a project in Vietnam.
- Another counterpart agency, the Fogarty International Centre of the National Institutes of Health, in 2001 “cited RITC’s work in developing regional research agendas for tobacco control among the factors that were instrumental in the development” of its \$3.5m International Tobacco and Health Research and Capacity Building Programme fund. (RITC 2002/a: 14)

As an example of a generally good pattern of “informed action” in RITC, and a further step in the evolution of its mission and mandate, the Secretariat itself used the messages of the regional syntheses to guide its own strategic planning exercise in 2000, under the guidance of the ED who had taken up the post in January of that year. That exercise noted, in particular, the regions’ expressed needs for:

- “standardized and comparable tobacco control research findings” to mobilize policy-makers, especially at local and regional levels;
- “production of knowledge using multiple mechanisms and strategies”;
- “a network for communication of information, data and best practices”;
- “capacities for tobacco control research, especially in non-health related areas such as economic and policy analysis”;
- “concerted mobilization of human and financial resources in order to implement a comprehensive research agenda, build partnerships and stimulate comparative research and analysis” (Kamal 2000: 5-6)

Persistent Challenges....

From all of the above, it is clear that RITC has continued to reconfirm a commitment to much, if not all, of the original – and still relevant – thinking of the ITI. It is also clear, however, that attempts to apply this thinking to its practice were frustrated by various structural factors, budgeting and staffing, that left much of its efforts at only a “touching the surface” level. These factors are discussed below as part of presenting the

evolution of the Secretariat, but commented on in more detail throughout the evaluation because they are continuing to influence negatively the Secretariat's ability to establish programmatic traction.

The initial ITI arrangement, and even the reconfiguration into a Secretariat, might have worked well had there been the kind of strength and continuity of leadership that such a loosely-coupled system needs to guide and catalyze its development; to keep the various programme strings in hand and gradually weave them together. This did not happen, and the ITI, then RITC, was continuing to struggle as of the 1998 Secretariat Review which described it as “faltering”. The cause was seen as essentially one of omission: “relatively little attention ... (was being) given to what exactly was to be delivered, whether it could be delivered or whether IDRC had the knowledge, expertise and experience to deliver it” (Armstrong & Whyte: 170).

Perhaps, also, the Centre was unprepared to provide enough of the expertise it did have. With respect to RITC, the five key recommendations of the overall Secretariat Review – defined as the collective tasks of the IDRC Board, Senior Management and the Secretariats themselves -- cannot be said to have been acted on in any robust or comprehensive way in the case of RITC. A business plan and accountability and strategic frameworks were not developed, although an attempt was made by the RITC retreat at the end of 1998 to develop performance targets. Nor did it appear that serious stock was taken of whether the “core individual and team competencies” of the Secretariat were in place (Ibid: 5).

→ No one interviewed, nor any of the documents, indicated this failure to take action as a matter of intentional decision *not* to do so. Rather, it seems more simply to have been a function of insufficient determination and time on the part of a minimal RITC staff and its light-handed Centre governance to do so.

One implication of this staffing issue which warrants comment here, as part of understanding the place RITC has reached in its evolution as a development research funder, concerns the character of its projects in its first years (1994-9)⁵. While they all took place in the South, some comments noted that they were fairly “Northern” in their orientation, and most were technically fairly sophisticated. Four of nine recipient institutions, and at least one project leader⁶, were located in the North. Also, only six countries were involved, and three different Southern institutions, and all of these were fairly strong as recipients, either in themselves or in their Northern-based collaborators. The projects were not, in other words, particularly typical of the IDRC norm.

⁵ Political Mapping (Vietnam); Smoking Behaviours and Attitudes (Turkey); Evaluation of Comprehensive Tobacco Control Strategies (Turkey); Comprehensive Tobacco Control Research Program (South Africa); Economics of Shifting from Tobacco Cultivation (India); Cigarette Consumption, Production and Taxation Policy (China); Global Alliances for a Generation of Tobacco Free Children and Youth-CPHA; Building Alliances for a Generation of Tobacco Free Children and Youth (WHO); Economics of Tobacco Control (South Africa) Phase II

⁶ The four recipient institutions: Path, University of California/Berkeley, CPHA and WHO. The China project leader was located at UC/Berkeley.

While it is difficult to say what the project development process was in the case of these projects, it seems logical to assume they did not require extensive on-site development or monitoring time on the part of RITC staff, given the capacities of the institutions and researchers involved. This assumption is given some support in that no country with a known weak institutional research base is represented – which would be a consequence of no one having been there to do the required development fieldwork.

This issue is not simply an interesting historical note. It is important in understanding RITC's current project profile vis-à-vis its development goals:

- no new projects, other than a fellowship grant and the new FCTC small grant programme, have been funded since 2002;
- in 2002, only 5/10 projects were funded in the South (two of these involving previously supported organizations/researchers).
- two other projects were in the NIS and Russia; and
- three involved small grants/fellowships and manual development, activities essentially conceived and managed by/in RITC.

Again, there is nothing inherently wrong with such a profile, or certainly of the project activities within it. The issue for RITC *as a Secretariat of IDRC* is the -- relatively, at least -- “missing South”, and in particular those weaker research institutions and communities which are the Centre's primary constituency. The dilemma raised by RITC staff and IDRC, including a TAC advisor, is how to address the gap given current human and financial resource constraints⁷.

Finally, the issue of boundary partners perhaps warrants a brief comment here. As defined in its Outcome Mapping plan, “RITC's contributions to development are (expected to be) planned and assessed based on its influence on (the researchers) with whom it is working to effect change” (Earl: 1). In the more typical programming parameters of IDRC, and the assumptions of the tobacco initiative as originally conceived, such a designation makes sense. Ultimately, it is the change in researchers

⁷ The following quotation merits including here. Made as a comment on the first draft of the evaluation, it is accurate in noting the gap in the evaluation. More importantly, however, it usefully extends the analysis by indicating something of the dilemma RITC has continued to face as a Secretariat of IDRC: committed on the one hand to a *development* focus in and with the South; while at the same time committed to a research mandate which is global and needing support from the global community to be financially viable. Where and how to draw the line among countries seems never to have been clear or agreed. “The evaluation fails to refer to the pattern of the tobacco epidemic and the concomitant morbidity and mortality and how this might influence RITC's decision to work in certain countries. For example, many African countries are in Stage 1 of the epidemic with low rates of smoking amongst both men and women. Countries in Central and Eastern Europe and the NIS, on the other hand, are in stage 3 with very high rates of tobacco use amongst both men and women. What does this mean with respect to RITC's focus of work? The Bellagio statement reads, “*participants invited ...IDRC, to lead a round-table process of consulting with other agencies, countries and experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development.*” It would be worth clarifying whether this excludes middle-income countries. Also, given the global nature of the epidemic and the success achieved by some countries, particularly those in the North, there is an opportunity to learn from and/or build on these successes”.

which is key in leading then to changes in how they design, conduct and disseminate policy-relevant and usable research – and from there in actions taken to reduce smoking.

What is also significant in the reality of RITC's evolution, and the assessment of that evolution, however, are those people and organizations whom it has not designated as “boundary” partners. Designated in its OM documentation as “strategic” partners because RITC is “not attempting to influence” their behaviour, these are the counterpart and partner groups engaged in tobacco control with which RITC collaborates and associates: IDRC, HC, CIDA, SIDA, WHO, the World Bank, Rockefeller etc (Earl: 2).

It is perhaps unfortunate that these groups were not included as boundary partners, however, because they have in fact been central to RITC's development – and to the strengths and weaknesses in that development. Positively, they have extended RITC's reach through joint initiatives, encouraging its researchers and engaging with its various coordinating efforts such as the “bridging the gap” exercise. Less positively, they have impeded its reach by failing to follow through on funding commitments and expressions of interest. Indeed, the most pressing concerns with which RITC has dealt have been those aimed at influencing the “behaviour, relationships, actions and activities” of these groups towards more interaction, coordination and support on tobacco issues. It is on them that RITC's viability as a Secretariat has been made to depend.

→ Perhaps had these groups and agencies been perceived from the outset of the Secretariat as its *first-stage boundary partners*, more attention might have been given to ensuring RITC had the resources needed to influence them.

III PROGRESS TOWARD INTENDED RESULTS: Outputs and Outcomes⁸

As indicated in the previous section, RITC is a multi-dimensional programme of coordination, research and capacity building. It engages with multiple types of boundary and strategic partners, and has gone through several evolutionary – but largely unplanned and fairly fractured – phases. The evaluation has, therefore, tried to look at the results it has achieved within as broad a frame as possible, to capture as much as possible of what it has done and where it has laid a base for doing more. This next section, on factors influencing results, will pay more attention to results missed and why.

The Outcome Mapping/OM Framework used by RITC since 2001 has been an important guide here, much of the content of this section is drawn from the extensive notes of the

⁸ As used here, outputs and outcomes are matters more of degree than of kind. Both are results insofar as they are indicators of the “difference” RITC has made/influenced through the inputs and activities it has undertaken. Outputs are the more immediate, concrete results which, though important, are not likely to produce lasting change to people's thinking or actions; outcomes are changes more likely to be sustained. In Outcome Mapping terms, these are akin to progress markers in the sense of being incremental steps toward meeting “outcome challenges” : outputs might be considered among the “expect to see” category in being fairly straightforward indications that the work is being progressively more/better done; outcomes are those results RITC would “like to see” and “love to see” as signs that it is reaching intended levels of influence.

“Outcome Journal” the Research Officer/Co-ordinator has been maintaining, with input from RITC staff and researcher progress reports, on:

- the range of outputs and outcomes achieved by boundary partners, with respect to the nature and quality of research undertaken, disseminated and used; and
- the outcomes realized by RITC itself in terms of changes in the quality, scope and effectiveness of its performance as a multifaceted research for development programme.

The OM as a tool for “informed action” by RITC will be discussed in the next section. It is important to note here, however, that because researchers and other partners were not engaged as active participants in the OM process (beyond answering outcomes questions on reporting forms), they may not have been especially proactive in providing feedback on results, one implication of this being that results may be under-reported. Also, prior to the OM Framework, no systematic monitoring was done in the Secretariat. Results discussed below realized from these earlier years are, therefore, somewhat tenuous and inevitably incomplete.⁹

The following discussion looks at results in the three broad areas of RITC’s professional action: co-ordination for programme and partnership development; support to research project activities; and capacity development, chiefly through small grants arrangements. It should be noted that these categories are not mutually exclusive. For example, RITC expects that capacities of researchers will be enhanced through the research process. At the same time, a number of RITC’s researchers have been integral to its co-ordination efforts through their participation in international tobacco control agenda setting and dissemination events.

A) Co-ordination and Elaboration of its Tobacco Control “Vision”
Outputs

→ Formulation of three Regional Tobacco Control Research Agendas through the RITC-organized meetings was a first level output. As noted elsewhere, while these events did not produce the comprehensive outcome-level results which were initially anticipated, according to a senior RITC officer who was involved “...their synthesis did generate value-added as RITC undertook the drafting of the Global Agenda for Tobacco Control Research in 1999 at the request of a coalition of tobacco control institutions. This Agenda was endorsed by the Global Forum for Health Research in Geneva in June 1999 and published, in collaboration with WHO in July 1999.”

→ Research supported and co-ordinated by RITC is moving onto a wider international tobacco control agenda, with the potential of strengthening that agenda.

⁹ For the most part, this section of the evaluation deals with the period of RITC between 1999 and the present. This focus was agreed in the TORS and is also the period during which all of those interviewed were involved with the Secretariat and about which most of the documents consulted dealt. Inevitably, of course, some of the analysis links back to the origins of the programme in terms of results realized and factors contributing to its successes and to the problems it continues to face.

- Results of the several sub-studies of the economics of tobacco study in South Africa served to <fill a global gap> in adding to the international data base on the economics of tobacco, one which agencies such as the World Bank see as critical to initiatives like control-oriented tax policy. Phase I of the research was “pivotal in the organization of the first ever international conference” on tobacco economics, “the first of its kind to showcase research results on this topic that were generated by researchers from developing countries:”

The conference “marked a new phase in tobacco control efforts, shifting the focus away from traditional health and medical concerns toward a greater emphasis on economic analysis to guide public policy making; (and) serving to strengthen alliances between international agencies involved in tobacco control research, such as RITC, the WB and WHO, in terms of developing a global framework for economic policy development on tobacco control” (PS: Economics of Tobacco Control Ph II: 5)

- Somewhat more modest, but nonetheless valuable, were the decisions of the International Tobacco Evidence Network (ITEN) to use papers from the South African economics of tobacco project as input to development of its research and technical assistance programme; of the University of Illinois Health Research and Policy Centre to put RITC articles on its “ImpacTeen” webpage; and for the French language materials from the RITC website to be included on the CD-ROM of the International Union for Health Promotion and Education.

→ RITC, as a secretariat and through the projects it has funded, has generated a relatively extensive library given the small size of its portfolio and the few staff available to plan, assemble and manage production. Based on comments from partners or counterparts who are familiar with some or all of these documents, they are considered of very good quality and unique reflections of knowledge in the field. Several are joint publications of RITC and other agencies, enabling a wider distribution system and potential readership and utilization base. Some of the main titles include:

“Research Priorities for Tobacco Control in Developing Countries: A Regional Approach to a Global Consultative Process”. Tobacco Control Journal, June 2000.

“Strengthening the Evidence Base for Effective Tobacco Control: A Global Agenda for Research”. WHO Bulletin

“Confronting the Epidemic: A Global Agenda for Tobacco Control Research” (with WHO)

“Community-Based Intervention Handbook” (with RF; in process)

“Tobacco Control Policy: Strategies, Successes and Setbacks”, 2003 (edited with the World Bank)

“At What Cost? The Economic Impact of Tobacco Use on National Health Systems, Societies and Individuals: a summary of methods and findings”. 2003 RITC Monograph Series No. 1.

“Tobacco Control Advocacy and Policies in Developing Countries”. 2002 In Encyclopedia of Public Health

“Qualitative Research Handbook” (in press)

B) Research Support

Outputs

→ It is assumed that all RITC-funded projects have produced new knowledge on tobacco use, production and control strategies, and on the implications of these issues for policy and/or practice. It is not within the terms of this evaluation to provide a detailed listing or analysis of project results as such¹⁰. What this evaluation can say is that the quality and relevance of research results produced appear to be high. Evidence of this is indirect, but not unimportant:

- None of the documents reviewed or respondents interviewed (all of these experts in the tobacco control field) indicated concerns with the professional rigour of the researchers or studies supported by RITC. On the contrary, comments made were very positive.
- A number of project studies have been reported on, referenced by and/or accepted for publication in international (agency) materials and professional journals.
- Both RITC researchers and the presentations of their studies have been well received in international forums, including worldwide conventions on tobacco control.
- As noted in (A), a number of RITC-produced materials are appearing on the websites, CD-ROMs and training curricula of other agencies.

→ Despite the above caveat, there were some concrete indications of the quality and/or value of various project outputs in the data of the evaluation. For example:

- Interim results of the project on determinants of tobacco use by disadvantaged women in South Africa and disseminated through RITC-supported meetings, reinforced an association between the team and health professionals in Sweden. This, in turn, led to their developing a further, intervention-oriented, research phase of work, one with apparently good potential of SAREC support.
- In Turkey, research results of the project to analyze smoking patterns among young people were “used directly to support the arguments against advertisements through Formula-1 races” – making a critically important link to the kinds of incentives which attract youth to smoke and which tobacco companies can use to circumvent other kinds of controls. (Erbaydar/Narrative Report: 2)
- In Argentina, data from the research on youth leadership and tobacco use led to production of two training manuals, one each for young people and teachers; an interactive CD on the “Tobacco Epidemic”; and a tobacco control information report as input to potential legislation. Important for sustainability and scope, the project also developed relationships with medical professionals through a mentoring programme to train them in assessing smoking behaviours; and with

¹⁰ In any event, such a listing would say little beyond the fact that they were produced, and it is suggested in the last section of the evaluation that, at some soon point, RITC undertake a comprehensive synthesis of the several sets of knowledge areas it has helped to elaborate, including any changes to actual tobacco use or production which might have resulted from research findings.

the Secretariat for Prevention of Drug Addiction, which previously had dealt only with drugs and alcohol, enabling “reaching youth province wide” with the tobacco message (Alderete: 2).

- The project on cigarette consumption and taxation in China “provided inputs to the newly-established integrated cabinet committee exploring a possible increase in the tobacco tax, (the) findings have convinced the Ministry of Finance that raising the tobacco tax would increase revenues, the eliminating the Ministry’s fear of potential loss of revenue.” (Outcome Journal PM 18/3)

→ In conjunction with PATH-Canada, and with input from the RF-funded network in the region, the economics of tobacco project in Vietnam produced a “Low-cost Research for Advocacy” guide. Focusing on “changing laws and policies”, the guide is “meant for NGOs and other agencies working on tobacco control that may not have much experience in, or resources to conduct, research.” It is available in English, making it accessible to other countries in the region (PATH 2003:27). A second document, “Burning Issue: Tobacco Control and Development”, draws on data of the research to suggest ways in which organizations can incorporate tobacco control messages into their ongoing activities.

Several of the Vietnamese researchers have also been able to share their results and extend their skills through links with regional and global experts in various tobacco control networks. They have also participated in regional training workshops and presented their findings to international conferences such as that in Helsinki where their work was “shown strong support” (Ibid: 28).

→ A “unique” data base format was created for the six NIS countries involved in the economic burden of tobacco study conducted in those countries, a process which also gave the team important experience in dealing with large data sets.

Outcomes

Longer-term outcomes from any research activity are difficult for RITC (or any funder) to claim without systematic follow-up on sustained changes. The actual actions are taken by those researchers doing the data collection, analysis and interpretation into policy or practice, and those who then use the results to change their attitudes, behaviours or policies. That said, in providing the funding, and in the ways in which the financial and technical support is provided, RITC does appear to have influenced the nature, quality and effectiveness of the work done. Overall, the indications of longer term results of research activities have been positive. RITC has also, more indirectly, enabled learning-by-doing capacity development in these projects.

→ In South Africa, the policy-oriented economics of tobacco project (particularly the first phase) had a “very pronounced” impact on domestic policy, leading to the implementation of strong national legislation to control tobacco use. Consistent with RITC’s emphasis on application, “(a) sizable number of stakeholders” such as the National Council Against Smoking “were drawn into the research process” and “used

many of the research results ...as theoretical and academic justification for their advocacy activities.” (van Walbeek/b: 2)

RITC support to this country has also served the critical function of keeping researchers in the field of tobacco control for a much longer period than otherwise might have been the case. Through a succession of grants, RITC has enabled several researchers to come back into the field after being out of it for some time; to extend the scope of their research to other issues of the epidemic among and around different groups and sectors; to strengthen their own skills in conceptualizing, and successfully marketing to donors, “more sophisticated” research proposals; and to engage a second generation of social and economic researchers in tobacco issues through the students they are mentoring.

→ Another project in South Africa, on tobacco use patterns among disadvantage women in the townships, also appears to have had an important outcome in enabling team members, through their participation in the various sub-studies, to develop a more comprehensive understanding of both the sectors involved (health, sociology, psychology, dynamics of poverty etc); and of different qualitative and quantitative approaches to the analysis of these. One of the researchers was able to use her experience in the project as the basis for her MA at the University of Cape Town.

→ In Argentina, the action research project on youth smoking realized multiple outcomes, and did so with enough quality to enable the research team to attract further funding:

“One year after receiving RITC’s grant we can show outstanding results in terms of learning about youth and tobacco use, community mobilization and engagement in tobacco control and policy development initiatives; increased public awareness and participation, openness from the public media, participation and leadership of youth in tobacco prevention and control activities; (and) increased awareness and willingness to promote tobacco control policies among local policy makers with influence at the national level. RITC funding was also a facilitating factor in applying and receiving funding from Fogarty International Center’s Tobacco Research and Training Program.” (communication from project team leader)

→ The US-based project leader of the Brazilian study on smoking patterns among women in the workplace confirmed her continued commitment to tobacco, and further reinforced the importance of community participation approaches as a means of doing this. While acknowledging that she could have designed and managed the capacity component of the project more effectively, she indicated that the research experience *per se* had had a significant impact on her Brazil-based counterpart, and her <sense of responsibility> to continue in the field, despite struggles of acquiring capacity and resources. Undergraduates have also benefited from the latter’s dedication to the field and to her subsequent efforts “to training the next generation...motivating students to engage”, through her mentoring on “different approaches to tobacco control and the data collection process” (Outcome Journal PM 17/2)

→ The project in Turkey noted above produced indications of longer-term results, including making a committed “anti-smoking activist” out of the senior Public Health researcher, brought for the first time into tobacco control issues by engaging with the research. The project also introduced a Canadian member of the team, a nurse and tobacco control advocate, to research – an activity she is continuing through a project in the London School of Hygiene (Erbaydar/Narrative Report: 1)

→ Four RITC-supported researchers have secured support from Fogarty which, in the opinion of one informant, would probably not have happened without that experience.

c) Capacity Development

As evidenced in the discussion above, positive changes have been realized in the abilities of RITC’s boundary partners to formulate, conduct and move research as they participated in, and managed, projects and disseminated their results. Researchers confirmed, and several strategic partners reinforced, the considerable learning, insights and skills acquired by them in the formulation and management of their studies through the informal mentoring support they received from Secretariat staff, on a most regular basis by the RITC Research Officer/Co-ordinator and former the SPS who was there from 2000-2002.

In addition, RITC has undertaken more specific capacity development actions, both parallel to, and independent from, the projects.

→ Several research manuals have been produced through RITC directly or through its funded projects.

→ A number of researchers have been supported to attend international conferences and to present their work in various roundtable, workshop and plenary sessions. It is a practice which has provided them access to the global network, and to learn from peers and experts.

→ Five individuals have been directly supported in their graduate degree research through RITC grants, 3 in South Africa, one each in Nepal and Turkey. Four others in South Africa have been helped in obtaining MA degrees, and researchers in SA and Brazil are working toward PhDs, in large measure on the basis of involvement with RITC-supported research projects. Two others, as winners of the writing competition in South Africa, have moved into tobacco-related graduate work.

→ A proactive approach to South-South capacity support is being taken by linking one of the South African researchers and the analytical model produced through the project with counterparts in Jamaica. Under the auspices of RITC and Health Canada collaboration to help countries ratify the FCTC, this initiative has only recently begun. Apart from the output of data analysis (which apparently is very promising in terms of testing the generalized applicability of the model), there have been no capacity outcomes reported.

→ Another small grants competition aimed at researchers in the Arab region was approved in 2003; out of a submission of 13 concept papers, four had been short-listed. Unfortunately, changes in SPS staffing and a slower than anticipated start-up by the new officer disrupted follow-up. It is not clear where the competitions process now stands.

These activities, coupled with the more indirect capacity outcomes of the projects, are certainly positive initiatives toward building a base of tobacco control Southern researchers. They have also generated reasonable capacity outcomes for the Secretariat. At the same time, they have also been fairly modest and generally random as capacity-support actions. Overall, based on the data collected here,

- ITI/RITC cannot be characterized as especially strong or effective in terms enabling *the systematic, focused and sustained generation of researcher and research institution capacity in the South either to do tobacco control research projects or, more importantly in the long term, to conceptualize, design and manage comprehensive tobacco control research strategies and programmes.*

It is no doubt the case, and no doubt important, that individual capacities are being strengthened by RITC; even senior scientists are being helped to <think outside the box> according to one. Ultimately, these will carry the change RITC hopes to influence.

However, the impact and sustainability of these activities *expressly as contributions to development* would be stronger if they were more systematically planned and facilitated as *learning events*, and designed within an institutional -- or “community of practitioners” -- development framework.. The writing competition in South Africa was one attempt to be more focussed.....

In this case, the idea was a quite creative one on the part of the project leader of the economics of tobacco project who designed and managed it: to encourage young academic researchers from the region to engage with tobacco control issues by providing a prize for good senior research papers by students in any discipline. Despite the large mail out to universities across the region, the results <proved disappointing>. Only six reasonable papers were submitted; only two fundable.

While sound in intent, reflected the limitations of RITC capacity work in general. As described by the designer himself, the explanation appears to be fairly straightforward. As a capacity building initiative, there was a mismatch between supply and demand: a fairly light-handed approach to the activity in simply inviting participation, as opposed to mobilizing or facilitating it; coupled with a level of capacity in the potential recipient communities too weak to take advantage of the invitation.

The explanations as to why a stronger capacity orientation has not emerged appear to be several, and these are interlinked:

- Principally, perhaps, is the point made by one former RITC officer with strong ties to the IDRC development culture and approach: that it had never been intended for the Initiative to *highlight* a capacity function – although clearly it was assumed capacities would be enhanced through the opportunities provided

through projects. For this reason, <there was never a comprehensive plan for it. Priority was for projects, and it was assumed that with each project, there would be some capacity development – a degree funded, TA or a manual>.

- According to the OM exercise in noting that “building the capacity of endogenous researchers is a crucial result the Secretariat is seeking” (Earl: 2), this situation might be changing. However, there is still no plan as such for an overarching capacity strategy, one “encompassing elements such as formal academic support, short course, conferences, travel etc” (Kennedy/b:4). Nor is there an agenda for institutional strengthening.
- In this context, it is not surprising that the small, intermittent and on the whole uncertain budget available to RITC generally was mirrored in funds available for capacity activities. Also, no staff with a particularly strong capacity-orientation was in place long enough to design, manage and argue for a comprehensive and coherent learning component to the programme.
- In this context, too, the focus on occasional individual grants for thesis research and small studies has not been an unreasonable one. Even in weak research environments and new research areas, these can be cost effective where numbers are small, and recipients are specifically identified and closely linked to research activities and/or mentors through which their fieldwork and analysis can be facilitated, guided and monitored. These factors appeared to prevail in the five grants RITC offered.

That said, the grants to the Nepali and Turkish graduate students do provide a good indication of how a small grant arrangement can work. They were approved, in fact, partially with this end in view: “...to test the feasibility of using this modality to support young researchers” and “feed into RITC’s future thinking about potentially formalizing a small grants award programme” (Kennedy/b:1).

The outcomes of these grants were positive, for the students and for RITC:

- With RITC’s mentoring, the Nepali awardee successfully completed one MPH; presented a thesis which enabled policy makers and NGOs to see the credibility and relevance of the data and its implications; and published an article based on his research in the Nepal Health Research Council Journal. His thinking was also turned in the process: toward realizing the need for “strong lobbying against tobacco promotional activities”; and toward his own commitment “to continue other and different small projects ... on other aspects of tobacco use/control” and “to create a tobacco free environment in my work area” (Paudel/b: 3)
- The PhD student from Turkey produced a thesis directly relevant to RITC’s priorities, focusing on women and youth within the particular context of modernization and urbanization, and in ways which “promise a long-term and unique contribution to this understudied area” of cultural and social factors in youth smoking (Kamal/b:1-2). It was also research with potential to link the

awardee's professional career to tobacco control, through her discussion with the leader of two other RITC projects about "opportunities for co-operation" following her studies.

- For RITC, looking at the Nepali case in particular, the grant "underscores the merits of providing graduate support for researchers not directly linked to a RITC-funded project. It provides a means for RITC to expand its capacity-building reach beyond our own projects. The risk was minimal, but the gain was considerable in this case" (Kennedy/b:4).

The lessons learned from the two grants as to why they were so positive are key to note here, however. They may have been low-risk, but in being successful, they were at least medium-maintenance, and would have been more so had the candidates been weaker.

Contributing factors included:

- the constant contact, in this case between the awardees and RITC or its research community contacts;
- the development of a "close working relationship" based on mutual trust between them;
- the quick turn-around in commenting on requests for feedback; and
- a focus on ensuring consistent progress, to "serve as a way to demonstrate RITC's interest in, and commitment to, the successful completion of (the) research" (Kennedy/b:2)

The point being made here is *not* that these awards should not have been done because they were labour intensive and relatively ad hoc; on the contrary, they were done well and had good results. Rather, it is that *future such grants should incorporate the lessons on why they worked*. The largest such programmatic action undertaken by RITC in direct support of capacity development -- the "Small Grants Research Competition to Support Ratification Implementation and/or Enforcement of the Framework Convention on Tobacco Control/FCTC" -- is just beginning.

→ These lessons will be crucial for RITC to keep in mind as implementation proceeds, especially since it is hoped that this exercise will significantly increase RITC's visibility and open it to further funding opportunities as a small grants coordinator in a research-for-development field with no strong actors. The ACS and CTCRI are co-funding the current round, along with RITC; the CTCRI expects to do fundraising for a further phase if this one works well.

At the moment, the project is targeted at individuals as such, not as members of an institution or network; and they are only loosely tied together conceptually (projects deal with the full range of topics pertinent to the FCTC). How the awardees will be mentored to facilitate their developing new capacities in creating a coherent body of knowledge about how FCTC ratification might happen is a key question still being explored.

One counterpart agency officer, herself the manager of a large capacity development for tobacco control programme for NGOs, expressed some surprise at the lack of TA built

into the present plan, feeling that whatever the amount, < a 50/50 split of the grant between research and TA support would have been better; it is critical to invest in the people intellectually>. According to RITC, the matter of such support was “discussed at length” by the competition funders and “all agreed that there simply wasn’t enough time or money to focus on it for this round of the competition”. It will, however, be considered in an expected second round.

IV FACTORS INFLUENCING OUTCOMES: STRENGTHS AND WEAKNESSES OF RITC

This section discusses the factors which appear to be influencing what RITC has been doing, how and why, and with what outcomes. The intention is to be as explanatory as possible, to provide a mirror to the Secretariat, and to IDRC and the Steering Committee as those responsible for its governance, about RITC’s progress, and to guide consideration of future goals, strategies and operational arrangements. Five factors are discussed here:

- *Relevance* to Tobacco Control Research and Sustainable Development;
- *Appropriateness* of Focus, Structures and Delivery Methods;
- *Human Resources* - Partnerships;
- *Financial Resources* - Resource Expansion and Budget Patterns; and
- *Informed Action* and Outcome Mapping.

A) Relevance of RITC to Tobacco Control and Sustainable Development

- Overall, the strong perception among its boundary and strategic partners is that the initial rationale and mission of ITI/RITC continue to be fully and directly relevant to both the field of tobacco control research and to sustainable socio-economic development *in* the South. At the same time, RITC has perhaps not yet established itself as strongly as it should *with* the South; and thus the case for tobacco control as a *development* issue has yet to be fully made, especially with those agencies which influence and fund that agenda.

MAKING PROGRESS...

RITC remains the major source of funding for comprehensive and integrative (research with action) tobacco control research in the developing countries. Within a still very small field of donors supporting such projects, one made even smaller since the closure of the Rockefeller Tobacco for Health Initiative in 2003, RITC is consistently identified as having the <recognized mandate> of providing and co-ordinating support to multi-country development-oriented studies, and bringing the results of those studies (often through the researchers themselves) into the international arena.

Described by one donor partner as <unique in its ability to play a role in bringing diverse perspectives together> and <to keep an eye on developing country priorities>, the

presence and role of RITC and its links in the South¹¹ is seen as having been pivotal to the quality and grounding of much of the discussion in both the Chicago and Helsinki World Conferences. Its support was consistently described by some of those researchers (those contacted and in the reporting documents of many others) as having been key to their ability to initiate professional-quality, internationally-informed, research on both tobacco use and control -- research they consider to be both ground-breaking and, in some cases, catalytic to real change.

Seven issues related to relevance appear to be producing and/or influencing the nature of these results.

(i) RITC's four research areas continue to be seen as both relevant and critical to expanding the knowledge and capacity base of tobacco control research.

No one – neither partners nor counterpart agencies – recommended that any area of the current research agenda be removed as anything less-than-essential. According to one IDRC officer, tobacco control as defined within RITC, is keeping it and the Centre “ahead of the curve” with respect to the field globally. While other topics were suggested in several of the interviews and review documents, these were “in addition”, and in most cases those suggesting these additional topics were cognizant of the risks of expanding the framework any further.

→ *From its outset as ITI and then RITC, and despite some concern with its limited Southern links and a relatively small programme of work, senior officers responsible for co-ordinating and directing the programme are perceived to have pursued interactive and professional ties to the priorities and needs of the global tobacco control community and its research agenda. They have also actively contributed to creating both that community and that agenda, pushing both toward an increasingly more comprehensive understanding of tobacco production and consumption as part of “sustainable development”.*

The parameters of the ITI were initially set through review of the field by IDRC officers and a commissioned survey of the field by PATH. According to RITC, “the three regional agenda workshops established in detail tobacco control research priorities at the regional level. This knowledge served to inform RITC’s choice of research priorities and also served as a basis for the development of the Global Agenda for Tobacco Control Research, guided jointly by RITC and WHO/TFI. The Framework Convention on Tobacco Control echoed many of the tobacco control issues highlighted in the Global Agenda”.

The continued participation by RITC staff and many of its funded researchers in key international forums, such as the World Conference on Tobacco for Health, coupled with the involvement of RITC Executive Directors on various agency tobacco control steering committees and review panels appears to be ensuring the continued timeliness of the *substance* of the research, not simply the thematic titles.

¹¹ Limited though these links may seem from an IDRC perspective, from the viewpoint of the global tobacco control community RITC is the main agency acting in these regions.

→ *Although officially constituting only four of the eight elements of the Global Tobacco Control Agenda, the RITC research areas are in fact broadly inclusive.* In this, it has been able to accommodate most interpretations of those themes relevant to specific country contexts. Indeed, finding reasons to exclude, rather than to include, proposals appears to be the more pressing challenge for RITC with respect to maintaining focus.

In this respect, RITC is strongly perceived as continuing to fill very real knowledge and capacity gaps in terms of Southern research on tobacco control. There are no other international donors systematically funding research in these areas and communities, or attempting to do so in the holistic way which RITC is. In terms of topics, the research areas of tobacco-related economics and agricultural substitutes for tobacco production (an issue critical for small farmers and farm labourers), are proving especially important in this regard.

The punctual, and at the same time sustained, support ITI/RITC provided to South African research in Phase 1 of the economics of tobacco control is regularly presented as the *epitome* of its ability to be in the right place, at the right time, with the right kind of support to a new area of tobacco control policy research. In this case, the relevance of its mission and mandate were made obvious in the power of the data which researchers were able to provide to those managing the tobacco control legislation process.

Only one person, formerly associated with the Secretariat, indicated a <limited faith> in research into tobacco crop alternatives as a viable topic for RITC to pursue, although he also recognized the political importance of dealing with it in certain country contexts. The World Bank and FAO have approached the issue, but their support to serious research is considered minimal. RITC has so far supported three projects under this theme, in India, Zimbabwe and Brazil (this last under separate funding). The first, a fairly large one in RITC terms, is considered by several respondents to have had particular merit insofar as it involved farmers themselves in testing changes to practice.

→ *According to the 1998 Secretariat Review, those “with missions in harmony with broader Canadian public policy objectives have the most chances of receiving sustained strong support” (Armstrong & Whyte: 33). In terms of tobacco issues, RITC appears to be realizing success in this regard.*

Most obviously, RITC’s agenda integrates very well with Canadian domestic anti-smoking policies and the efforts of HC and the CIHR to enable Canadians with appropriate experience and expertise to disseminate the lessons learned internationally. Collaboration with the FCTC is another example of how the domestic and global agendas of HC and RITC seem to align well. It is doing less well, perhaps, in finding ways to align itself with Canada’s ODA agenda as it is being *applied* by CIDA¹².

¹² CIDA officially supports tobacco control as a health issue under the basic human needs umbrella, but has not yet reflected this in country programmes.

(ii) The fact that RITC is not limited in the types of recipients with which it can work is a critical feature in ensuring relevance. Government, academic and civil society/NGO researchers are all eligible and encouraged to approach RITC for support. Criteria for support also includes, as much as possible, linkages among those groups. Such flexibility has proven especially valuable where tobacco control remains a politically high-risk issue. According to one boundary partner, for example, larger international donors working in her region “reach NGOs only through venues involving government bodies”, making it more difficult for those studies which might threaten “to confront the powerful”. RITC’s ability to “reach a wider spectrum of NGOs and community organizations” has contributed directly to the effectiveness of the research:

“In a tobacco growing region, this was an issue that “nobody wanted to talk about”. It was unheard that anybody would publicly speak out in support of tobacco control. When we initiated our program, we were warned by many of the difficulties of our task One year later, we have opened channels of communication, and of social expressions, so not only the voices of the “powerful”, namely the tobacco growers and international tobacco companies are heard in our society: many “small voices” are now coming together to offer an alternative point of view and to act in defence of the right to health and a healthy environment” (written communication).

(iii) RITC support to multiple research methods, and its emphasis on those most likely to lead to policy action and behaviour change, remain essential factors in terms of ensuring relevance. In general, indications are positive that the efforts made to ensure this criterion are proving successful. Guidelines requiring proposals to “demonstrate relevance (and) potential to influence” tobacco control policies and broader development priorities, and to involve “key stakeholders and research users” are producing project conceptualizations and designs which make the connection to application explicit. Several interim and final reports of projects aimed at policy change indicate concrete actions taken to engage with policy-makers during the course of the data analysis and interpretation, resulting in at least “expressions of interest” in the information being generated from prospective users (e.g. provincial government leaders in Turkey).

A more limited, but not insignificant, number of projects directly combine research and action, providing critical “venues for the involvement of stakeholders in the research process, and for the initiation of community actions from the onset” (one project leader’s written comment in support of such designs). Action-oriented research, involving tobacco users, producers and advocacy groups, and realized through both multi-partner collaborative designs and participatory methods, is still a fairly small part of RITC’s portfolio.

It is recognized by many, however, as a key focus for RITC to push further in order to maintain – and increase – its relevance and impact. More such action research designs, especially those linking researchers with advocacy groups, were urged by several partners and counterpart donors. The risk of <over-reaching> in going this route was noted, but a programme like the new FCTC small grants – if effectively managed – is seen as a useful step into that arena if researchers work with advocacy groups to provide the data they need to make the case for ratification.

(iv) RITC continues to focus on research which addresses the threat of tobacco to at-risk groups e.g. the marginalized poor, youth and women. These are the people in developing and low income countries who are becoming increasingly the targets of the tobacco industry. Data on the vulnerability of these communities to tobacco messages, the precipitating conditions to their starting and ceasing to smoke, and the particular health and socio-economic threats to them in using tobacco are key to the development of effective policy and intervention strategies.

Within its development framework, RITC has made this dimension of tobacco control research a major focus of its funding from the outset, and continues to do so. Evidence from trip reports, project files and pipeline correspondence indicates that RITC staff have regularly raised these priorities with research proponents, helping them ensure appropriate study design, data collection methods and analysis.

→ RITC has supported four projects specifically addressing issues of women and tobacco use, and seven others where women as such and/or gender relations were highlighted. While not all projects include gender disaggregated data, most do. In addition, at least seven projects have involved women in a significant position in the research team, if not actually as project leader.

→ In all, the Secretariat has supported six research activities focused on youth. Two of these were small grants to young researchers completing their post-graduate degrees and looking at smoking patterns among young people in their respective countries.

→ While some in IDRC question the inclusion of Russia in RITC funding, the two projects funded in that country nonetheless contributed to its focus on vulnerable groups. As cumulative phases of data collection and analysis, they have enabled RITC to participate in, and extend the reach of, global research supported by WHO/UNICEF and linked with that of two major Russian health agencies on determinants of smoking among children and youth.

NOT THERE YET....

While RITC has maintained and generally strengthened the relevance of its work to its own, its partners and general development goals, there is still room to improve. The following factors are identified as indicating areas where RITC is not being as relevant as it might be.

(v) There is a perception, probably well-founded, that RITC has not yet established strong enough roots with, as well as in, the South given its role as a development research funder. Initially, this was less the case. Research links which originally made up the tobacco control initiative, particularly those in South Africa, came from within IDRC's existing programmes of work. As such, they were more directly bound into the Centre's experience, partners and projects as they had been derived in the South.

As ITI/RITC has evolved, however -- with fewer staff and less travel across the South; with loosening ties to the Centre and its regional offices and research networks; and with increasing partnership-building with Northern-based agencies and tobacco control priorities -- the presence of a strong Southern anchor appears to have become less visible.

Particularly for some respondents in IDRC, including those with direct links to RITC, there is a sense that not enough of the researchers RITC supports are actually “of the South”; and that too often “Southern priorities” are being defined through the lens of donors and agencies with regional linkages rather than from the regions themselves. It is in this context that “disappointment” with the decision not to follow-up on the regional agenda-setting process tended to be most strongly expressed.

It is not a clear-cut matter. Based on projects funded, and indicated in the budget section, the majority of RITC support has gone to projects and project-related activities carried out in the South, along with some middle income countries (CEE and NIS). That said, most of the recipients have been highly sophisticated researchers, with strong ties to partner agencies in the North (PATH, WHO, PAHO). In two cases, the principal researchers lived in the USA.

There is clearly nothing inherently wrong in this; it is in a sense more a matter of a too-limited degree of “southern-ness” rather than of funding the “wrong kind” of people and issues.

→ More serious in terms of the long-term commitment of RITC as a Secretariat of IDRC to the development of Southern research capacity, and deeply Southern-based research results, is its apparently not having established an identifiable network of researchers in those regions. As noted elsewhere, there is not yet, according to one IDRC officer, an apparent <community of practice> on which RITC can draw and on which it can build in the South.

There appear to be several reasons, or conditions, associated with all of this. One concern for some is that there is no one from the South on the Steering Committee, and none on the Technical Advisory Committee. Current members of each, especially the latter, can and no doubt do speak very knowledgeably on Southern issues, and to a degree reflect its regional perspectives. However, this is clearly not equivalent to having people from the South on these committees, particularly in terms of capturing critical nuances in variables such as culture, capacity and poverty.

Also, the Technical Advisory Committee/TAC terms of reference focus on the technical quality of the proposal itself; on the “research focus, direction, and methodologies and on strengthening research capacity”. Members are expected to provide “recommendations on strategic issues”, but do not usually comment on matters of RITC policy or the relevance of a project to its mission e.g. if it is “Southern enough”. Based on its meeting minutes, nor does the Steering Committee.

The hands-off and relatively northern orientation of communication and travel in the Secretariat adds further to this sense of not enough connection-building with Southern development realities – something crucial to RITC establishing development relevance in its tobacco control research agenda.

Identification of research issues and researchers, assessment of institutional capacities, and project developing and monitoring happens largely “at a distance”. While this appears not to have diminished the quality of relations with researchers or the quality of the projects funded, these “boundary partners” have tended to be capable and well-connected. For weaker researchers, RITC’s hands-off approach may be diminishing the depth and scope of its Southern reach i.e. limiting development of the full potential of Southern capacity; the nature of questions explored; and the range of policies influenced.

Directly relevant here, travel by RITC officers to the South appears always to have been fairly light; this especially so since the departure of the more Southern-experienced SPS in mid-2002. His replacement travelled to only two countries in the South: Tanzania and Nairobi in late 2003. The current ED made three Southern trips during this period: Nairobi, Mexico City and Uruguay/Argentina. It is important to note in terms of potentially opening more Southern windows, that the last of these included participation in a Governance, Equity and Health PI meeting in IDRC’s Latin America/Caribbean Regional Office. Based on the trip report, convergence of RITC issues with those of LACRO and the GEH was strong.

(vi) Project development patterns suggest that the relevance of RITC’s support to the initial aim of the IT Initiative to support expressly integrated research activity may now be becoming somewhat diluted. A central aim of RITC, and of ITI before it, has been to enable an integrated inter-disciplinary approach to tobacco control research, within the context of a holistic sustainable development framework. In this, it has been fully consistent with the wider priorities of IDRC, as reflected in the creation and gradual maturing of multi-sectoral PIs.

RITC’s project practice appears, however, to have been somewhat slow in nurturing the approach. The series of activities constituting the “comprehensive” South African project suggested a good start in this direction, and the more action-research oriented projects have continued it, but most projects appear to be fairly straightforward and focussed around a single discipline. Any eventual integration will presumably have to happen through a more meta-analysis of their several sets of results by the Secretariat, something which the ED considers to have begun through its Monograph Series.

This finding is not a negative *per se*; single-discipline research is clearly valid and useful. And there was no evidence in the data suggesting this as a change in official strategy. In fact, there were a number of indications in comments sent to researchers and in trip reports that RITC intends to become more proactive in fostering increasingly more integrated research. The reference here is meant to suggest simply a possible diminution of emphasis on the initial “mission”.

As noted with respect to the above “Southern focus” factor, where the limitation appears most evident here is in the approach RITC has tended to take to the project development process itself: in general, more hands-off responsive, than IDRC’s typically more interactively “developmental” mode. There was a sense in some cases, for example, that the types of comments and questions posed to proposal ideas would more appropriately have been made to an academic grant proposal than to one set within the framework of a research-for-development one.

A major part of the explanation, no doubt, rests with the staffing difficulties which have limited much of RITC’s ability to engage interactively. It is clear from the experience of IDRC in developing its more successful PIs (such as CBNRM) and from some of the other Secretariats, that facilitating and nurturing the creation of strong interdisciplinary and user-oriented research and research constituencies in the South requires building a presence *in the field* -- through considerable commitment of professional time, perseverance and proactive engagement.

Unfortunately, there has been no one in RITC really able to address systematically this core component of its mandate. Senior-level programme officers, experienced in the field-based generation of research themes and communities of research practice, have not been available on the kind of consistent and persistent level necessary to building a coherent, South-driven, programme.

The longest serving SPS dedicated fulltime to RITC, who defined himself as reflecting a traditional IDRC orientation, did put a fair effort into on-site interactions with Southern researchers and institutions. But he was there only two years. Previous POs were short-stay; the one who replaced him had considerable expertise in Canadian tobacco control and health issues, but marginal development research experience. The current Executive Director has, quite legitimately, dedicated most of her time to maintaining and extending the Secretariat’s presence within the international agency and donor communities, and their agenda-setting processes (as opposed, for example, to those involved in RITC’s earlier regional research agenda-setting exercises); and to establishing strategic and income-generation plans consistent within these.

As suggested above, another factor may be the apparent lack of any strong push from either the Steering Committee or the TAC urging RITC to take a more hands-on and labour intensive approach to project conceptualization and development.

- For the Steering Committee, there may not have been a particularly clear recognition of this option. IDRC has only two representatives on the SC at any one time, and while meeting minutes indicate their occasionally raising issues such as institutional development and sustained focus, the particular approach RITC was taking to the project development *process* as such does not come through the documents as having been a major theme in these discussions.
- TAC members, on the other hand, are predominantly senior IDRC programme staff. As indicated above, however, they are tasked as individuals (rather than as a

committee) to provide technical comments on proposals received from the Secretariat. They do not typically assess collectively the appropriateness or relevance of the research to RITC's overall strategy or to the broader development context. Nor do they have any official role in identifying prospective researchers and issues in the field, or monitoring on-going projects (frequently a major entry point to the further development of a research theme, identification of capacity needs and opportunities for promoting cross-project networking).

(vii) The case for tobacco control as a development issue has still to be more strongly made.

IDRC and its many partners and counterpart agencies remain fully convinced of the relevance of tobacco control to development. One senior IDRC officer noted that the Centre continues to justify support to the Secretariat to a large degree <on the basis of the importance of the issue>, rather than solely on its achievements in generating a large, well-resourced programme.

However, as evidenced by its failure to make any substantial inroads into the mindsets and funding decisions of the bilateral donors -- despite their apparently positive <and typically shocked> responses to presentations of development-destroying facts of tobacco production and use – several respondents concluded that neither RITC, nor their own agencies, had managed effectively to *make the development case* in that critical community.

One key informant, an IDRC officer long associated with RITC, proposed a not unrealistic “glass half full” analysis of the problem: that the message remains the right one, but the moment is only now becoming right for launching it. The 1994 creation of the ITI, and the decade timeline for its effective delivery and practical reflection in development funding and programming, was <too ambitious>. Indeed, RITC may not be falling short with respect to establishing the relevance of tobacco control to SED, but he considered <may still be on the leading edge>:

<Perhaps we were mistaken in the timing; that 5-10 years ago was too early and we are still in the slow build-up to 10 years from now tobacco control being recognized. Tobacco control as development is not perhaps in a down turn; it's still in the ramp-up period. We are just disappointed due to high expectations; our expectations of the world lining up with money were too early>

Another view, however, reflected a tobacco control development glass that is still “half empty”: that there remains a problem in the field as a whole in terms of not being prepared to push hard enough. According to her, the community is not

<.....selling the message in the right way, in the way HIV/AIDS has been able to do. Inroads onto development agendas have been made for HIV/AIDS because people who are very savvy, personally invested, are doing incredible PR and marketing. They are bringing the issue to bilateral agencies in every gender, MDG and other development forum. This is the level at which the tobacco control community as a whole, including RITC, needs to fight, presenting the tobacco industry as the international enemy which international action needs to confront>.

At the same time, of course, the push must come at local levels. One reason for this, as suggested by RITC, is that “in many countries, governments see the tobacco industry as a source of jobs and revenue and are happy to welcome them into the country”. In this case, suggesting “that they should not do this because the industry is an “international enemy” is unrealistic” (written communication). Local agencies and researchers need to be able to present governments with the evidence of context-based economic argument to the contrary. It is then these governments which will, presumably, begin to make demands on bilateral agencies for support – and/or be ready to respond positively when these agencies put it on their country programme planning agendas. RITC’s ability to work at both these levels continues to reinforce the relevance of its mission and mandate.

B) Appropriateness: Focus, Structures and People, Delivery Methods

B-1 Focus versus Breadth

(a) The Statistics As both ITI and RITC, the programme has maintained a general consistency in terms of both its research priority themes, identified from within the global tobacco control agenda and its regional counterparts; and its geographic focus on developing countries in all four regions of the South¹³. Funding patterns have been generally consistent with both aspects of programme focus.

Research Area* (% of funding)

	(a) 1994-2003	(b) 1994-1999	(c) 2000-2003
Economics of Tobacco Use	10.82	9.10	12.45
Health and Social Development	39.99	29.98	41.24
Legislation and Policy Analysis	39.39	22.30	26.07
Alternative Farming**	13.46	16.06	8.62
Capacity Development***	3.49	---	10.02
“Comprehensive” South Africa	13.12	20.15	----

* It is perhaps a positive comment on the efforts of ITI/RITC to support integrative/multi-sectoral research that these figures are to some degree indicative. Designating complex research focuses to single thematic columns was somewhat arbitrary in the end. “Comprehensive” SA could not fairly be narrowed.

¹³ The initial ITI Project Summary indicated the potential of support to the newly independent states of the former USSR and countries of Central and Eastern Europe, identified in the PATH survey as regions where little was known about tobacco use. Though not a country focus reflected in IDRC itself, it is one RITC continues to pursue, as both thematically relevant and opening the door to wider funding partnerships.

** A large project in Brazil “Tobacco Growing and Ecosystems Effects” (\$165, 000) is not included in these calculations as it was funded “outside RITC’s regular appropriations budget”.

*** Capacity development is assumed to occur in all projects; figures included here refer to specific capacity-oriented projects such as small grants and manual development. Supplements for attending conferences etc have been included in their broader project categories.

Note 1: these percentages are different from those included in RITC documents such as “Harvesting the Evidence” since it was not possible for the evaluator to reconcile several presentations of project budgets and, in particular, grouping of projects. Designations used here were as much as possible based on language used in the project appraisals.

Note 2: Percentages are based on the total budget for the funding period noted in the column, with China included all in column (b). The FCTC small grants is not included.

Geographic Distribution (% of funding based on column year budget)

	1994-99	2000-03
Asia	24.2	15.7
Africa	30.0	19.5
Middle East	17.3	29.6
Latin America	----	24.8
Global	28.2 *	4.8 (includes research manual)
CEE/NIS	----	5.7
Other	----	---

* Funded in association with WHO, UNICEF and CPHA, this figure is based on two related projects aimed at “harvesting the evidence” for action in support of tobacco-free youth and children in a number of developing countries, along with Poland and Russia.

It should be noted that, while the geographic distribution of RITC project activities is reasonably well spread, there are relatively few countries involved with several receiving multiple grants and/or supplements. While this somewhat diminishes the breadth of reach one might assume from the figures, one positive implication is that RITC has been able to concentrate on specific researchers and research issues -- towards enabling greater depth of capacity and analysis, and potentially better links to policy practice.

Asia	China and Vietnam (plus a small grant fellowship to Nepal)
Africa	South Africa, Zimbabwe and Malawi
Latin America	Argentina and Brazil
Middle East	Turkey (project and small grant fellowship), Lebanon and a pan-Arab small grant competition

(b) *The Discussion* The question of what is an “appropriate level and rationale” of focus for RITC has been, and continues to be, central to the Secretariat. It is an issue

which challenges what RITC intends to say and do about tobacco control through the activities it supports, the nature and amount of human and financial resources it has for doing its work, and the ways those resources are allocated. The issue tends to be cast as “broad versus narrow” concentration in theme and geography; most acknowledge the validity of the arguments on both sides.

- *Many of the problems which have continued from the outset to confront the Secretariat have revolved around issues of focus: a combination both of there not tending to be clearly defined directions taken in terms of what that focus will be; coupled with limited systematic and sustained action to ensure that those decisions which are made are fully implemented.*

In this context, a main dilemma for RITC has been the two-fold measure of what constitutes its “success”: first, that it enables the production in the South of good-quality, relevant and utilized research on tobacco control, through increasingly more capable Southern researchers; and second, that it generates the money it needs to do this.

This bifurcated mandate has made making decisions on focus largely matters of balancing the different perceptions among stakeholders and counterparts about what strategies and contents of research are likely to garner funding; and where the funding which is obtained should be put, to fulfill its mission and mandate. In this, the arguments become somewhat circular. They are also difficult to “prove” one way or the other given that the Secretariat has never established what might be termed an adequate funding base from external sources; and has not been able to stay with a strategy long enough to validate its logic.

There are basically two fairly polar positions, with some attempt at a middle ground.

➔ From one perspective: the more broadly-framed the research agenda and geographic spread, the more likely the Secretariat is to reach those researchers and countries ready to engage with tobacco control studies; to be available for promising new ideas; and, according to one counterpart agency officer, to <increase its credibility in policy dialogue> and counter the tobacco industry strategy of exploiting a segmented field. The wider the focus, the more windows are likely to be opened to potential donors and their geographic and/or topic priorities. More than one strategic partner and counterpart agency respondent welcomed the fact that RITC’s wide research agenda could provide a counterpoint to the <more narrowly directive> concerns of other agencies.

➔ From the other perspective: a narrower focus, in theme and/or region, would increase the likelihood of RITC engaging with researchers and their analyses in deeper and more sustained ways. Geographically, maintaining a presence in South Africa no doubt enabled the positive outcomes of its comprehensive tobacco control research agenda. Thematic concentration, according to a number of respondents, would allow for exploring and cumulating evidence on critical global issues such as smuggling. On this side of the debate, donors interested in a particular topic or location, and looking for the kind of

sustainability and lessons learned that a concentrated attention can bring, would more likely be attracted.

→ From a middle way: one suggestion has been to split the funding resources, with a perhaps 80% commitment to a 5-year focused and proactive programme of funding, with 20% left in a smaller responsive budget to take advantage of opportunities as they arise. Another middle way was suggested by the strategy underlying the regional agenda-setting exercise -- wide-open problem identification processes in all regions; leading to a few funded projects in each through nodal teams; which would then establish a base for incremental growth of larger localized programmes.

Overall, and unfortunately for RITC, the evaluation did not reveal a definitive position among any of those interviewed. Most opinion seemed to support an approach of “thinking broadly, acting narrowly” as being most consistent both with the multi-sectoral research implications of the development framework within which RITC has cast tobacco control, and with the criteria of localization and capacity building which that framework requires. The devil is in the details, of course, and best ways for operationalizing this balance were less clear.

Some examples of “devilish” options with which RITC has been presented:

On country focus,

- choose those with large current and/or potential smoking populations, since the aim is ultimately to save as many lives as possible.
- choose those with smaller populations, since chances of understanding contextual dynamics and reaching a significant proportion of people will be greater.
- choose those with a stated “readiness” to move forward, since the amount of input needed to make a difference will be less.
- choose those where political resistance is greatest, since this is where the pro-tobacco lobby is probably the strongest.
- push the research support longer and further in each place is important to learn what impact the results are having in policy and practice and to facilitate that impact.
- focus on RITC’s advantage in being able to support catalytic, innovative research which generates the knowledge in ways others can then use to advocate for and enable change.

On thematic focus,

- pursue <only> four themes of the Global Agenda is reasonable to balance between a comprehensive and a focused agenda.
- focus more selectively *within* the four themes is necessary to enable us enough <critical mass to say we have a (base) of strong, interesting projects>.
- highlight TB on the agenda, as a significant cofactor in smoking-related deaths and increasing the strength of the fund-seeking messages.
- avoid over-burdening tobacco control with multiple agendas which can confuse and dilute the message.
- reassess the RITC agenda to ensure engaging with the FCTC, <grabbing this next wave> as a way to raise its profile.
- there is no need to put everything under the FCTC umbrella, which is really the WHO’s agenda; FCTC is a tool to help RITC, not vice-versa.

What the evaluation did reveal was a sympathy among all respondents for RITC’s inability so far to find a viable way forward: <saddled with a very ambitious agenda> as

one respondent characterized it; suffering a persistently uncertain resource base and continuing staff changes; and guided by a generally light-handed Steering Committee governance nudging it in sometimes varying directions. The difficulty for RITC has been both in determining a “best option” under these circumstances; and in staying the course long enough to realize the best advantages of that option.

→ And under the current circumstances, the challenges are real. In the opinion of one IDRC officer, the “status quo” of funding and focus has not provided RITC “the capacity to sustain both its regional and global programming and the level of effort required to generate external (non-IDRC) funding – both dimensions are needed to have more impact and lead to more substantial outcomes” (written communication)

According to various strategic planning and review documents, RITC staff have been aware of the dilemma for some time. Unfortunately, the experience to date has not been especially positive or instructive in terms of guiding its decision-making:

- Irrespective of the several routes taken over time, secure funding and staffing have not been forthcoming.
- Persistence with South Africa has not led to spin-offs in the Eastern and Southern region.
- The current portfolio of geographically widely placed (some say scattered) small and relatively few projects, on different topics, has not produced particularly strong thematic synergies or lessons learned.
- It is not clear that the 50/25/25 strategy for project funding is contributing significantly to a better focusing of activities.

There have been positives from the current fairly broad focus. It was certainly evident from interviews, and from trip reports and correspondence, that the present framework has enabled RITC officers the intellectual “space” they need to converse effectively and creatively with a wide cross-section of tobacco control actors and across a broad range of research and policy issues; and to take a lead and synergizing role in key agenda-setting meetings. The data are less clear, however, as to how well the inclusive parameters have enabled them to capitalize effectively on all of this, by funnelling down the ideas into a doable programme of work..

→The point was made in a written communication from one project leader that breadth is key to allowing the kind of “examination of different themes and situations, among geographical regions” necessitated by the “multidimensional nature of factors related to tobacco use, and the global reach of tobacco companies” makes sense. But it perhaps only does so in the context of a framework that is matched by a human and financial resource base sufficient to anchor those examinations effectively. This has not been the case for RITC.

One possible window into a narrowing of focus might be a closer affiliation with the FCTC. While there are differing views on this as noted in the box above, there is also an opinion among several partners that such a connection would be a sound step to take. It would allow (i) a focused policy and action research orientation on ratification strategies

and implementation analysis; (ii) staying within the thematic boundaries of the Global Agenda; but (iii) still be responsive to country needs because actions on the FCTC can be fairly wide. According to one Steering Committee member, policy related research should enable answering the <so what> by moving toward legislative solutions; “countries want help to ratify the FCTC and need evidence to convince them that doing so is a positive step” (SCM 09/03:3).

Initiation of the FCTC small grants programme has been a start in this direction. By definition, it will force some degree of focus on the work of the Secretariat because managing the substance and administration of the grants will be very labour intensive. It is also intended to further configure the design of the programme to enable at least some level of mentoring (integrating capacity and research agendas), and synthesis of research results (addressing its aims as a knowledge broker). If this plan moves forward, again there should be a pressure toward thematic focus.

→So far, a plan to initiate a comprehensive multi-year programme of FCTC-implementation and policy support research in six African countries has not yet found funding support. If it does, this will mean a natural push toward geographic and thematic focus given the labour-intensity of working in that region.

Networking might have been, and still be, another way of achieving focus. These mechanisms often serve a focusing role by allowing researchers themselves to add further value and depth to their individual projects by finding and elaborating common “best practice” threads among members. So far, RITC has stayed away from going this route, in part a function of doubts about cost-effectiveness in the context of other tobacco control networks (ITEN, Globalink). Whether these are, or can, do the specific tasks RITC needs a network to do in generating a better focusing of its work is not, however, clear.

Networking at the level of tobacco control funders is happening to some degree, and RITC is encouraged to take a more active role in this process by several strategic partners. According to one member of the Steering Committee, <we need to be more collaborative with those others out there> who are working in tobacco control. RITC’s taking a more proactive role in orchestrating <a good solid network> with these others would, in her view, acknowledge both that it cannot do it all, but at the same time enable it to <keep looking up and out> into a tobacco control environment that continues to be a <very dynamic one>.

As a final point on the issue of focus: one member of the Steering Committee, while he would not say <how RITC should focus>, did stress the critical importance that it <be clear about what its criteria for any concentration might be> and that it be consistent in the application of these criteria. In Outcome Mapping terms, it is perhaps a matter of RITC revisiting its progress markers, to make them more specific as to what it wants to see in the overall knowledge generated and capacities strengthened through its funding; and to work with its various boundary partners on being clear about what they want to see in the context of their local tobacco control agenda.

B-2 Structures, Functions and Human Resources

Appropriateness here concerns the extent to which the structures and roles guiding the governance and management of the Secretariat, and the qualifications of people involved in them, are facilitating or impeding RITC's ability to fulfill its mission, implement its strategies and achieve its intended outcomes. The aim of the analysis has been to determine whether RITC's current arrangements are proving appropriately effective, and whether they could be doing more and at what cost.

Coming to clear conclusions is not a straightforward matter, made difficult by the fact that RITC, while not a complex programme, has been a highly variable one. As an international programme of support to tobacco control research, its *substantive direction and thematic coherence* have been remarkably consistent and progressive. The same cannot be said about its structural-functional evolution.

- *As a structure, RITC is most appropriately understood, not as a decade-old programme of work with well-established roles and functions, but as a series of programming phases which have not always been sufficiently consistent to enable its staff and stakeholders to build a progressively strong and secure base.*

Much of the reason for this inconsistency in its evolution has been discussed already: too-limited attention being given to the assumptions underlying the ITI/RITC arrangement at each phase of its life, and an insufficient "taking into account" of the funding and staffing implications of RITC meeting the ambitious mission and goals set for it.

The following discussion looks at the core structures of RITC, somewhat longitudinally, but chiefly in their most recent incarnation.

The Secretariat

Throughout the life of ITI/RITC, staffing has proven a major challenge: people with the right mix of high quality knowledge, expertise and experience; in the professional aspects of both tobacco control and development research; and having them for a sustained period of time. Ultimately, exacerbated by its uncertainty of funding, staffing has been arguably RITC's second major challenge in terms of realizing its full potential.

The staffing history of RITC has been very much a revolving door situation. Irrespective of the varied strengths – and no doubt weaknesses – of the several executive directors, co-ordinators and programme specialists, the *lack of continuity among them has most certainly impeded the development a mature, programmatically coherent, structure.*

That said, a critical advance to the substantive evolution of RITC staffing was made at the end of its first decade with the appointment of a first professionally strong ED in 1998 (even though at only 30% time). Along with the hiring of two programme specialists and a co-ordinator, the Secretariat was finally achieving <real credibility> according to one senior IDRC officer. It was also able to take on the design and implementation of the pivotal regional agenda workshops.

Unfortunately, this moment of relative stability was fleeting, and by the end of 1999, everything had changed yet again. The ED resigned toward the end of that year; before then, the two programme officer contracts were allowed to lapse (not be renewed) due to questions concerning their appropriateness for the positions. The result, according to one RITC officer, was a Secretariat suffering very weak human resource capacity and “struggling with the dysfunction” of neglect in terms of clear and coherent staffing decisions and directions.

Positively for RITC, the situation turned around reasonably quickly, at least in terms of establishing a strong senior management team of ED and Research Officer/Co-ordinator:

- Critical to its continuity of policy and partnership base, the international competition to fill the ED position -- now a fulltime one -- resulted in the selection of RITC’s highest-level Senior Programme Officer, a highly qualified professional in terms of tobacco control, with hands-on policy expertise in Canada and a strong international reputation.
- Equally critically in terms of building on the internal strength of the Secretariat, the financial analyst was promoted to Research Officer/Co-ordinator bringing with her both a long-standing knowledge of RITC as well as over a decade of senior administrative experience in research, communication and programme service sectors of IDRC, including developing country experience as Executive Assistant to the Programme Director in the South Africa Programme on Governance.
- Thirdly, the expressly development research capacity of the Secretariat was established through the new ED’s appointment of an SPS who had both this background and appropriate health policy credentials.

The confluence of these three people and their particular skill-sets, especially during the 2000-2002 before the SPS left, set an important precedent for what RITC could be – and needs to develop further if it is to move forward effectively. Together, they appear to have begun to address in a reasonably comprehensive and consistent way the core senior management, programmatic and administrative tasks of the Secretariat. Most significantly, these included movement toward:

- Clarifying the roles in the Secretariat to “assure that job descriptions were well written and appropriately classified”, and “team building...to overcome the problems of the previous year and to establish healthy working norms within the unit” (written communication from RITC officer).
- Establishing stronger connections with the international tobacco control community – the activist role undertaken by the ED in various global conferences and networks, on agency steering committees and in mobilizing publications began to raise the profile of RITC considerably as both an emerging centre of research excellence and focal point for the field.
- Establishing a substantial presence for RITC with researchers and institutions in the South – the approach of direct and interactive professional links to researchers

in the field being developed by the SPS who had had IDRC experience, grounded the Secretariat more firmly within a development research modality and began to lay the base for identifying, nurturing, monitoring and synergizing a coherent Southern-based project portfolio.

- Establishing a coherent and comprehensive basis of informed action for the Secretariat – development and ongoing analysis of the outcome mapping journal for the progress markers and performance indicators of the Secretariat activities by the Research Officer/Co-ordinator, together with tracking much of the communication with project researchers began to build within RITC the possibility of a more effectively guided programme implementation and evolution.

It proved unfortunate that the traditional staffing instability of RITC persisted, and that the change of SPS at the end of 2002 prevented the Secretariat from consolidating the gains it made during the previous two years. While the executive and co-ordination work have continued to a considerable degree, that of programme development has fared poorly. To the extent the ED and Research Officer/Co-ordinator have attempted to fill in the gap, both acknowledge that the systematic and in-depth attention they have been able to give to their own responsibilities has suffered.

- The hiring in mid-2003 of a programme administrator with senior experience in the public service, including oversight of social/youth programmes and executive office coordination, has proven especially beneficial in this period. It is likely to become more so as the new FCTC small grants programme gets underway, given the considerable new administrative and technical demands this will put on both her current functions and those of the Research Officer/Co-ordinator.

Team resilience broadly-writ: It seems clear that there is a minimum of staff required in RITC, in terms of numbers and capacities, to be able to “get the job done”. It is also clear that the nature of the work is necessarily highly integrated. While the executive, programmatic and co-ordination functions each has its own core of responsibility, none can be done without the informed co-operation of the others. Where RITC has had, and continues to have, problems appears to be when it and its governing bodies (IDRC and the SC) have been (i) less than clear and consistent as to precisely what the various responsibilities needed to operate the Secretariat are, how they relate to one another, and the knowledge, skills and numbers of people needed to fulfill each; and (ii) less than rigorous in ensuring that the positions are fully and effectively filled and monitored.

RITC has rarely had all positions filled by appropriate people at the same time and over a long enough time to create strong synergies among them. There seems little doubt that good staff have either failed to come, or decided not to stay: (i) where there has been lack of clarity about how roles differ and overlap; (ii) where staff numbers have been insufficient or inappropriate to carry the load; and (iii) where there has not been adequate monitoring to ensure that responsibilities, and opportunities for broadening these, are being effectively negotiated.

This has also led to imbalances in the various task areas of the Secretariat as a whole. Over the last two years, the absence of an SPS with appropriate Southern-focused development expertise, coupled with a very strong tobacco control expertise and co-ordination reflected in the ED and Research Officer/Co-ordinator, are beginning to create a situation where the international reputation of RITC is increasing perhaps beyond the substantive base of developing country research needed to justify it as an expressly IDRC secretariat.

→ So far, *the off-site location of the ED appears to be working efficiently*. Based on staff comments and email files, communications are regular, timely and open. Conference-call staff meetings are well-orchestrated, through interactive agenda setting by the Programme Administrator, rotated chairing and apparently good attention to clarification and follow-up. Monthly week-long stays in Ottawa seem to allow the three officers enough opportunity to maintain a reasonable sense of cohesion, and the ED, to some degree, to affirm a RITC presence in the Centre and with counterparts in the Ottawa-based tobacco control community. Email and fax correspondence between Ottawa and Vancouver indicates that creative ideas are being shared.

→ *There were, however, some questions raised by partners as to whether the arrangement is working as well in terms of effectiveness; whether opportunities for linkages, synergies and unplanned ideas were being missed.*

In all data, this was less an issue of the separation being a barrier to RITC's progressive evolution, as of its not being a facilitator. The point was made particularly in the contexts of RITC needing to pursue a more proactive partnership-cum-resource expansion strategy in Canada and, perhaps, reinvigorate its relationship with IDRC. Both of these imply the ED being in closer proximity to, and regular interaction with, Ottawa people and agencies. Being physically in RITC, according to one SC member, would reinforce to international partners the fact of RITC being an actual (versus virtual) agency.

From a different perspective, having the ED on site might serve to increase team resilience, allowing for more regular and cumulative communication among RITC officers themselves. This can be critical when there are so few of them and their functions overlap, often significantly. According to one, you hear and learn <by being physically in the team environment. I probably don't know as much as I should know, or could know. It is hard, then, to be proactive in making suggestions>.

The Steering Committee

The SC is responsible for the overall direction and policies of the Secretariat. It has also been designed around the assumption that by including as members representatives of RITC's present and potential funding agencies, the chances of continuingly (a) strong intellectual partnership and (b) resource input would be enhanced. In the event, while the first part of that assumption has proven accurate, the second has not.

On funding contribution: It was not clear from the data why the assumption was made that SC member agencies would necessarily also be funders where they did not come into the arrangement on this basis. At the time of setting up the membership, only HC was contributing (along with IDRC). According to one former RITC officer, it would perhaps have made more sense had the Steering Committee been designed more expressly as a donor-partner arrangement where members put core budget into a joint RITC pool and collectively, as owners, had responsibility for making strategic decisions and overseeing implementation. This was not the basis of the SC, however.

On intellectual contribution: Based on SC meeting minutes, and confirmed by through the interviews, all Committee members are technically competent, well-informed and energetic about tobacco control issues. As such, the Committee <brings us credibility>, according to one senior officer. It appears also to be as much a valued forum of professional exchange and <good debate> for RITC with respect to on-going and up-coming tobacco control issues, as it is an expressly collective guide to strategic or programme action.

→ In this sense, with respect to “steering” the direction and policies of RITC, the SC is described by some members and RITC staff as fairly light-handed, providing more general than strategic guidance.

Minutes of the previous meeting are tabled for approval, and a number of “action points” made. There appear, however, to be few instances of a SC meeting assessing the resource and time and labour implications of these suggestions; or specifically drawing together a consensus on what has been concluded and systematically following-up on their implementation. Except in a random way, and other than with the Chair, there is relatively little between-meeting communication between RITC and individual SC members. More than one respondent, though without a clear solution, raised the factors of limited continuity of those who come representing the different member agencies (sometimes a different person for each meeting); and the relative lack of seniority of some in terms of their ability to make decisions on behalf of their agencies.

While some respondents, including past and present members and RITC staff, felt that the SC might have better served RITC had it been more definitive on issues such as focus and resource expansion planning, the overall level of satisfaction with the membership and working arrangements is good. That said, there were also suggestions as to how it could be strengthened¹⁴. Chief among these:

- to resurrect the initial plan of two meetings a year, one perhaps strategic and the other technical/administrative;

¹⁴ One suggestion not made, but perhaps implied, was that of putting members on the SC as individuals, rather than as representatives of their agencies. Such a detaching would not necessarily impede the members’ ability to identify and mobilize linkages with their agencies, and might get around the difficulties of continuity created by cases of frequent turn-over in agency representatives year to year.

- to expand the membership base to a wider range of tobacco control perspectives, especially those from the South (e.g. to NGOs, researchers, advocacy groups¹⁵); and
- to broaden the issue of funding to include ideas for generating resources opportunities in the widest sense of value-added (e.g. co-funding, concurrent and consecutive project development, local “in-kind” contributions).

→ The last two, it was felt, should work in effective tandem: donors may not themselves be that skilled at seeking funds; counterpart and strategic partners may be in some competition for the same few dollars. RITC itself suffers from the perception of being financially secure within IDRC. NGOs and researchers, on the other hand, <are often the most creative and effective marketers>.

B-3 Design and Delivery of Resources and Services

The system currently in place to guide the processing of proposals appears to be working well, moving generally from submission of an idea, through the request for a concept paper and researcher responses to comments on that paper (usually including input from TAC members or one of RITC’s external network of advisors), to agreement/or not to fund.

Given this system, RITC’s “below the line” pipeline is fairly large relative to actually approved projects. Of approximately 125 expressions of interest between mid-2000 and March 2004, approximately 20 were funded – or roughly 15%. It should be noted, however, that many initial expressions were very notional (often precipitated through the RITC website); several involved second attempts, with a different research focus; and a fair number were redirected to other, more appropriate, agencies where some were later funded¹⁶. Also, the number of projects funded does not include supplements, many of which involved sending project researchers to present at international conferences, thus adding both to RITC’s level of effort and the substantive value of the project.

Except for those occasions where RITC officers have met prospective researchers at international tobacco control events (e.g. where the ED and SPS , most project development has happened at a distance through correspondence, email and phone. Based on interviews with researchers and documents reviewed (admittedly with the successful proponents), no major problems have been encountered. According to one,

“RITC’s proposal submission, review follow up and evaluation process (is) adequate. It is clear, and strict enough to ensure appropriate evaluation of attainment of objectives, and

¹⁵ In responding to the evaluation, one reviewer noted a qualifier: “...some tobacco control advocacy groups are seen as “zealots”. RITC has made a conscious decision that we should not be seen as closely allied with these groups in order to maintain our visibility as an evidence-generating, research organization whose research is credible and not motivated by ideology.”

¹⁶ These data on the pipeline come from the Outcome Mapping reports kept largely by the Co-ordinator. Useful in themselves, they are also another indication of the high level of management probity in the Secretariat through the very extensive effort being made to maintain records of activities, resource inputs and outcomes.

use of funds; yet, it provides a venue for adaptation to particular circumstances arising in the process of implementation. We were also able to maintain fluid contact with RITC's officials to discuss any emerging question" (written comments from a project leader)

Other recipients noted the particularly strong support of RITC staff in communicating with them in a constructively, albeit virtual, hands-on way.

- One researcher described the Research Officer/Co-ordinator as exercising a <perfect balance> between responding both creatively and flexibly to requests for research guidance and administrative support, while avoiding any tendency to micro-manage the work.
- Another appreciated the help given by the RITC SPS to "contextualize" the team's proposal in a way which both made it acceptable to Canadian research standards and allowed it to remain true to their initial conception of the design and analysis needed.
- A field visit by the current ED was welcomed as a <very positive experience> in the <sensitivity she showed in attempting to understand the reality here. She didn't come thinking she had the answer>.

These are, of course, precisely the kinds of capacities that the Secretariat could very effectively apply with even greater effect through more frequent in-person links with Southern researcher and institutions.

One reason for the apparent smoothness with which these interactions are happening has clearly been the high level of professional ability, international experience and capacity in English of the researchers involved – as well as the competence of the RITC staff in dealing with them. It is difficult to judge how many other South-based researchers might have been funded for worthwhile projects had they been better able to manage this kind of relatively arms-length, and technically fairly sophisticated, project development process with RITC.

c) **Reaching Out: Partnerships**¹⁷

- Overall, data from the interviews and documents reviewed for the evaluation indicate that RITC's main partnership arrangements are good, and probably improving, with respect to types and quality → *Current partners are appropriate and necessary, enabling its mission and mandate.* At the same time, there is an expressed 'push' from within IDRC and from some tobacco control counterparts that RITC broaden its partnership base in the South, and toward more NGO, civil society and advocacy groups → *RITC is not yet working with a sufficient range of partners to realize its development and application-of-research goals.*

Partnerships are important as a factor in determining the quality and results of any programme. They are the organizations and people with which it collaborates to

¹⁷ In this section, the terms partners and partnerships are used in their generic, rather than OM, sense. As noted elsewhere, only researchers are considered to be "boundary partners" in that terminology.

implement its activities, and the organizations and people who are the recipients and/or beneficiaries of those activities.

Partnerships are especially important for RITC since, as a Secretariat, it is very much a creation of those partnerships it makes, and the ways in which it manages them. Partners provide RITC its core and “enhancement” resources; confirm the validity of its mission and strategies and cooperate with their application; and engage with its tobacco control agenda through proposing, conducting and sharing good quality, relevant and usable research.

RITC has three broad types of partnerships, distinguished here by the immediacy of their link to the Secretariat and the principal purpose of the relationship. All of them can be judged on the basis of

- the nature, quality and relevance of the *partners themselves*;
- the level of mutual understanding, respect and shared goals of *the relationship*;
- the consistency, professionalism and transparency of *the interactions*.

a) IDRC is RITC’s most immediate partner; it is also its most crucial one. *In this respect, it is the partner with which, in retrospect, RITC has perhaps realized its most critical “missed opportunity”.*

The Centre is RITC’s most immediate partner in the sense that IDRC conceived the vision and mission of the Secretariat; it was on the basis of IDRC’s reputation that other donor agencies became involved with ITI and then RITC; and it is the Centre’s Senior Management which has final financial accountability for RITC’s management.

As is the case with other partners, IDRC is free to provide or withhold contributions to RITC’s budget, and its staff are free to engage or not with RITC’s efforts to define and implement a development-relevant agenda. As is *not* the case with other donors, however, IDRC and RITC have always had the option (presumably) of establishing a closer programmatic and structural integration. The fact that this has not happened appears to be an interactive function both of a persistent expectation that other partners would step in with the intellectual and financial resources to keep it operating independently and, in general, of a limited effort -- and time -- on both sides to challenge this expectation.

→ As suggested throughout the evaluation, *the cost of this distance between RITC and IDRC has probably outweighed the benefit*. The expected financial resources from outside did not materialize, resulting in levels of uncertainty and instability which diminished fully effective use of intellectual partnerships. At the same time, the Secretariat lost access to the strengths of IDRC which had initially justified its creation: structural stability, professional and programmatic associates and regional bases, and researcher networks.

→ The evaluation also indicates, however, both *strong openings for greater integration*, and an *absence of any disagreement that this should happen*.

- Senior IDRC officers confirm their expectation that the Centre will continue to support RITC, probably to a higher level than in the past, on the basis of both the quality and the importance of the work it has been doing, as evidenced by the growing respect and profile it is realizing in the tobacco control community.
- RITC's participation in, and programme presentation to, recent SEE and LACRO/GEH meetings were very well received. The limited awareness on the part of IDRC officers as to what RITC is all about was effectively counterbalanced by the recognition of synergies in themes and methods between RITC and several PIs, and of the potential for collaboration on project and networking activity.
- As evidenced by the ED's Trip Report, the GEH meeting also showed a high degree of commonality in the challenges facing RITC and the PI (e.g. the need to develop more "strategic" pipelines and better account for their human resource, financial, monitoring and geographic implications; and to recognize the role of/for civil society in project content and design). In this sense, there would clearly be room in a relationship for testing best practices and sharing lessons learned.
- RITC officers are well aware that their networking, capacity building and project development and monitoring with Southern researchers have been seriously impeded by the lack of a sustained and substantial presence in the regions – a presence which IDRC has, through its Regional Offices and wide-ranging "communities of practice".
- Several counterpart and strategic partners highlighted the <tremendous value> RITC has in its association with IDRC and its ability to influence the bilaterals through its <sterling reputation> and <the connections of its President and Board>. IDRC also connects RITC directly to research and capacity development in the South, providing a channel through which to bring the more Northern-focussed tobacco control agencies and donors to those regions.

b) Based on its Outcome Mapping Framework, RITC's next most critical partnerships are its "boundary partner" researchers. As noted in several other parts of the evaluation, these partnerships are considered overall, and by both sides, to have been – and still to be – very positive and productive:

- high quality and relevant in the thematic focus and methods of the research;
- open, flexible and mutually professional in the interactions between researchers and RITC officers;
- technically proficient and fiscally responsible in their management.

→ As discussed earlier, however, questions are being raised about the reach of RITC programming into the South, to more countries and weaker research systems. This is the boundary partner-base which differentiates RITC from other tobacco control and research funders *as a development research agency*.

Perhaps the most contentious difference of opinion between RITC¹⁸ and some strategic partners and counterpart agencies, concerns research expressly for and with groups which move research into action e.g. policy-makers and advocacy groups. According to one strategic partner, <RITC needs to be more engaged in civil society in deeper ways, to get those people who do research better at putting results into activist, civil society hands. It could work with more health and consumer groups>.

Support in this would include more focus on interpreting scientific, social and economic data into advocacy terms *through more action research partnerships* with the agencies which do it (usually NGOs and civil society associations); and more support to *research on the processes of advocacy* itself – what works, and how.

→ This is an area in which several of the more proactive tobacco control agencies have been, continue and expect to be involved (RF in the first case, OSI in the second and CIHR in the third). While there is a risk of RITC's over-extension in such a move, there is also the potential of considerable gain, both in new partners and in increasing the likelihood of its research having a sustained impact.

c) Strategic partners for RITC are those agencies which provide funding for its general or specific activities (e.g. Health Canada in the first case, Rockefeller Foundation in the second); and/or which engage it in professional collaboration, with and without funding implications.

Putting aside disappointed expectations of large-grant contributions, and allowing for the limitations of a small and shifting RITC staff, collaborations with other agencies on smaller jointly-funded initiatives appears to have been reasonably good; certainly creative.

- A synthesis of country case study experience with the World Bank and a commissioned set of papers on the transition from tobacco to sustainable livelihoods have both contributed to building an important knowledge base and getting the message out.
- RITC's ability to support <very professional> research at country level in the developing regions is felt by Health Canada to be a strong complement to its own international commitment to facilitating countries' FCTC ratification through sharing Canadian expertise and lessons learned. It provides a more <permanent outreach mechanism> for multidisciplinary analysis which is <pivotal in pulling the whole FCTC agenda together>.
- The FCTC small grants scheme conceived by the CTCRI, and elaborated collaboratively with the ACS and RITC, has drawn many more good quality proposals than anticipated, and from all regions. Given the plan to elaborate the design with mentoring and synthesis components, the CTCRI foresees the potential of this small grants scheme forming the basis of future similar

¹⁸ Though the issue was raised also within RITC to a lesser degree.

programmes – perhaps focusing on specific capacity-weak regions such as Africa and the Middle East. It also anticipates these being managed by RITC.

→ There is some indication that *RITC may need to fine-tune its partnership development strategy*, to go beyond seeking links directly with head office and policy branches and to negotiate instead with country offices and operational desks.

This would be an approach which makes particular sense in an environment of organizational decentralization. It is also one which is consistent with RITC moving towards a stronger presence in the South, with regional and country-based initiatives. To a considerable degree programming decisions of agencies such as UNICEF and CIDA are determined on these same locally-oriented bases, broadening significantly the chances of RITC finding entry points for collaboration.

The suggestion of one counterpart agency that RITC engage even more energetically and systematically than is currently the case with development themes beyond just tobacco is also relevant here; RITC itself recognizes it could go further. UNICEF, UNESCO, WHO and international NGOs such as Save and World Education are giving serious attention to issues of gender, life skills and child-friendliness in their programming, for example. All of these could (but rarely do) incorporate focused tobacco control policy or action research elements.

D) **Financial Resources: Persistently Unmet Expectations**

From the outset, ITI/RITC has never realized the levels or continuity of external funding anticipated. Most disappointingly, the promised CIDA \$2,000,000 core support was not forthcoming; and the \$300,000 which was paid arrived in two tranches only in 1998 and 2001. Support from HC did eventually reach, and exceed, the agreed \$900,000 – but in annual average allocations of \$235,000. These tended to come well into the FY making planning around them difficult. A further Canadian contribution of \$100,000 came recently from the CTCRI in support of the FCTC small grants initiative. The *international* community has not really been forthcoming: up to December 2003, contributions of just over \$514,000 had been realized.

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	Total
IDRC	1,250,000			1,000,000	30,000	700,000			1,215,602		4,195,602
HC		250,000	200,000	200,000	200,000	190,000	185,000	250,000	347,700	287,300	2,110,000
CIDA						100,000		200,000			300,000
SIDA					461,360						461,360
RF									39,720		39,720
CTCRI										100,000	100,000
ACS										13,321	13,321

Note: Figures provided by RITC, April 29/04

In amount, and more significantly in the uncertainty of its provision, the resource base of RITC has served to limit its growth in terms of research contact and networking reach; numbers and scope of projects; and, inevitably, contributions to the field of tobacco control knowledge and capacity.

The implications of this inconsistency of funding have probably had more subtle impact as well, beyond the obvious one of little money, since the designation of RITC as a Secretariat has put it in large measure outside the protective institutional cocoon of IDRC (the one in which the ITI had been conceived).

- Inconsistent, and in some cases inappropriate, staffing has very likely been a consequence: the best people may not have applied, or have decided not to stay long, in a programme which offered little job security or career advancement.
- Success breeds success. Had the programme leadership been willing and/or able to commit to, and apply, a longer-term perspective and begun to build a more clearly visible research-generating base in the South, new moneys may well have been attracted, internally and from the within the regions themselves. There are signs of this type of leverage happening somewhat in the South Africa case, but not yet elsewhere.

Why the pattern of failed resource expectations has developed is a matter of debate and conjecture. CIDA's initial pull-back was attributed by some to its interpretation of IDRC's decision to cut its Health Sciences Programme as a loss of commitment to health in general. Laterally, there has seemed to be a lack of interest in tobacco control generally within the agency, irrespective of its recognition in policy as a basic human/health need.

→ It is not evident that the geographic branches or country programmes, if approached on an individual basis, would be equally as uninterested. Efforts so far to engage those in Africa Branch have, so far, proved unsuccessful. Persistent interaction at this level will require considerable time on RITC's part, toward encouraging CIDA officers to put tobacco into the analysis and planning terms of reference of their Country Programme Frameworks. This is a tactical decision RITC has, however, already made and expects to continue to pursue.

Globally, the 1998 Secretariat Review put the matter down as one of misjudgement on IDRC's part as to the "power of the tobacco lobby on both sides....Not only was the pro-tobacco lobby strong and effective, but the anti-tobacco institutions were just as determined to protect their own interests, influence and leadership roles...(and) to thwart the efforts of upstarts" (Armstrong & Whyte: 170). Some respondents noted the lack of ODA money for non-communicable diseases in general, meaning that the tobacco control agendas of all agencies are struggling – including that of WHO to which RITC has looked in particular for support, and that the bilaterals are not including tobacco issues in their own work plans.

It is important to note here that there were no suggestions from either documents or interviews that current or potential funding partners had any doubts about RITC's ability

to apply or manage funds effectively and efficiently. Professional accountability and fiscal probity are certainly not issues. In fact, the opposite is appears to be true. Two respondents noted with regret their inability to provide funding, in one case because its own tobacco control mechanism was not ready; in another, because it proved more expedient within its own administration to re-fund a current recipient than begin with a new one.

- *One recurrent issue over the past several years with respect to factors impeding resource enhancement has been the Secretariat's lack of a business plan.*

Requested, encouraged and identified in planning documents, action is only now being initiated in the form of a marketing booklet "Harvesting the Evidence...", which lays out the evolution of RITC and the importance of the research issues it is addressing. There is, however, still no complementary *budgeting implications* document. As some in IDRC, and in RITC itself, have suggested, such a document is key to <quantifying the future>, to displaying for prospective donors *a succinct and multi-year picture of:*

- what RITC expects to achieve: specific outcomes in terms of <what will spell 'success' for us in terms of research, dissemination and capacity development>;
- how it expects to get there: specific strategies, methods and boundary partners;
- what human and financial resources it needs to get there;
- what resources it has available;
- what the specific gaps are; and
- how specific external agencies and partners might fill them.

It is also felt by some IDRC and external partners that RITC, with the participation of IDRC Senior Management, take a more sustained and personally interactive approach to the resource enhancement task. According to one, <you cannot simply write a letter and build a partnership. You need to turn up, and follow-up>.

RITC is clearly doing some of this, including a planned survey of bilateral agencies of their openness to tobacco control support. If, however, as one agency officer noted, <we are all in a way competing for the same funding>, in a climate where "funding for tobacco control remains elusive" (SCM 09/03:3), it seems clear that considerably more needs to be done.

Funding Patterns

The following section provides a more concrete picture of RITC financial evolution.

A. Year-on-Year Budgets

- From the outset, and despite its low levels of funding, ITI/RITC has had difficulty spending its full programme budget. In large measure, this seems to have been a combined result of being both a new and complex area of policy research and of persistently low numbers and changing of staff. Together, these have perhaps

limited the time needed for the kind of consistent and cumulatively more comprehensive application of policy and plans in the field.

According to the 1998 Secretariat Review, funding had exceeded expenditures in each of the first 3.5 years of ITI. This pattern continued into 1998/9, despite the increased activity expected “with the appointment of the new Executive Director and two new fulltime professional staff members” (Armstrong & Whyte: 166). As of September 1998, programme expenditures had reached only 60% of the total amount allocated. There was some improvement in 1999, however, with 56% of the annual programme budget spent by the end of year and another 33% encumbered for projects expected to begin in early 2000. 80% of the annual operating budget (management and technical assistance) had been spent that year. → *As of the end of 1999: \$1,436,915 had been spent on nine projects out of \$4,581,360 in total funding provided to the Secretariat by IDRC, Health Canada and other partners (31.36%).*

In January 2000, RITC had a fund balance of \$1, 864, 606 and anticipated programme and operational expenditures to December 2000 of \$1,144,128. The following chart indicates the annual expenditures since that time (data taken from the annual “Financial Highlights” summaries):

Calendar Year	Programme Activities	Management and Technical Assistance	Fund Balance	Expected Next FY Budget
2000	\$189,332 [24%] of programme activity budget for the year. This was reported as “low due to ‘long contract negotiations (and) concentration on strategic planning’	\$368,626 [101%] of annual operating budget	\$1,491,648 (as at Dec 31, 2000) [Note: as stated on page 3 of financial statements]	\$1,194,330 for the 12-month period Jan 1, 2001 to Dec 31, 2001
2001	\$256,361 [33%] of annual programme budget. \$450,000 additional encumbered in Q4 for use in 2002.	\$396,024 [96%]	\$1,031,164 (as at Dec 31, 2001) [Note: as stated on page 3 of financial statements]	\$1,447,456 for the 12-month period Jan 1, 2002 to Dec 31, 2002 Note: budget revised reflecting new funds rec’d after 31/12/01
2002	\$607,778 [60%]	\$432,748 [95%]	\$1,843,660 (as at Dec 31, 2002) [Note: as stated on page 3 of financial statements]	\$1,139,500
2003	\$262,718 [40%] New SPS “developing an understanding of the	\$386,125 [79%] Lower salaries due to staff changes.	\$1,422,117 (as at Dec 31, 2003) [Note: as stated on	\$1,595,438 for 15-month period Jan 1, 2004 to March 31,

	project portfolio and ... acquiring skills to develop and manage proposals.”		page 3 of financial statements]	2005 [NOTE: The difference between the fund balance and the budget represents additional funds rec'd after Dec 31, 2003 - HC: \$60k for Jamaica; CTCRI: \$100k and ACS: 13,321 for FCTC small grants]
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Notes: this figure of \$1,144,128 is the budget for the year 2000 as presented in RITC's financial statements for that year. % is of annual budget for the category.

Operations budgets have consistently been near or fully spent; programme budgets on the other hand continue to be low. While it is clear that RITC has continually had enough programme funds each year to carry it over the following year's pipeline, or has been successful in negotiating them, it is also the case that the perception has been one of being always within a fairly short time horizon¹⁹.

Whether or not it might have been more strategic to focus funds on a few large projects – with the expectation that their proven results would bring in necessary further support – the perception of being on uncertain ground has led to caution in committing to major undertakings. The unused balances probably did not influence external funders from coming forward. They may, however, have disinclined IDRC to see a need for larger increments as long as staff were not able, because of small numbers or programming practice, to develop bigger pipelines.

→ Based on the period Jan 1, 2000 - Dec 31, 2003, as of end 2003/early 2004: \$871,287 had been spent²⁰ on 19 projects and project activities (including two fellowships, development of research manuals and supplements – most supplements involved additional project activity) out of \$2,638,643 in total contributions to the Secretariat from funding partners from 2000 onward (33.02%).

¹⁹Note from RITC in commenting on the evaluation: “Please note that there will always be a carry-over from one fiscal year to the next. This is because we budget based on expected appropriations for the year, but of course, spending is normally less than the amount appropriated unless a given activity has a duration of less than 12 months”.

²⁰ The figures here noted as “spent” includes also those which are encumbered but not yet spent. The funds for a small grants competition to “support ratification, implementation and/or enforcement of the FCTC”, totalling \$228,000, have neither been spent nor encumbered and so are not included here. According to RITC, “other projects in the pipeline are slated for approval between now and March 31, 2005, currently totalling approximately \$326,000”.

The following chart, prepared by RITC, details the above budget allocations by project.

Title	Amount	Year
1. Legislation and Tobacco Control in Latin America	\$13,984	2000 [Note: The appropriation was \$158,800 but the project was subsequently cancelled. Spending was limited to \$13,984]
2. Overrun: Determinants of smoking in CapeTown townships	\$813	2001
3. Supplement: Economics of Tobacco Control (SA)	7,265	2001 [Note: The appropriation for the supplement was closer to \$18k, but actual spending was limited to \$7,265]
4. Supplement: Cigarette consumption...China	52,200	2001
5. Youth Smoking Patterns, Turkey	21,610	2001
6. Tobacco Control Policies (Lbn)	207,814	2001
7. Developing Youth Leadership in Tobacco Control (Argentina)	99,882 15,643 (supplement) 5,385 (supplement)	2001 2002 2003
8. Factors Associated with Smoking in Brazilian Worksites	91,320	2001
9. Qualitative Research Manual	2,383 34,121	2001 2002
10. Tobacco Control Research Competition in Arab World	20,000	2002
11. Economic/Social Implications of Tobacco Growing...(Zimbabwe)	63,670 5,000 (supplement)	2002 2003 (travel to WCOTH)
12. Smoking Intervention for Disadvantaged Women (SA)	78,570	2002
13. Economics of Tobacco Use (Vietnam)	72,500 7,874 (supplement)	2002 2003
14. Economic Burden of Tobacco Use in NIS	31,500	2002
15. Small Grant Award: H Yuksel	4,000	2002
16. Partnership for Global Health Equity	5,000	2002

17. Towards an Understanding of Tobacco Use ... (Russia)	11,942 4,400	2002 (Note: \$11,942 was a supplement to an existing project that had an unused grant balance remaining) 2003 (Supplement to allow for a study tour to Canada)
18. Value chain analysis literature review (Malawi)	12,650	2002
19. Small Grant Award: D Paudel	1,761	2003
Total	\$871,287	

B. Spending of Programme Budgets

- The percentage of RITC allocations to the substance of research and researcher capacity continues to be high vis-à-vis partnership and coordination tasks. How positively these percentages are viewed depends in part on where, as a Secretariat, it is felt the balance between support to southern research/researchers versus support to mobilizing international funding should be.

Since 2000, the “programme activities” budget has been divided into three categories: research and capacity building; research support and dissemination; and programme/partnership development and coordination. Amounts spent in each are indicated in the following chart (1999 is presented for comparison, when under an IDRC-based ED).

FY	(a) Research & Capacity Building	(b) Research Support/Dissemination	(c) Programme/Partnership Development & Coordination	* % to the field (a) & (b)
1999	\$458,476 (research & regional activity)	\$11,141 (research support)	\$103,760 (P/P development & professional development award)	82%
2000	\$143,200	\$38,514	\$7,618	96%
2001	\$223,765	\$22,399	\$10,196	96%
2002	\$532,783	\$37,479	\$37,516	94%
2003	183,902	\$63,092	\$15,724	94%

The differentiation made here between areas of funding may not be fully accurate, depending on what items were actually included under the three headings. In general terms, however, it indicates that a significant amount of RITC budget has continued to be spent on target country research and research communities, as opposed to the more process-oriented tasks of co-ordination and partnership building.

C. Average Size of Projects

- Since 2000, the average size of RITC projects and related support activities has been small, approximately half that of projects during the first 5 years. While not a planned strategy, and one inevitably increasing transaction costs for the Secretariat, it has not proven to have an especially negative impact. There have been relatively few projects funded overall, and comments from partners and the field indicate that the quality of activities has been high and communications with the Secretariat consistent, timely and constructive. RITC has also been able to test a variety of support modalities (action and multi-stage policy research, small grants mechanisms, manual development, co-funded publication), all of which can eventually be funded at higher levels.

It has not been the intention to maintain small projects. The aim of the 3-Track strategy²¹ was, in fact, to assure RITC did not have “too many small projects that require intensive monitoring” by keeping capacity building initiatives to 25% of the budget (RITC 2000/b:16). Overall, however, RITC’s projects have been smaller on average since 2000.

→ Average project size up to December 1999: \$163, 855 according to appropriation figures in the following table (prepared by RITC):

	Original appropriation
	Average: \$163,855
Political mapping (Vietnam)	28,400
Comprehensive Tobacco Control Program (South Africa)	300,000
Economics of Shifting from Tobacco Cultivation...(India)	242,560
Smoking Behaviour, Attitudes and Practices	51,410
Cigarette Consumption.. China	66,880
Evaluation of Tobacco Control Strategies (Turkey)	224,750
Global Alliance...	205,200
Building Alliances...	200,000
Economics of Tobacco Control (SA) II	155,500

²¹ Introduced in 2001 as a way to manage the pipeline, these tracks were A: support for established researchers (50%), B: support for capacity development (25%) and C: international cooperation (25%). In fact, according to RITC, they have not been effectively used for guiding/monitoring project funding, especially since “spending really slowed down after (the SPS) left the Secretariat in mid-2002”.

→ Average project size from January 2000: \$84,566.

Based on figures supplied by RITC, this amount “includes only major project appropriations for which ...a full-fledged Secretariat Approval Document” was prepared, and are detailed in the following chart:

Average funding:	\$84,566	
Title	Original Appropriation	Year Appropriated
1. Legislation and Tobacco Control in Latin America	\$158,800	2000 [Note: This is the <u>original appropriation</u> , even though total spending was only \$13,984 because it was eventually cancelled]
2. Smoking Patterns Among Youth/ Turkey	21,610	2001
3. Tobacco Control Policies (Lbn)	207,814	2001
4. Developing Youth Leadership in Tobacco Control (Argentina)	99,882	2001 [this is the original appropriation, without supplements]
5. Factors Associated with Smoking in Brazilian Worksites	91,320	2001
6. Tobacco Control Research Competition in Arab World	20,000	2002
7. Economic and Social Implications of Tobacco Growing...(Zimbabwe)	63,670	2002 [This is the original appropriation, without supplement]
8. Smoking Intervention for Disadvantaged Pregnant Women (SA)	78,570	2002
9. Economics of Tobacco Use (Vietnam)	72,500	2002 [This is the original appropriation, without supplement]
10. Economic Burden of Tobacco Use/ NIS	31,500	2002
Total	\$845,666	

Note: figures here do not include the FCTC small grants competition, nor the Russia projects as these were approved using available funds from an existing project plus a small supplement.

It is not fully clear why this has been happening. However, it is a situation consistent with projects appearing to come more often through submitted proposals than as a result of longer-term programme development processes (i.e. instead of purposively building projects through field visits). Interview and document comments tended to support RITC’s own comment that it had been responding “on an ad hoc basis to proposals as they had been submitted”, in the attempt to balance thematic and geographic priorities with broader and “most pressing” research issues. (RITC 2002/a: 11)

It is perhaps not surprising that initiating an area of research and drawing in and facilitating research communities which are still relatively new, while at the same time trying to establish visibility and partnerships through a widening net of working

connections, might lead to project activities being smaller, more quickly developed and less intensively nurtured to extend reach.

Smaller project size is also a reflection of there being relatively more individual activities within a small overall project portfolio: two fellowships, and contributions to publications and manual development bring down the size average.

One potential problem area consequent to having a large number of small projects concerns on-site monitoring. Since the departure of the RITC SPS in mid-2002, the bulk of project communication has been through email and phone – with some direct interaction at international meetings. The SPS during 2003 visited two developing countries. Field monitoring is not within the Research Officer/Co-ordinator's terms of reference (though this might be something to consider). The ED, understandably, has devoted most of her travel to partnership and coordination in the North. In terms of both probity and enabling RITC to build a sound programme base in the South, this lack of field monitoring is a situation which warrants greater attention.

E) Informed Action and Outcome Mapping

The decision by RITC and the IDRC Evaluation Unit to develop an Outcome Mapping Framework for the Secretariat was taken shortly after the appointment of the new ED. It responded to the Centre's requirement that all programme areas take a more systematic, user-driven and utilization-focussed approach to monitoring their progress, in terms of both outcomes and performance. It was a key step toward the Secretariat being able to begin taking a more proactive hand in managing its own substantive and, in consequence, perhaps structural, evolution.

It appears also to have been the first time that any concrete steps had been taken systematically to implement a monitoring process²². Under its first "technical" ED, RITC did make an attempt during the December 1998 strategic retreat to establish clearer standards, criteria and benchmarks, and to set timelines for meeting these. These appeared to fall victim to the following year's staff changes, however. The current concern of one senior IDRC officer thus seems a reasonable one: while RITC <has been pretty good at communicating what they are trying to do>, it has done less well in terms of <results and deliverables>.

Outcome mapping made sense in the context of RITC. According to the OM designers, the approach allows staff to look at both the softer "capacity development" influences of their interventions, as well as at "harder" project results; and it encouraged generation of evidence of <smaller, incremental successes>, in a more systematic rather than anecdotal way. There were two expressed purposes for RITC in using the Framework:

- to further elaborate on its strategic planning retreat in 2000; and

²² Beyond the snap-shot taken of it as part of IDRC's overall review of its Secretariats, no evaluations of RITC were undertaken until this current one.

- to help it develop a method for monitoring change in its research partners and in itself (Earl: 1)

The process of developing a RITC-specific “outcome map” took place over the course of several months through a series of RITC and EU staff working meetings. These agreed on the statements of vision, mission, boundary partners, outcome challenges (how the behaviours, activities etc would change as a result of the programme being there) and progress markers (the various levels of change that RITC expects to be realized in reaching the outcomes).

Also confirmed were strategies for collecting and managing the data, and who would do both. On the first: data are generated largely through project interim and final reports, correspondence and field visits. On the second: all officers are expected to look for and report on instances revealing of progress markers, but the key responsibility for collating, recording and interpreting these in the format of an “outcome Journal” rests with the Research Officer/Co-ordinator. It is a task she has been doing with a considerable degree of diligence and analytical rigor -- a credit to her own ability and to the decision on the part of the ED to <give her the space. Programmes in the Centre are not generally so encouraging>, according to the experience of the EU.

To date, however, a key missing element in the process has been the critical step of RITC officers, as a group, making sense of it all. Reflection workshops are intended as the place where the progress markers are reviewed for their continued validity and lessons learned:

- o Are they clearly defining, discriminating, explaining and showing increasing depth and scope in the evidence?
- o What are the implications for continued and changed performance strategies and activities on the part of RITC, based on progress being and not being made?

To enable this kind of informed action, reflection workshops are expected to happen on a regular basis. So far, there has been only one; and this was, according to one RITC staff person, somewhat disappointing because <people seemed not to have read the Outcome Journal thoroughly and the questions raised in it about the nature and usefulness of the progress markers and the data being produced were not answered>. Time is felt to be the major problem here, especially given the reduced staff levels and travel. It is also, it was felt, a matter of the process needing to be <more firmly integrated into the work>.

→ Without such integration, OM risks moving from being a good start, to becoming a significant missed opportunity with respect to RITC being able to:

- use its experience to guide its decisions;
- identify to its governance bodies and partners what the windows and barriers for its improved action are; and
- build toward a stronger meta-analysis capacity.

While the IDRC officer noted above went on to acknowledge that this was a problem <common to IDRC generally, programme objectives being more statements of intent than

‘here is what we will change’>, one RITC officer worried that, as a Secretariat, they had to do more: → without making RITC’s experience more coherent, <we don’t really have a clear answer to donor questions of ‘what do we know’ and ‘what do we do’>.

V CONSIDERATIONS FOR ONGOING PROGRAMME DEVELOPMENT AND PRACTICE and ideas for further analysis

It was not within the terms of reference of this evaluation to make definitive recommendations as to where or how RITC should move next in terms of its mission, mandate and strategies. The findings and interpretations presented here are intended, instead, to serve as input to the Secretariat, its Steering Committee and IDRC as they engage in the next strategic planning exercise. Gaps are to be filled by possible further in-depth and/or technical analyses. Following here are some conclusions of the evaluation considered pertinent to RITC’s on-going discussions, and some options for other analyses.

A) Considerations for Going Forward

- Maintaining an appropriate balance between “growing the Secretariat” and building its base as a development research enterprise will continue to be a critical task for RITC as long as it remains an independent agency seeking to strengthen research capacity in and with the South.

As a Secretariat, RITC has had to negotiate between its substantive (ends) tasks e.g. identifying, nurturing, monitoring and synergizing a coherent programme of research and research capacities in the South; and its process (means) tasks e.g. strategic planning and programme direction-setting, co-ordination and convening of donor and counterpart agencies, resource expansion

Both are necessary, and there is probably no absolute best balance. At various points in its evolution, as conditions of its funding/partnership environment have changed, the dividing line between process and substance has shifted, one former RITC officer noting his concern <that the means have gradually become ends in themselves>. Ultimately, substance must take precedence, and overall this is happening and should continue: the research and capacity development which RITC supports feeding into, and legitimizing, its process functions, and in turn being supported by the increased visibility, partnerships and resources these generate.

It is, therefore, critical that RITC be clear as to the balance it wants, and consciously monitor its being maintained. This implies assessing seriously options for (i) strengthening the project development process as one of facilitating capacity; (ii) increasing the number of staff able to perform this SPS function; and (iii) creating more ways to involve the staff directly with developing country researchers and institutions.

- No serious concerns were raised about the quality or relevance of the research being produced through RITC support. Both RITC and partners recognize,

however, that more could be done at the “meta” level to synthesize and build on the results of this work.

The Secretariat acknowledges as a core requirement for increasing its reach, impact and ability to attract funding partners, that it <pull all the pieces of its work together, to see what they mean and what they add up to>. Establishing a continuing meta-analysis function in RITC would include both the substance of the research projects i.e. the knowledge they generate; and also the experience RITC and its boundary partners have gained, and lessons they have learned, about “what works” with respect to:

- (a) best practice in the design, conduct and dissemination of research aimed expressly at informing, generating and changing tobacco policy and smoking behaviour; and
 - (b) creating the coalitions, teams and capacities best suited to achieve these outcomes.
- The question of how far into the user community RITC-funded research and capacity activities should extend continues to require exploration.

One consistent lesson from both interview comments and documents about tobacco control, as noted by one, was <that, at the end of the day, it happens locally>. It is a lesson with direct implications for RITC in terms both of focus and resources.

Should it matter, for example, that RITC’s support to the South African research community has, according to one researcher, <not produced particularly strong synergies> within that community? Or that no form of non-smokers rights association has emerged, despite the influence of demand-side organizations on implementation of tobacco control legislation? On the other hand, five years of hands-on RF funding among nodal groups in Southeast Asia, working with the Thai Health Promotion Foundation and strong national mentorship and interpretation of research for advocacy, has apparently had tangible results. In several of the nodes, there <continues to be momentum>.

According to one counterpart agency, <while it is critical to have the research available, situating, framing and advancing that research in a country must be done in that country, by the right people. RITC needs perhaps to unshackle its somewhat limited base>. For another, <research in general is not making an impact because no one is really translating it into practice. No organization is funding it, even though it would be an easy component to include>. RITC, she suggested, could include as a funding requirement that research proposals incorporate an actual research-to-use component with activities, budget and timeline, <one year for the research; six months for doing something with it>.

There are risks and costs in such an expansion. NGO and civil society organizations usually lack research expertise, and RITC cannot do it all. As several respondents noted, however, it could move through partnerships which <could facilitate the necessary bridging>.

- Capacity development should be a core dimension of RITC's mission and mandate. It has not received the level of conceptualization, coherent planning and professional design needed to enable sufficiently strong outcomes in this area.

Integrated and multi-sectoral tobacco control analysis for policy and social change is a still-new area and approach for development research. It cannot be assumed that people and organizations will be "out there", ready simply to take up the funding. Capacities to conceptualize, design and conduct research, more than money, are likely the main hurdles RITC faces.

Small grants mechanisms can be an important strategy for RITC, if developed along the lines now being considered for elaborating the FCTC project. They can engage new researchers in low-risk studies through on-hand mentoring and opportunities for exchange with peers. In a different format, they can bring established researchers from a variety of fields to tobacco control issues, broaden their horizons and add new dimensions to existing tobacco control knowledge. The experience of two RITC project leaders, African and Latin American, suggested to them that the cost-benefit can be good: better researchers and research, and <it doesn't need big money>. If targeted and mentored, RITC can <grab some good people> and build a strong base. A caveat agreed by all, however: small grants are very labour intensive to plan, manage and monitor.

A second aspect of capacity building not yet reflected in RITC's work is institutional development. While it is individuals who learn, where they do so in the context of organizations with peers and durability in funding, mandate and place in the wider policy and practice environment, the more likely this learning will be relevant and applied. Institutional development is a specific form of capacity support, however, requiring preliminary analysis of readiness, of resource availability and gaps, of who needs to learn what to ensure integration and sustainability. It is an area in which RITC would need to acquire its own capacities and assign appropriate resources.

A final area of capacity raised by several partners, and related to the point above: It is important to strengthen more systematically the ability of researchers to interpret their results expressly in policy terms, talking to policy-makers about the implications of their data in ways which address their own agendas and can lead to practical action.

- *As one IDRC officer noted, <it seems a bit of a surprise that after 10 years, RITC still has no networks in the South> through which it might have co-ordinated nominations for the FCTC small grants programme.*

Two closely related aspects of capacity development concern cumulative impact and sustainability. After a period of time, RITC should have been able to produce formal and informal networks of researchers, on a global, regional and/or thematic basis, with expertise on which they, their countries, the tobacco control sector and RITC could continue to build. The intention has been to do so, initially through the Regional Workshop strategy and later through "supporting regional tobacco control research

networks” through a possible prototype in Africa (SCM 07/00:4). Neither plan was followed up.

RITC remains the one agency committed solely to tobacco control-cum-development research with researchers in the South. Facilitating connections among them could prove a powerful way to sustain the capacity outcomes RITC has achieved, maintaining professional motivation among relatively isolated “boundary partners”, and moving RITC’s “love to see” outcome map forward by “offering support and guidance to researchers new to the field of tobacco control” and “promoting the importance of tobacco control as a development issue in national and international discussions”.

RITC need not be *the* network node for tobacco control; others such as ITEN and Globalink fill particular niches. And resources are limited; networks can absorb considerable staff time depending on their design and the expectations they generate. Networks can be cost-ineffective; as one respondent put it, <they can have a very brief half-life> unless very clear about what their task is and unless members accept ownership. On the other hand, networks need not be highly formalized or centrally-managed to be effective. They can be as light as a list-serve or as activist as a system for engaging members in peer-mentoring.

- From its inception, ITI/RITC has remained, in the words of one Centre officer, <largely outside the IDRC family> in terms of governance, professional exchange, project development and monitoring support. In this position, RITC has not realized full benefit from significant strengths intrinsic in the relationship with IDRC.

The consensus of expressed opinion within both RITC and IDRC is that the Secretariat has suffered from its too-distant life apart from the Centre. It is recognized that integrating its work more fully within IDRC could have direct implications for RITC’s current management and approach. However, the nature of these implications and their impact on programming will depend on the nature of the integration, and could be negotiated to ensure an effective balance between programming and partnership flexibility on the one hand, and consistency with other Centre PI formats on the other.

While it may be somewhat more difficult to secure core support from external agencies in such an arrangement, this may be a moot point. On the other side, the larger core funding from IDRC and the psychological sense of being able to grow organically as part of the larger institution, could well lead to more “funding partner-friendly” project development practice. There would also be more options for piggy-backing on, collaborating with and drawing on the research activities and networks of other Centre Secretariats and PIs.

Viable and productive *institutional* relationships depend on the *interpersonal* relationships established among the individuals involved, often through informal channels and serendipitous encounters. A further implication of a closer connection between RITC and IDRC might, then, be the need for RITC to visibly and regularly “be there”. Most simply, this may mean moving to another floor. Harder to arrange, it may

mean a rethinking of the current way in which the location of the ED in Vancouver is managed.

B) Ideas for In-depth and Focussed Analysis

1. The evaluation provided a brief insight into the kinds of scientific (social and economic) results being generated through the projects RITC is supporting. In no sense was this a complete listing. Nor, more importantly, did it involve an analysis of the science behind them, or of the specifics of their analyses, implications or impacts on practice.

- It is suggested that, at some soon point, RITC undertake a comprehensive synthesis of the several sets of knowledge areas it has helped to elaborate.
- This should include any changes to actual tobacco use or production which might have resulted from research findings.

2. The evaluation did not include any fieldwork, and it reached a very small number of researchers by phone/email. For RITC, as a *development* research programme, this is a serious gap in terms of enabling it to understand the dynamics and scope of its reach, and the type of influence it is having.

- RITC should follow-up this arms-length evaluation with an on-site one, in at least two regions: South Africa, because of the duration and complexity of its project history there; and in Latin America, because of the innovative approaches and action-research orientation of the projects and because there appear to be tobacco control policy windows opening.
- These evaluations could probably best be done with small teams of local researchers, including someone familiar with tobacco control researchers, and someone familiar with assessments of project implementation and capacity development. Both should have good qualitative analysis skills.

3. This evaluation scratched the surface in terms of understanding the range, depth, sustainability and gaps of capacity development occurring in the projects, and of the potential for doing more.

- In order for RITC to follow through on its commitment to provide opportunities for capacity development in the South, a fuller review of what it has done in capacity development terms, what it has missed, who has been reached, how institutions fit into the picture, -- and how the nature of its support has influenced all of these, should be undertaken.
- This could be part of the suggested field-based evaluations, as well as in the form of a focused, distance-based evaluation.

4. Considerable effort was made in undertaking the Outcome Mapping process, and continues to be made to maintain the Outcome Journal. A large amount of data has been generated as to what RITC is achieving and how it is performing. Much of the OM potential is being missed and its data under-utilized.

- The Secretariat as a whole, together with the EU, would be well-served by a systematic and thorough reconsideration of its OM Framework: what it has

produced; whether the map itself and its elements remain valid and sufficient; whether progress markers and performance indicators warrant changing, how strategies for data collection and “reflection” sessions are working, whether/how boundary partners should be made more proactive participants.

5. This evaluation made note of the strong start RITC has made with respect to the dissemination of knowledge and outstanding issues related to tobacco control: through a range of published materials, on its website and by organizing sessions and workshops linked into international and regional conferences.

→ A further assessment would be useful in exploring further the reach, use, cost-effectiveness and potential for further elaboration and networking of these various modalities.

6. In the longer term, it would be useful for RITC to revisit the agendas developed out of the 1998/99 regional workshops. The aim would be twofold:

→ To begin an evolving situation “state of practice” analysis of the priorities and capacities of Southern researchers, research institutions and policy/advocacy research application organizations, and availability of possible local and international donor support.

→ From this, to develop a potential programme of work expressly *with* these boundary partners.

ITI/RITC Historical Chart

1993	Tobacco-related diseases noted in Health Sciences Corporate Programme Framework
1993/4	Preparatory reviews and a commissioned PATH situation analysis of tobacco-control issues confirmed “a multi-disciplinary leadership vacuum and that a need exists for a co-ordinated and enhanced effort in support of policy-relevant research that will minimize the negative developmental effects of tobacco production and consumption”. Broadening IDRC’s usual geographic focus: “very little comprehensive information exists on the magnitude of the tobacco epidemic and its consequences not only in the developing countries, but in eastern and Central Europe and the newly-independent states and a lack of documented evidence of ‘what works’ to discourage tobacco use in low income countries” (ITI/PS 94-0200:6)
Oct/94	ITI approved by IDRC Board as a project (not secretariat), with Steering Committee and Programme Contact, no Executive Director/ED, 3-year commitments of \$1.25m from IDRC, \$2m from CIDA (not forthcoming) and \$.9m from Health Canada (\$.85 paid by 1998 to \$2.11 by 2003); and “colossal” expectations raised by its strategies, objectives and activities (Armstrong and Whyte: 167). Funding expected from international donors was not realized.
June/95	ITI–organized Bellagio “Tobacco Control and Sustainable Development” statement and request for IDRC “to lead a round table process of consulting with other agencies, countries and experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development”.
1996	ITI co-ordinator (20% time) recommends Secretariat status and appointment of a tobacco control expert as ED. Technical Advisory Committee meets “sporadically”. Described as “still finding its feet”, decision instead has ITI report to the Healthy Public Policies PI with proviso: “if (it) evolves into something more visible, perhaps seeking additional funding and perhaps being led by an international figure” the situation could be reviewed (Armstrong & Whyte: 167)
1996/97	Part-time external ED who “rarely spent time in the ITI office” (Ibid: 167)
End 1997	SC Chair announces new programme/funding strategy, recommends fulltime ED, 2 POs and \$1m over 2 years. Decision: Senior IDRC officer appointed ED (30%), fund level approved.
1998/99	ITI renamed RITC; 2 POs hired and one Programme Development Awardee placed. SIDA contributes \$.46m. WHO/TFI created, identifying RITC as partner to “expand the evidence-base” for tobacco control through policy research; TFI Director appointed SC Chair. Regional Agenda-setting Workshops completed. Review of IDRC Secretariats (November) highlights persistent under-attention by IDRC to inherent weaknesses in ITI capacity, leadership and focus: “The Review was unable to find any evidence of the commitment (to ensure ongoing evaluation of the progress and impact of the Secretariat) having been met....Key informants reported that they have little or no information about ITI’s activities” (Armstrong & Whyte: 170). RITC retreat (December) confirms forward priorities.

1999	RITC presents Regional Agenda results at Washington “Global Tobacco Forum”, outcomes feeding into WHO/RITC mobilized “Global Agenda for Tobacco Control Research”; ED resigns (August); <i>first fulltime</i> ED named from within RITC, selected competitively.
2000	ED begins term; Senior Programme Specialist appointed (May), joining fulltime RITC Research Officer/Co-ordinator and Programme Assistant; World Conference on Tobacco or Health/Chicago with high-profile RITC involvement (August); strategic planning sessions undertaken (September)
2001	15-month PWB approved; CIDA contributes \$.2; HC annual payments continue.
2002	New SC Chair appointed from OECD; SPS resigns (August); IDRC contributes \$1.2m to 2005. RITC, with Rockefeller Foundation support, convenes (basically Northern; one Thai NGO) donor/agency meeting “to address the need for enhanced global coordination to “bridge the gaps” in existing (tobacco control) research efforts and for (its) improved funding... particularly in developing countries.” The meeting produced the “Ottawa Declaration on Tobacco and Sustainable Development”, calling for “concerted international action” to elevate tobacco control “to high priority on the development agenda”, recognizing that tobacco “threatens not only human life and health, but also ... sustainable development and poverty reduction”. (RITC 2002b: iii, v).
2003	SPS seconded from HC (February); Framework Convention on Tobacco Control/FCTC approval (May); World Conference on Tobacco or Health/Helsinki with high-profile RITC involvement (August); Rockefeller Foundation gets out of tobacco control, terminating its “Tobacco for Health Initiative” reducing potential for partnership funding; ED relocates to Vancouver (September) 25% time in Ottawa; 18-month Work Plan approved by SMC (October).
2004	SPS returns to HC (February) replaced by part-time consultant

Notes:

* TI/RITC had no ED until 1996/7; no fulltime ED until 2000; senior programme staff sporadically.

- The expected \$2m grant from CIDA has totaled only \$300,000; IDRC and HC contributed \$4.2m and \$2.1m respectively; CTCRI provided \$100,000; international funding amounted to slightly over \$500,000.

**** ITI/RITC has been involved in various internal and external situation analyses, strategic reviews and stock-taking sessions held in 1993/4, 1995, 1997, 1998, 2000, 2002; it has had no evaluation other than the Secretariat Review/1998 and this current one.***

ANNEX 2

Persons Interviewed

IDRC (former and current)

Enis Baris: World Bank (formerly IDRC and RITC)
Alain Berranger: Partnership and Business Development, IDRC
Sarah Earl: Evaluation Unit IDRC
Brent Herbert-Copley: Social and Economic Equity Programme, IDRC
Montasser Kamal: CIDA (formerly IDRC and RITC)
Rohinton Medhora: Vice President, IDRC

RITC

Lise Holland: Programme Administrator
Paul Isenman: OECD [Steering Committee Chair]
Rosemary Kennedy: Research Officer/Co-ordinator
Wardie Leppan: Sustainable Use of Biodiversity Programme/IDRC [TAC chair]
Linda Waverley: Executive Director

Donor Partners and Agency Counterparts

Joy de Beyer: World Bank
Roxana Bonnell: Open Society Institute
Astrid Eberhart: Canadian Institutes of Health Research
Thomas Glynn: American Cancer Society
Patricia Hoes: Health Canada (Steering Committee Member)
Cheryl Moyer: Canadian Tobacco Control Research Initiative
Aron Primack, Fogarty International Center (brief email comments only)
Anthony So: Duke University (formerly Rockefeller Foundation)
Gloria Wiseman: Health Canada (former Steering Committee Member)

Research Recipients (Boundary Partners)

Ethel Alderete: Institute for Regional Science & Technology (project leader:
Argentina) - written correspondence only
Isabel Scarinci: University of Alabama (project leader: Brazil)
Krisela Steyn: University of Cape Town (project leader)
Come van Walbeek: University of Cape Town (project leader)

Bibliography

- Armstrong, J. and A Whyte. 1998. "Learning Partnerships: A Review of IDRC Secretariats. Volume 1". IDRC, Ottawa.
- Baris, E et al. 2000. "Research Priorities for Tobacco Control in Developing Countries: A Regional Approach to a Global Consultative Process". In Tobacco Control, 9 (pages 217-223)
- Canadian Tobacco Control Research Initiative, the American Cancer Society and Research for International Tobacco Control. "CALL FOR PROPOSALS: Research to Support and Inform Ratification, Implementation and/or Enforcement of the Framework Convention on Tobacco Control (FCTC)". January 2004.
- Earl, S., 2001. "Draft Monitoring and Evaluation Proposal Using Outcome Mapping for RITC". Evaluation Unit/IDRC, Ottawa
- Herbert-Copley, B. 2002. "Memorandum to SMC: RITC Assessment and Rationale for Renewal of IDRC Funding". IDRC, Ottawa
- IDRC. 1994. "Project Summary: International Initiative on Tobacco Policy Research"
- Kamal, M/a. 2000. "Responsive Programming: RITC's Strategic Directions for 2000-2003". RITC/Ottawa.
- Kennedy, Rosemary/a. Feb 2 & 24/04. "Small Grants Research Competition to Support Ratification Implementation and/or Enforcement of the Framework Convention on Tobacco Control/FCTC". 1st and 2nd Reports. RITC/Ottawa
- RITC. 1998/a. "Mission Statement and Thematic Considerations": notes from the December 11, 1998 Strategic Planning Retreat. Ottawa
(also: informal meeting notes from the retreat planning sessions)
- 1998/b. "Report on the Regional Meeting on Setting Tobacco Control Research Priorities for Asia: Pattaya, Thailand, 11-13 November 1998". from RITC website.
- 1998/c. "Report on the Regional Meeting on Setting Tobacco Control Research Priorities for Latin America and the Caribbean Rio de Janeiro, 17 -19 August 1998". from RITC website.
- 1999. "Report on the Regional Meeting on Setting Tobacco Control Research Priorities for East, Central and Southern Africa Region Juliasdale, Zimbabwe. 11-13 January 1999". from RITC website.

- 2000a. "RITC Strategic Planning Session". (draft report). ICA Associates, Ottawa
- 2000b. "2001 Programme of Work and Budget". Ottawa.
- 2002a. "Request for Appropriation of Funds". Submission to Senior Management Committee, April/02. RITC, Ottawa.
- 2002b. "Bridging the Research Gaps in Global Tobacco Control". Report on the Meeting in Ottawa November 4-6/02
- 2002c. "Bridging the Research Gaps in Global Tobacco Control: A Synthesis Document". Ottawa, November 4-6/02
- 2003a. "Workplan October 1, 2003- March 31, 2005". Ottawa
- 2003b. "Harvesting the Evidence for Global Tobacco Control". Ottawa
- Steering Committee Minutes 09/03, 05/02, 11/01, 04/01, 07/00, 09/98, Ottawa
- n.d. "Outcome Journal for Researchers". Ottawa

OTHER

- Kennedy, R/b: Review-October/2003 and Project Assessment Memo-March/2003 of small grant report → "Tobacco Use Among Adolescent Students in Secondary Schools of Pokhara Sub-Metropolitan City of Nepal: Deepak Paudel".
- Kamal, M/b: Review-July/2002 of small grant report → "Social and Cultural Influences on Youth Smoking in Turkey: Hulya Yukel".
- Waverley, L. Trip Reports (various dates)
- Kamal, M/c. Trip Reports (various dates)
- Various administrative and budget materials

POLICY BRIEFS

- Swart D., P Reddy and K Steyn. 1998. "Strengthening Comprehensive Tobacco Control Policy Development in South Africa Using Political Mapping". Project supported through a grant from the International Tobacco Initiative (now known as Research for International Tobacco Control (RITC)) and the WHO Office on Tobacco for Health.
- Reddy, P., A Meyer-Weitz, I Abedian, K Steyn and D Swart. 1998. "Implementable Strategies to Strengthen Comprehensive Tobacco Control in South Africa: Towards an Optimal Policy Mix".
- Seidel Marks, A., K Steyn and E Ratheb. March 2001. "Tobacco Use by Black Women in Cape Town". Medical Research Council. South Africa.

PROGRESS REPORTS

Interim

Alderete, E. Feb/2004. "Developing Youth Leadership in Tobacco Control through Action Research/Argentina". CEDES

Everett, K. Oct/2003. "Smoking Cessation Intervention for Disadvantaged South African Women". Medical Research Council, Cape Town.

PATH Canada/Vietnam Office. Nov/2003. "The Economics of Tobacco in Vietnam: Tobacco Expenditures and their Opportunity Costs".

Final

Djibuti, M. March/2003. "Economic Burden of Tobacco Use in the New Independent States: Evidence from Household Surveys". Curatio International Foundation. Tbilisi, Georgia.

Erbaydar, T. et al. 2002. "Smoking Patterns of Youth in Turkey". 2002. Marmara University, Istanbul (and Narrative Report)

van Walbeek, C/a. May/2003. "Report on the Essay Writing Competition". Funded under the "Economics of Tobacco Control" project. University of Cape Town, SA.

-----/b. May/2003. "Economics of Tobacco Control in South Africa: Final Administrative Report of the Second Phase". University of Cape Town, SA.

FINAL PROJECT REPORTS

Bilir, N., B. Gucizdogan and A Yildiz. 2003. "Assessing Tobacco Control Strategies in Turkey". Ankara

-----, 1997. "Smoking Behaviour and Attitudes in Turkey". Ankara

Erbaydar, T., E. Dagli, O. Hayran and F. Ayla. 2002. "Smoking Patterns of Youth in Turkey". Marmara University, Istanbul in collaboration with S. Lawrence, N. Collishaw and C Callard. "Physicians for a Smoke-Free Canada".

Paudel, D/a. April/2003. "Tobacco Use Among Adolescent Students in Secondary Schools of Pokhara Sub-Metropolitan City of Nepal". Institute of Medicine, Tribhuvan University.

-----/b. 2003. Final Grant Narrative Report.

"Towards an In-depth Understanding of the Determinants of Tobacco Use and Cessation Among Russia's Different Age Groups". April/2004. Russian Public Health

Association and the Russian Cancer Centre, in collaboration with Canadian Public Health Association.

van Walbeek, C/c. May/2003. "The Tobacco Epidemic Can be Reversed: Tobacco Control in South Africa during the 1990s". AFReC/University of Cape Town.

Yuksel, H/a. November/2003. "Understanding Tobacco Use by Turkish Youth: A Qualitative Investigation into the Meaning and Context of Smoking". University of Colorado.

-----/b. 2002. Final Grant Narrative Report.

Acronyms

ACS	American Cancer Society
ASH	Thailand Action on Smoking and Health Foundation (Thailand)
BRTI	Biomedical Research and Training Institute
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CIHR	Canadian Institutes for Health Research
CBNRM	Community-based Natural Resource Management
CTCRI	Canadian Tobacco Control Research Initiative
ECSA	East, Central and Southern Africa Region
<i>FCTC</i>	<i>Framework Convention on Tobacco Control (measures to control production, advertising, purchase and use of tobacco)</i>
<i>GATCR</i>	<i>Global Agenda for Tobacco Control Research</i>
<i>GFHR</i>	<i>Global Forum for Health Research</i>
<i>GYTS</i>	<i>Global Youth Tobacco Survey</i>
<i>INB</i>	<i>International Negotiating Body</i>
IDRC	International Development Research Centre
ITEN	International Tobacco Evidence Network
IOM	Institute of Medicine, National Academy of Sciences/USA
LSHTM	London School of Hygiene and Tropical Medicine
NCD	Non-communicable disease
NGO	Non-government Organisation
OSI	Open Society Institute
PAHO	Pan American Health Organization
PSC	Physicians for a Smoke-free Canada
RITC	Research for International Tobacco Control
SADC	Southern African Development Community
SEE	Social and Economic Equity Programme Initiative, IDRC
Sida	Swedish International Development Cooperation Agency
TCCA	Tobacco Control Commission for Africa
TFI	Tobacco Free Initiative (WHO)
THPI	Thailand Health Promotion Institute
UNF	United Nations Foundation
WHO	World Health Organization