



External Review of the Governance Equity and Health Program

September 2010

This findings brief is based on two reports: the “Governance, Equity, and Health Program Final Report 2006-2011” by the Governance, Equity and Health program team, April 2010, and the “External Review: Governance Equity and Health Program IDRC 2006-2011” by Drs Suneeta Singh, Demissie Habte, and George Brown with support by Emily Taylor. The full reports are available from IDRC’s Evaluation Unit.

The Governance, Equity, and Health program is in its second prospectus period (2006-2011). The program supports research in health systems governance and equity as they relate to the strengthening and financing of health systems. According to the program, in a context of vertical, disease-specific programs, the program was among the first to focus on broadly strengthening public health systems. Governance, Equity and Health attempts to influence how research about health systems is conducted and used, to cultivate local understanding of specific situations, problems and solutions, and to create evidence that stimulates measurable improvements in local, regional and national health outcomes.

During the first four years of Phase II (April 2006 – March 2010), the program managed 97 projects, with recipient institutions in 34 countries. Total funding from IDRC was \$21.5 million. Governance, Equity and Health raised a further \$54.84 million for these projects from seven donor partners.

1. Program Aims

The Governance, Equity and Health program’s objectives during the 2006-2011 period were:

- Making a difference on the ground: To inform and support, through research-derived evidence, the development and implementation of a program vision of health policy and health systems, in specific Low and Middle-Income Country contexts.
- Informing global policy debates: To influence, in Canada and globally, the arenas of global health policy, research and systems by informing policy dialogue related to areas of the program’s thematic focus, particularly by supporting a stronger voice for Southern health researchers and research institutions.
- Institutionalizing a program approach: To develop research capacities, build a program Community of Practice, and support the adoption of a program approach to health systems research and policymaking beyond IDRC.

2. Methodology

A new approach to external reviews of programs was employed which includes one report by the program team and one report by an external panel of three independent experts. The program's final prospectus report outlines the program's strategy and evolution, key research findings, major program outcomes and the main lessons drawn from the program's experiences. The external review panel report judges: the appropriateness of the prospectus implementation; the quality of research outputs; and the relevance, value and significance of the program outcomes. The external review panel report also identifies key issues for consideration.

The panel met several times by phone and in Ottawa, interviewed 30 key informants, conducted a survey with stakeholders, and reviewed documentation provided by the program. The panel undertook a quantitative analysis of a sample of projects derived through a stratified sample (by region) from the program's project database (including 33% of all completed projects and 25% of all active projects). A comprehensive review of all stage 3 rolling project completion reports (rPCRs) (21 in total) was undertaken. The panel triangulated the data derived through this mixed method approach to generate its findings.

3. Research Findings

The Governance, Equity and Health program organized the main research findings from their supported projects into three categories.

The **Health Governance** findings:

- demonstrate the equity and quality gaps resulting from emerging private sector influence. They show that privatisation of basic services failed to deliver the services that were promised and increased socio-economic inequities.
- show that health systems research can help integrate policies for internally displaced groups excluded from accessing the health system.
- illustrate how transparency and capturing community perspectives can help address system leakage and rectify discrepancies between policy and practice.
- reveal the link between investment in health research and the strength of health systems, and demonstrate the lack of donor investment in research.

The **Health Systems** findings:

- show that vertical disease resistant-approaches need to consider a systems-wide appreciation. For example, failure to consider AIDS's system-wide impact created specific challenges that severely impacted nurses' ability to deliver basic services.
- demonstrate how a more comprehensive systems approach improved the efficiency of antiretroviral drug roll out in South Africa.
- reveal inconsistencies in immunization coverage rates, characterised as "the fallacy of coverage." The findings show that children in developing countries are

consistently under-immunized and not immunized on time. They also show that true district-level vaccination rates are lower than reported national rates.

The **Maternal Health** findings (an emerging subset of the health systems work and findings):

- reveal how better quality information and referral criteria decrease maternal mortality.
- show how reduction in deaths was attributable to better management of referrals and illustrate the importance of maternal death reviews in improving quality of care, increasing institutional deliveries, and decreasing maternal mortality.
- show that many government health providers are well-informed about the main causes of maternal deaths but feel powerless to improve maternal health in the delivery of health services. The findings identify an unusually high rate of hysterectomies and caesarean sections in certain communities, pointing to a need for further research in what they term excessive medical interventions.

The **Health Financing** findings:

- show that health fee exemption systems can improve access and overall social protection, but risk failure without accompanying budgetary support.
- demonstrate that communities are capable of setting unbiased selection criteria that target those most in need.
- provide evidence of the negative impact of user-fees on access to health care.
- identify that, despite national health insurance systems with clear exemption guidelines, the goal of universal coverage may not be met.
- demonstrate that the fragmentation of different health care financing mechanisms weakens income and risks cross-subsidies within the overall health systems.

4. Review Findings

The external panel of reviewers found this to be a solid program providing useful funding support for research capacity that counterbalances the continuing trend in the international health field to emphasize large vertical disease-driven interventions. The review concludes that, in applying a governance and equity lens to health systems research funding, the program fills an important niche. The review highlighted several outstanding examples of program-supported work and noted that research partners were highly positive about the collaborative nature of working with the program, the flexibility offered by program staff, and the importance of Governance, Equity and Health support in areas where there are very few other donors. The review noted areas for strengthening including: more fully developing the health financing theme; deepening work in francophone Africa; and, capturing and synthesizing regional learning and comparative analysis.

4.1 Prospectus Implementation

The panel concludes that the implementation of the program followed the program of work described in the Prospectus, with all three broad objectives met to a significant degree. The panel notes successful partnerships with large donors and encourages the program to continue to expand partnership efforts. The panel compliments the program for listening and adjusting to the realities of populations and research partners on the ground. The review notes that the program is moving to a more streamlined review of funding requests and that technical review is well established. Staff turnover and the imminent absence of regional program staff are flagged as concerns.

4.2 Research Quality

The reviewers assessed projects supported through the program as good to excellent. A sample of completed and active projects were analyzed for research merit and research significance. Scores across regions indicated good achievement and high quality of the projects among both completed and active projects. Projects scored well on innovation. This is also borne out by the summary of 21 projects with completed Stage 3 rPCRs which notes that 18 projects resulted in unique or innovative outputs.

Completed projects averaged high scores for grounding in literature on the subject; providing direction to theory, practice or policy; and use in policy setting. However, the review did show that not all the sampled completed projects had good involvement of all stakeholders.

4.3 Outcomes

The Governance, Equity and Health program highlighted three program-level outcomes it considered most significant:

- **Voice and Power:** Southern voices and power are increasingly reflected in local, national, regional and global health policy debates. This helps to build strong and equitable health systems, and to improve health outcomes.
- **Capacity Development:** Stakeholders' capacity for generating, exchanging, and applying policy-relevant knowledge is strengthened in order to build health systems and to improve health outcomes.
- **Practice and Action:** Changes in practice and action have contributed to inform policy at local and national levels, to modify donor practices, and to improve health service delivery practices. These are leading to strengthened health systems and improved health outcomes.

The panel considered the overall program effort in each of these areas to be good to excellent and came to the following conclusions around each outcome:

In **Voice and Power**, the panel notes that the program focused on power relationships and inequities in health services at local, national and global levels. They found that project investigators systematically collected data from, and analyzed the conditions of, marginalized populations. The program staff encouraged Southern recipients to drive changes in their settings, and to participate in policy meetings and conferences to share their research findings and advocate for change. The panel notes that efforts have

generally been successful but that a greater program voice in global health policy debates should be sought.

The panel notes **Capacity Development** has been at the core of a large number of projects to increase stakeholders' capacity for generating and applying policy-relevant research. The reviewers note several successful interventions targeting individuals and networks.

The panel concurs that there have been outcomes in **Practice in Action** that have informed policy at local and national levels, modified donor practices, and improved health service delivery practices. The reviewers note that several projects have successfully resulted in major policy applications of research findings and that the program and its Southern research partners have influenced regional and international institutions and major donor agencies. The review notes that the program's engagement with Canadian and other donor agencies brought ethical issues to the forefront in their grant making processes. The reviewers also concur that Governance, Equity and Health-supported projects were able to change practice and action on maternal health, child immunization, and health information systems for improved health services in many settings.

The reviewers note that the program's final prospectus report cites a substantial number of projects that successfully addressed the three major outcomes and that these project-level outcomes are significant. However, the panel also notes that the program is less successful in drawing individual project outcomes into a cohesive set of conclusions to demonstrate overall achievements. The panel recommends that the program spend more time synthesizing program outcomes to understand the overall impact of its portfolio.

5. Issues for Consideration

In the final prospectus report, **the program identified areas to strengthen** including: more systematically applying the Governance, Equity and Health approach across all projects. The program also flagged the importance of better communicating its approach, and building on the growing momentum and interest around health systems research. The panel identified five issues for consideration.

5.1 The Governance, Equity and Health program is at the cutting edge of international health research, and it should remain a high priority for IDRC.

The review panel believes that the program has built a robust and highly regarded body of research. Further, it has a unique and critical role to play, as other donors largely concentrate on disease-specific interventions while neglecting health systems. The panel strongly recommends that the program be strengthened in coming years, with additional resources in personnel and funding.

5.2 The themes of governance, health systems and financing should be maintained with sharper focus on these entry points.

The panel notes that the program could benefit from sharper definition, emphasizing equity and gender considerations. The panel suggests that the field of health systems strengthening has begun to receive greater attention. The program needs to redefine its niche and clearly identify desired outcomes. The panel suggests areas of interest could include health financing and maternal health research.

5.3 The program's role in influencing international public policy needs greater emphasis.

The panel notes that the program needs to intensify efforts to bring the messages of its research to the attention of major stakeholders and institutions at international and regional levels. Expansion of program-supported networks is recommended as a way of influencing major stakeholders. The panel flags that this will require dedicated staff time and resources, including efforts to ensure that Southern research partners participate in key conferences.

5.4 The Governance, Equity and Health program has successfully built partnerships with international donors, and should expand these efforts.

The panel notes that collaboration with donors has allowed several projects to move research to action, effectively implementing the policy recommendations stemming from program-supported research. Partnerships have brought financial resources and staff to the program team, deepening capacity. The panel suggests partnering is worth the transactional costs involved if approached with prudence.

5.5 The program should focus more intensively on West Africa, and particularly francophone Africa.

The panel argues that this region has many of the lowest income countries and the highest mortality rates. It has limited capacity to conduct research, and has great need for assistance in capacity building and targeted research. The panel suggests IDRC has a special role to play in francophone Africa, especially as this region remains relatively neglected by other donors.