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(1) BACKGROUND TO TEASDALE CORTI

The Teasdale-Corti Global Health Research Partnership Program is a program of the Global Health Research Initiative (GHRI), a partnership among the Canadian International Development Agency (CIDA), Canadian Institutes of Health Research (CIHR), Health Canada (HC) and the International Development Research Centre (IDRC). The program emerged after the Canadian government committed to an increase in official development assistance with health as a key priority area, as well as an emphasis on a “knowledge-based” approach to assistance to lower and middle-income countries (LMICs). The Teasdale-Corti program supported programs of work which focused on combining applied research, knowledge translation and capacity building to solving pressing health problems in LMICs.

The application process included Letters of Intent (LOIs) and full proposals stages. There were 14 recipients of team grants, which included Canadian and low, and middle-income country (LMIC) researchers and research users (e.g. policy makers, practitioners, civil society organizations and community members). The funding for team grants totaled about $20 million from 2007 to 2012. There were also 12 recipients of global health leadership grants which included research leaders in low and middle-income countries. The funding for these grants totaled $2.2 million from 2008 – 2012.

The team grants was intended to enable international teams of researchers and research users to work towards “making research matter” for health and development. In other words, this meant ensuring that there was a practical application to the research, such that it would be used by the country and/or communities which the research issue related to.

There was lack of clarity on the timeline of the utilization of such research though the implicit aspiration was that such utilization could happen over the course of the Teasdale-Corti grant. The program was also intended to develop a means of approaching global health research that engaged Canadians with LMIC researchers and had knowledge users involved at the beginning of the process. In terms of research, capacity building and knowledge translation activities, there was an acknowledgement that it was difficult for researchers to do knowledge translation when they were at the end of their funding cycle; therefore they were encouraged to do these activities in a more integrated, synergistic manner. Lastly, although the program had a particular aim of increasing research and capacity building efforts in LMICs in order to strengthen responses to pressing health challenges in LMICs, an additional aim of the program was for Canadian partners to learn from LMIC partners, such that research capacity could also be increased in Canada.
(2) BACKGROUND TO THE EVALUATION

The Evaluation Centre for Complex Health Interventions was commissioned to conduct an evaluation on the Teasdale-Corti initiative in April 2012. In collaboration with the International Development Research Centre (IDRC) and the Canadian Institutes of Health Research (CIHR), an evaluation plan was developed that focused on assessing the success of and learning from the Teasdale-Corti program. A mixed-methods evaluation was designed to answer the following questions:

1. What were the pathways by which Teasdale-Corti could impact health outcomes?

2. How did Teasdale-Corti perform relative to expectations?

3. What was learned from the implementation of the first phase of Teasdale-Corti?

4. How should Teasdale-Corti be modified for future implementations?

The evaluation sought to understand the underlying mechanisms used by the Teasdale-Corti program to generate locally-relevant knowledge, build research capacity and facilitate knowledge translation to key knowledge users in order to impact health outcomes. In addition to looking at different dimensions of success, the evaluation attempted to learn from Teasdale-Corti projects to understand necessary ingredients for success and identify existing gaps.
In alignment with the above questions, the evaluation goals were co-created between IDRC, CIHR, and Evaluation Centre. The goals were to:

- Clarify the pathways by which Teasdale-Corti could impact health outcomes. Elucidate (and test) the underlying assumptions and risks inherent in the Teasdale-Corti approach to addressing global health problems through their innovative global health research approach.

- Examine the performance of Teasdale-Corti as it relates to the theory of change including exploring if the assumptions were met and address the specific performance questions of IDRC program managers

- Identify and understand the implementation challenges of Teasdale-Corti Phase 1 so to inform and enhance future phases of Teasdale-Corti.

Table 1: Questions Raised by IDRC Program Managers

1. To what extent was the Teasdale-Corti program successful in supporting and promoting a programmatic approach to health research?

2. Was the program sufficiently focused on addressing priority health issues of low and middle income countries (LMICs)?

3. Was the program successful in creating and supporting egalitarian partnerships between Canadian and LMIC researchers?

4. Did the program succeed in achieving equity in knowledge and research capacity between Canadian and LMIC counterparts?

5. How did the involvement of decision makers in the research contribute to making the research relevant and influential?
(4) EVALUATION APPROACH

4a) Challenges of Evaluating the Teasdale-Corti Initiative

Teasdale-Corti is a complex program that included projects that were variable in scope, objectives and timelines of impacts. This high level of intricacy has several implications for the evaluation and so it is important to reflect on some of the dimensions of the Teasdale-Corti complexity:

Consists of multiple interacting elements: Key mechanisms by which Teasdale-Corti tried to bring about change included knowledge generation, knowledge translation and capacity building. Critical to the Teasdale-Corti theory of change was the interaction between these various mechanisms. The basic template of this interaction was not prescribed and grantees tailored their various activities to address the needs and contexts to their specific settings. While tailoring of the interventions aligns with the Teasdale-Corti goal of locally relevant and practical projects, the individuality of each project adds complexity in identifying the key elements of the overall Teasdale-Corti program architecture that resulted in the observed outcomes. The evaluation sought to bring clarity to the interaction between key elements and the mechanisms that led to the outcomes.

A detailed roadmap of change was missing: The initial theory of change for Teasdale-Corti was relatively coarse. The design was, by intention, non-prescriptive and the program designers hoped that the clarity would emerge during implementation. The basic process by which synergies between various elements could be obtained was not prescribed. For example, the initial implicit theory of change (described in Teasdale-Corti documents) did not describe what mechanisms enabled essential linkages between knowledge generation, knowledge translation and capacity building to occur in a way that brought about change. The evaluation provided an opportunity to learn about the contexts in which there was synergy between these various components.

Context was fundamental to Teasdale-Corti: Teasdale-Corti provided investments in knowledge generation, partnership development, knowledge translation and capacity building that attempted to impact health outcomes in LMIC countries. The basic processes by which these activities were able to impact outcomes depended greatly on the grantee’s context. As example, the potential of Teasdale-Corti outputs to impact health outcomes would be limited by changes in political power or an outbreak of violence.

Long timeline of impact: The focus of Teasdale-Corti was on building research capacity and capacities to use evidence, which means individual projects did not
end with the research process. In addition to knowledge generation, projects were expected to do knowledge translation, capacity building and change current practice in order to improve health. The process by which research impacts health outcomes is complex, influenced by numerous external factors and may need to overcome a variety of barriers. Five to six years is likely not sufficient to complete this process. The Teasdale-Corti timeline may be incongruent with the timeline of desired impacts on policy and local practice, which influences the evaluation’s ability to appropriately judge performance.

**Heterogeneities in pathways:** Different Teasdale-Corti grantees followed different pathways of change and this would result in each project having a unique timeline of impact. An evaluation of performance needs to incorporate the differences in the various grants and respect the heterogeneous pathways of potential impact.

**Necessary contingencies for change:** An initiative like Teasdale-Corti typically needs a variety of other contingencies or contexts to impact change. These contingencies are rarely clear at the outset of the implementation. The evaluation provides an opportunity to identify and learn about such contingencies within the context of Teasdale-Corti.

In addition to the complexity of the Teasdale-Corti program, there were additional contextual factors that influenced the evaluation of the program. These include having the evaluation commissioned near the end of the program with a short timeframe and limited financial resources.

### 4b) The evaluation approach: The way forward

Given the above complexities, the evaluation was informed by a theory driven approach that emphasized iterative learning and assessing performance in light of anticipated timelines of impact.

Key features of the evaluation approach included:

- **(a) Theory-driven approach:** The evaluation was driven by a theory of change approach that linked Teasdale-Corti program activities to its short-term and long-term objectives, which in turn informed what would be realistic expectations of success. The initial ‘explicit’ theory of change was developed in the summer of 2012 and was informed by a document review as well as key stakeholder interviews. This initial theory of change provided a road map of Teasdale-Corti and helped explore potential mechanisms as well as pathways by which Teasdale-Corti could impact health outcomes. Thinking theoretically about Teasdale-Corti helps highlight the process by which knowledge production, generation, translation and capacity building could impact health outcomes depend on a number of contingencies. These contingencies were not explicitly identified in the original Teasdale-Corti program or in the initial theory of change. Nevertheless, the theory of change
approach helped to identify key assumptions and risks that were implicit in the design of Teasdale-Corti and provided a framework to test these implicit assumptions and risks. The initial theory of change was refined iteratively over time based on a variety of data sources including feedback from grantees, an analysis of proposals and the analysis of the final reports\(^1\). The evaluation provided an opportunity to better understand the contingencies under which Teasdale-Corti activities can impact health outcomes and resulted in identifying improvements to the initiative based on the observed challenges in implementing the initial theory of change.

(b) **Understanding performance**: The assessment of performance based on initial outcomes needed to factor in the anticipated timeline of impacts for each project and the heterogeneity of pathways by which projects sought to impact health outcomes. This means that the evaluation had to utilize both traditional and less traditional methods to try to understand the successes of Teasdale-Corti as well as to develop ways to meaningfully measure different aspects of performance as it related to the *heterogeneous pathways* of impact.

(c) **Learning by doing**: Feedback from grantees helped to inform timelines of impact, the heterogeneous pathways and contingencies necessary for Teasdale-Corti to bring about change. Feedback was collected using different quantitative and qualitative methods. This data collection actively sought to understand the mechanisms necessary for Teasdale-Corti to attain their short-term and long-term objectives based on the experiences of the grantees.

(d) **Refining assumptions**: A key focus of the evaluation was on refining the assumptions and risks laid out in the initial theory of change based on the empirical data. As the Hungarian mathematician George Polya (1957) wrote, “Quite often it matters little what your guess is; but it always matters a lot how you test your guess.” The initial theory of change was our guess about how the Teasdale-Corti program might work.

(e) **From verdicts to learning**: The goal of this evaluation was not to provide a verdict on the overall merit and worth of Teasdale-Corti, but instead sought to explain successes and failures in ways that are highly relevant to programme development. Theory-driven approach promotes a dynamic view of learning. Programs unfold through a complex chain of steps—an evaluation similarly needs to follow the causal chain dynamically. The key here is to learn about each part of the causal chain. As described by

\(^1\) Only 8 of the 14 final reports were received when the analysis was conducted.
Sanderson, important functions of evaluation can include ‘influencing the conceptualisation of issues, the range of options considered and challenging taken-for-granted assumptions about appropriate goals and activities’ (Sanderson 2003, p 333). This evaluation aimed to provide important learnings of Teasdale-Corti to help inform future efforts aimed at improving global health outcomes.

Based on the above discussion, we have organized our subsequent discussions into the following sections:

- Data sources to support evaluation
- An initial theory of change of Teasdale-Corti
- Learnings about performance: some initial impacts;
- Learnings from analysis of proposals;
- Ideas for improvement of future implementations of the Global Health Research Initiative;
- Conclusions.
(5) **DATA SOURCES**

The evaluation of Teasdale-Corti was supported by the following sources of data:

**Interviews with Teasdale-Corti planners**
On a number of occasions throughout the evaluation, interviews were conducted with different individuals involved with the development and implementation of the Teasdale-Corti program, including from IDRC and CIHR. Although covering a range of topics, the interviews were, in particular, intended to build an understanding of the original purpose and goals of the program as well as to aid in developing and refining the theory of change.

**Formal analysis of 8 final reports**
From the 14 team grants, eight final reports were received in time to be reviewed as a part of the evaluation. Based on inputs from the interviews with the planners of the Teasdale-Corti program and program officer, and the theory of change, an initial review template was developed. The template gathered qualitative information on a total of 22 dimensions under six major themes: programmatic research and cohesiveness, complexities and constraints, research use, health and health equity outcomes, relationships and lessons learned. The template was reviewed by the Teasdale-Corti program officer and refined based on feedback. Four members of the evaluation team were involved in reviewing matched sets of final reports and proposals (discussed below). The templates were then independently analyzed by two team members with respect to the five key evaluation questions previously identified by the program planners and the theory of change.

**Formal analysis of 8 proposals corresponding to the received final reports**
Analysis of the proposal followed a similar methodology as the final report review. A template was developed and refined based on information gathered through the evaluation to date, and feedback received from pilot testing and the program officer at IDRC. The proposal review template gathered qualitative information within 11 dimensions, as well as a quantitative rating on specific questions within those dimensions by the reviewer. The dimensions include LMIC priorities, designing locally-useful research, promoting research use and influence, potential for useful capacity building, collaboration, equity, sustainability, clarity and coherence of outcomes and theory of change, timeline of impact, monitoring/evaluation plan, and gender and ethical considerations. The proposal analysis was conducted using only proposals where the final report had been received, and both documents were reviewed by the same
team member. The proposal review templates were then analyzed independently by three reviewers to identify key themes within each dimension to inform recommendations.

Surveys of Teasdale-Corti grantees

Two sets of surveys were conducted with Teasdale-Corti grant recipients, including Canadian researchers, Southern researchers, knowledge users, and leadership award recipients.

A brief survey was provided to grant recipients in attendance at the Global Health Research Initiative: Teasdale-Corti Symposium in Ottawa. This survey was intended to gather reflections on how projects were able to fulfill the original vision of Teasdale-Corti program, and allow feedback on challenges encountered and on the program more generally. All grant recipients were given the same survey. Respondents were given time during a presentation to complete and submit the surveys. In total 87 surveys were received.

A second survey was emailed to grant recipients, including the Co-Principal Investigators from Canada and Southern countries, as well as research users and leadership award recipients. Each of the four groups received a distinct survey, however they were aligned with one another to support analysis across the groups. The surveys explored a range of topics within the proposal development process and project implementation, as well as allowed for general reflections on issues such as the impact of the program, partnerships and support received. Respondents were contacted via email, and sent three reminder emails, including one from their program officer, to enhance response. Of the 22 surveys sent to Canadian researchers, ten were received (45% response rate). Of the twelve surveys sent to each Southern country researchers and leadership award recipients, eight surveys were returned in both cases (67% response rate). No responses were received from seven knowledge users that were contacted. As a result, interviews were conducted with select knowledge users over the phone.

Interviews with grantees at the October 2012 GHRI Ottawa meeting—this includes video interviews with grantees

Interviews were conducted and filmed at the Global Health Research Initiative: Teasdale-Corti Symposium in Ottawa with members from five team grants, one leadership award recipient and two founding members of the Teasdale-Corti program. The primary purpose of the interviews with grant recipients was to have respondents reflect on the successes and future of their projects. Interviews were edited and posted on the evaluation website: http://www.torontoevaluation.ca/tc12/performance-stories.html.
Bibliometrics analysis

The evaluation team was provided with a document that compiled the research outputs of the Team grants as of May 2012. Based on information found in the eight available final reports from team grant recipients, this compilation was supplemented and expanded to include capacity building and knowledge translation outputs.

Brief case studies of three grantees including Skype interviews with Southern partners

Three Teasdale-Corti team grants were chosen in consultation with the grant monitor for case studies. The selection was informed by a review of key documents as well as meetings with researchers and research users at Global Health Research Initiative: Teasdale-Corti Symposium in Ottawa in October 2012. A case study template was created by the evaluation team, informed by the objectives of the case study task and learnings from the evaluation to date. The data collection tool focused on identifying all self-reported outputs and outcomes of the program along with assessing each case with regard to five key themes, namely knowledge user, local research capacity, equity, synergy and theory of change. Three members of the evaluation team each assessed one case study using the standard template. Afterwards, the three reviewers worked in collaboration to identify key cross-cutting elements related to outputs and outcomes along with the above five themes.

Data collection to support theory of change work.

The theory of change was developed based on inputs from in depth interviews with Founding members of the Teasdale-Corti program and those currently involved with its implementation. Interviews and discussions occurred throughout the project to iteratively develop the theory of change. Relevant information was also extracted from a review of the documents provided by IDRC. The evaluation team met frequently throughout the evaluation to continuously feed-in arising insights, deliberate, reflect on and refine the Theory of Change.
(6) The Theory of Change of Teasdale-Corti

The starting point of the evaluation was clarifying how Teasdale-Corti initiative activities can impact outcomes. A theory of change describes the relationships between activities, outputs and short- and long-term outcomes (Kubisch et al., 2010).

Pawson et al. (2004: 4) provide a helpful description of what it means to think theoretically about interventions. Interventions like Teasdale-Corti are always based on a hypothesis that postulates: ‘If we deliver a program in this way or we manage services like so, then this will bring about some improved outcome ... Interventions are always inserted into existing social systems that are thought to underpin and account for present problems. Improvements in patterns of behavior, events or conditions are then generated, it is supposed, by bringing fresh inputs to that system in the hope of changing and re-balancing it.’

A theory of change approach was especially relevant for Teasdale-Corti given the long implementation chain (Pawson, 2006; Pawson et al., 2004) implied by the process by which the initiative attempted to impact long-term outcomes, such as health behavior change. As described in Pawson (2006: 74), ‘[w]hether programs work depends on how they are implemented, to whom and in what circumstances they are applied, and on what precisely they are expected to achieve.’

Figure 1 describes an initial representation of the program logic of Teasdale-Corti developed by the Evaluation team.

The theory of change, the key activities that support the theory of change and the underlying assumptions are discussed in an interim report (Sridharan, Maplazi and Vijendran, 2012) at the following link:


In this chapter, we briefly discuss the program activities in relationship to the program logic described in Figure 1.

Figure 1: Hypothesized Program Logic of the Teasdale-Corti Initiative
Key Activities of Teasdale-Corti Theory of Change

Table 1 describes some of the key hypothesized activities of Teasdale-Corti that supported the theory of change.

Table 1: Program Activities supporting the Teasdale-Corti Initiative

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<th>DRIVERS FOR THE DEVELOPMENT OF TEASDALE-CORTI</th>
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<tr>
<td>The Canadian government had committed to an increase in official development assistance, with an emphasis on a knowledge-based approach to assist low to middle income countries. As a result, Teasdale Corti was driven by an interest in strengthening Canada’s contribution to solving pressing global health challenges through supporting research-based partnerships in their development of intervention and research programs and public policies. The program was developed through a partnership between Canadian International Development Agency (CIDA), Canadian Institute of Health Research (CIHR), Health Canada (HC) and the International Development Resource Centre (IDRC).</td>
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<tr>
<th>COMMISIONING RESEARCH AND CAPACITY BUILDING AND KNOWLEDGE TRANSLATION GRANTS: TEAM AND LEADERSHIP GRANTS, KTE GRANTS</th>
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<td>The granting process included developing a request for proposals that sufficiently reflected the intention of the program, making decisions about the process of selecting grants, undertaking those processes as intended, and in some cases, providing support throughout the process. There were three types of grants; team grants aimed at teams of North South researchers and research users, leadership grants intended to provide career development support to emerging LMIC health leaders and KTE grants intended to facilitate and improve the knowledge transfer and exchange components of selected team grants and leadership awards.</td>
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<th>NORTH-SOUTH RESEARCHERS AND KNOWLEDGE USERS RESPOND TO REQUEST FOR PROPOSALS</th>
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<tr>
<td>Team Grants researchers included host institutions from Canada as well as one or more low to middle income countries. The aim was that, by developing an international multi disciplinary team, they would have the combined expertise needed to address ‘local’ health issues. Decision-makers/research-users were involved at the outset, in applying for team grants and throughout the research process. Applicants for Global Health Leadership Awards identified key elements necessary for their career advancements in global health research and outlined a four-year plan (the duration of the award) to help them advance their careers as national leaders in global health research.</td>
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MERIT REVIEW

All applications were reviewed in relation to established criteria. Multi-disciplinary teams had researchers from both the North and South. Criteria for review included relevance, potential impact of the research, collaboration and capacity building efforts and research to action, more specifically, evidence that potential knowledge users are significantly involved in the research process.

IMPLEMENTATION OF PROJECTS

Implementation included activities in two broad categories – research and capacity building. Both research and capacity building activities varied in approach, method, and field of interest based on the grant, and in some cases, overlap or occurred simultaneously. Research activities included developing a consensus regarding key health challenges in the LMICs in question, interests and expectations of researchers and research users and developing strategies for consensus building among all members of the research team, including research users and researchers. Capacity building activities included mentorship, institutional infrastructure development, establishing new academic programs and providing training. Research activities encompassed a range of approaches, methods and problems.

BUILDING TEAMS: INITIAL RELATIONSHIP BUILDING

Although the range of research and capacity building activities varied widely among grant recipients, there were defining features within each type of Teasdale-Corti grant. For example, the team grants included the equitable involvement of a range of team members including researchers from different disciplines and research users, as well as the equitable involvement of researchers from the North and South. Although the teams of researchers from Canada and LMICs had been planned out at the proposal stage, the relationships were further strengthened once the implementation of the projects was underway.

RESEARCH, CAPACITY BUILDING AND KNOWLEDGE TRANSLATION PROCESSES AND OUTPUTS

Research, capacity building and knowledge translation activities were carried out in accordance with the proposals and project plans or in response to new and emerging challenges. These activities fostered the engagement of researchers and research users in the research, policy or intervention development process. Cross-learnings and mentorship were intended to be facilitated between projects and country teams. Potential processes included building partnerships and networks among researchers, between researchers and the community, and addressing feedback from research users and the community where the research project was conducted. Research outputs
included submissions to scientific journals and conferences on research findings; capacity building outputs included the development and delivery of an annual short course and weekly seminars regarding the health issue at hand.

**KNOWLEDGE GENERATION: FOCUSED AND CROSS-CUTTING THEMES**

One expected outcome of the Teasdale-Corti program was the creation of more LMIC relevant and responsive research. This included not only high quality research, in terms of methods and rigour, but research which was linked to practice and therefore took into account the context of where it is occurring. As a result, it was hoped that it would be more relevant and responsive to the self-defined priorities and needs of LMIC countries. Another outcome was the identification of cross-cutting themes across projects and synthesis of knowledge in accordance with these themes.

**ENHANCED RESEARCH CAPACITY AND CAPACITY TO USE EVIDENCE**

Through targeted capacity building activities and, in the case of team grants, the diverse make-up of the research teams, it was expected that research capacities would develop. This could potentially enhance the likelihood of more sustainable health research in the future. The aim was also to enhance their ability and motivation to use evidence, whether it be to create effective programs or make recommendations to address gaps in policies.

**STRENGTHENED RELATIONSHIPS BETWEEN NORTH AND SOUTH RESEARCHERS**

The research process included various relationship building activities between researchers and research users from Canada and LMIC countries. Therefore in implementing the proposed program of work, it was expected that partnerships and collaborations would not only be created, but will be strengthened over time. This could result in researchers being more likely to connect with one another beyond the scope of the program, which in turn could spark future research activities.

**KNOWLEDGE USERS ENABLED TO IMPLEMENT LEARNINGS**

Knowledge users include health practitioners, civil society, and policy actors. Given that the research aims were to address the policy and practices needs identified by knowledge users, it was important that they felt enabled to take advantage of the research.

**ENABLED RESEARCHERS**

Through carrying out multi-disciplinary and trans-disciplinary research that was ‘taken up’ by knowledge users, the hope was researchers would be empowered to continue
carrying out research that was useful to local program and policy leaders and make a difference locally.

RESEARCH DISSEMINATION

Knowledge translation was intended to take place through a variety of means including regional meetings, conferences and websites. Relevant findings were intended to be shared not only with those who work in the same area but with colleagues from other disciplines and sectors in different levels of decision-making chains. Knowledge translation efforts were intended to link research to policy and practice, and ensure that appropriate practical findings were implemented in a timely fashion to reach target populations.

ENHANCED SALIENCE OF RESEARCH AND CAPACITY BUILDING FOR LOCAL POLICY AND PRACTICE CONCERNS

As a result of research and capacity building activities, there was intended to be a shift in thinking amongst Teasdale-Corti researchers and knowledge users including academics, policy makers, health practitioners and civil society participants. This shift in thinking was in regards to the role of research in addressing global and local health challenges. Although different stakeholders may have different views regarding what actions need to be taken to address various health issues in different LMICs, the hope was that there would be a collective understanding that research matters in the development process.

ENHANCED LOCAL FOUNDATIONS FOR FUTURE RESEARCH AND CAPACITY BUILDING

Although there was existing infrastructure in place to support research activities, the research foundations would need to be further developed over time to support the future research process and sustain collaboration by researchers and knowledge users on the various research areas. These efforts would also enhance the ability of researchers to be responsive over time to local research needs and context, and thus promote more effective research.

PLANNING FOR IMPLEMENTATION: ALIGNMENT OF RESEARCH AND CAPACITY BUILDING WITH LOCAL POLICY AND PRACTICE NEEDS

Relationships that are developed between researchers and knowledge users could facilitate and highlight the benefits of further collaboration when it came time to align the research with local needs in LMICs. During the research process, various complexities could potentially emerge. As a result, the initial plan for research use that was developed at the proposal stage needed to be updated to address these complexities, so that research could be made useful.
MECHANISMS TO SUSTAIN RELATIONSHIPS AND FOUNDATIONS

In order for the research process to impact health outcomes in the long term, it was important that there be a planned approach to sustaining relationships and the environments which supported the research process over time. The expectation was that this thinking would spark collaboration on further research activities, beyond the scope of the Teasdale-Corti program.

LOCAL USE AND INFLUENCE OF RESEARCH AND CAPACITY BUILDING

The range of outputs noted above were expected to enhance research/capacity building that could be leveraged at different timelines. Research use can be broadly conceptualized, and includes ‘use’ by various actors including government, civil society, the private sector and other researchers. The research could be used for various purposes, such as expanding knowledge in the field, mapping problems, developing and evaluating interventions for target populations, informing policy directly and influencing policy through advocacy.

STRENGTHENED HEALTH SYSTEMS AND ENHANCED HEALTH EQUITY

The ‘research use’ that occurred was expected to create a change in the health system of the LMIC country of interest. Changes in the health system were potentially expected to cause an improvement in health equity, ultimately reducing the disparities in health.

There are various activities, which occurred simultaneously throughout the research process that could contribute to the ability for research to be used to impact the health system. This included activities aimed at generating knowledge, enhancing research capacity, strengthening relationships between researchers, and enabling both knowledge users and researchers.

In addition, health system improvements could necessitate other inputs and contexts including the involvement of stakeholders within the health care system and a political climate that is conducive to change.

IMPROVED HEALTH

The ultimate aim of Teasdale Corti was to improve health outcomes in low to middle income countries.
(7) EVIDENCE OF IMPACTS OF TEASDALE-CORTI

This chapter describes both some of the initial impacts of Teasdale-Corti and also the different ways in which Teasdale-Corti has been successful. In addition to summarizing initial outputs and outcomes achieved, it will highlight different pathways by which Teasdale-Corti brought about change.

This chapter is informed by data extracted from final reports submitted to IDRC as well as surveys of team and leadership grantees.

This chapter is organized into the following sections:

- **Bibliometrics**: Impacts and learning based on the team grant final reports with a focus on research, capacity building and knowledge translational outputs.

- **Team Grants**: Findings from surveys of team grantees as well as data extracted from their final reports with a focus on understanding the pathways of impacts and early impacts.

- **Leadership Grants**: Findings from surveys of leadership grantees that highlight achieved outputs and initial outcomes as well as provide some insight into how the grant influenced the work and career of grantees.

- **Case Studies**: An in-depth look at three Teasdale-Corti projects to gain a deeper understanding of the pathways of impacts and overall level of success.

7.1. Bibliometrics

Bibliometric information was extracted from eight final reports, which were all reports submitted by the time of analysis (November 2012). Aligning with Teasdale-Corti objectives, outputs were categorized as research, knowledge translation (KT) or capability building (CB). Only outputs that were completed at the time of the final report were included thus anticipated outputs or those in progress were excluded in this analysis. As there was no clear template for presenting information on bibliometrics within the final report, there were substantial variations between reports and often the data had to be manually extracted from different sections throughout the report. There were discrepancies between the reports with respect to the level of detail reported and the classification of outputs thus making standardization difficult. In addition, many reports were not explicit about the leaders, location and participants of the different research activities making it challenging for bibliometrics to inform our understanding of equity between LMIC and Canadian partners. Lastly, some projects listed outputs that appeared relevant but were not included in the report as it was not possible to classify them (e.g. listed output was part of the broader output already included).
7.1.1 LEARNINGS FROM BIBLIOMETRICS ANALYSIS

Grantees participated in a wide variety of research, CB and KT activities collaboratively between Canadian and LMIC partners. One of the main research outputs for the eight project analyzed was the production of scientific publications; this included over 140 articles which were published, articles under for review and articles that had been submitted. Of the publications, 90% of them were in English and 10% were in languages spoken in the various LMICs. Furthermore, teams completed over 65 technical and research reports and over 35 book chapters. Unlike research outputs, CB activities mostly took place in the LMICs where the projects were based. CB activities included a variety of academic activities (e.g. development of graduate programs and courses, graduate school training for students and fellows) as well as project-specific training were also held for health practitioners as well as training on research skills for researchers. In addition, there were over 85 seminars, conferences and workshops held that aimed at increasing capacities for various knowledge users, including decision makers, health practitioners, end users and researchers. KT took place within the home countries of the grantees as well as within international settings (e.g. large conferences and symposiums) creating potential for research to influence practice in other settings not involved in the projects. Targeting both at researchers and knowledge users, over 400 oral, poster and panel presentations occurred. Overall, projects included over 25 radio interviews, newspaper and magazine articles which expanded the reach of projects to larger communities. Lastly, several projects also developed a project website which served as a platform for learning regarding the research area.

<table>
<thead>
<tr>
<th>Project</th>
<th>Research Output</th>
<th>Capacity Building Output</th>
<th>Knowledge Translation Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project 1</td>
<td>14 research projects</td>
<td>Development of a graduate program proposal at University of Guadalajara</td>
<td>2 obesity report cards launched</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 student exchanges and 6 faculty exchanges</td>
<td>5 presentations by Researchers in Mexico</td>
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<tr>
<td></td>
<td></td>
<td>6 students completing graduate studies</td>
<td>1 presentation to Obesity Society</td>
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<tr>
<td></td>
<td></td>
<td>3 annual obesity short courses</td>
<td>1 presentation to International Society of Behavioural Nutrition and Physical Activity</td>
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<tr>
<td></td>
<td></td>
<td>1 Mexico Obesity Network</td>
<td>6 websites disseminating report card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 bilingual project website</td>
<td>1 organization: Healthy Active Kids Kenya (HAKK)</td>
</tr>
<tr>
<td>Project</td>
<td>Research Output</td>
<td>Capacity Building Output</td>
<td>Knowledge Translation Output</td>
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</tr>
<tr>
<td><strong>Project 2</strong></td>
<td>16 articles published</td>
<td>4 faculty exchanges</td>
<td>1 presentation at International Health Economics Association Conference</td>
</tr>
<tr>
<td></td>
<td>22 articles in submission</td>
<td>18 PhD, Masters, undergraduate students supervised on REACH-related research</td>
<td>1 presentation at the annual scientific meeting of the Public Health Association of South Africa</td>
</tr>
<tr>
<td></td>
<td>5 abstracts in submission</td>
<td>1 short course on Equity &amp; Access</td>
<td>57 other presentations</td>
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<tr>
<td></td>
<td>4 research reports</td>
<td>1 research course</td>
<td>1 mini-symposium on Access and Social</td>
</tr>
<tr>
<td></td>
<td>2 book report chapters</td>
<td>Research workshops at the Annual Midwives Society Congress</td>
<td>4 policy briefs</td>
</tr>
<tr>
<td><strong>Project 3</strong></td>
<td>1 article published</td>
<td>6 students completing graduate studies</td>
<td>33 conference oral presentations</td>
</tr>
<tr>
<td></td>
<td>14 articles in submission</td>
<td>1 course on ocean and human health</td>
<td>22 conference poster presentations</td>
</tr>
<tr>
<td></td>
<td>31 technical and national reports</td>
<td>1 research course</td>
<td>1 presentation of CEPH program at annual meeting of Caribbean Chief Medical Officers</td>
</tr>
<tr>
<td></td>
<td>3 book chapters</td>
<td>38 technicians trained</td>
<td>8 dissemination workshops for POPs Study program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 epidemiologists and medical personnel trained</td>
<td>8 data dissemination workshops of BOI Study program</td>
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<tr>
<td></td>
<td></td>
<td>34 nurses trained</td>
<td>1 conference panel discussion</td>
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<td></td>
<td></td>
<td></td>
<td>5 newsletter and magazine articles</td>
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<td></td>
<td></td>
<td></td>
<td>1 radio interview</td>
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<tr>
<td><strong>Project 4</strong></td>
<td>15 articles published</td>
<td>11 project training sessions (3 in India/South Asia, 3 in</td>
<td>24 presentations</td>
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<tr>
<td>Project</td>
<td>Research Output</td>
<td>Capacity Building Output</td>
<td>Knowledge Translation Output</td>
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<tr>
<td></td>
<td></td>
<td>Africa, 3 in Latin America, 2 in Australia</td>
<td>3 conference posters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 workshops</td>
<td>6 meetings to demonstrate research results</td>
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<td></td>
<td></td>
<td>1 conference</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1 global forum</td>
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<tr>
<td>Project 5</td>
<td>32 articles published (3 in Guatemala, 1 in Nepal, 2 in Peru, 3 in Sri Lanka, 23 in Canada)</td>
<td>21 students completing graduate studies – fellowship (4 in Nepal, 7 in Peru, 10 in Sri Lanka)</td>
<td>125 presentations at scientific meetings (8 in Guatemala, 2 in Nepal, 7 in Peru, 16 in Sri Lanka, 92 in Canada)</td>
</tr>
<tr>
<td></td>
<td>2 articles in submission (1 in Guatemala, 1 in Nepal)</td>
<td>9 research courses (2 in Guatemala, 4 in Peru, 3 in Canada)</td>
<td>96 presentations at non-academic meetings (7 in Guatemala, 2 in Nepal, 9 in Peru, 78 in Sri Lanka)</td>
</tr>
<tr>
<td></td>
<td>11 research reports (2, Guatemala, 9 in Nepal)</td>
<td>20 workshops (2 in Nepal, 3 in Peru, 15 in Canada)</td>
<td>10 articles in the media (1 in Guatemala, 1 in Nepal, 2 in Peru, 2 in Sri Lanka, 4 in Canada)</td>
</tr>
<tr>
<td></td>
<td>22 conference papers (2 in Nepal, 4 in Peru, 16 in Sri Lanka)</td>
<td>2 mental health forums (2 in Guatemala)</td>
<td>9 quarterly newsletters (9 in Canada)</td>
</tr>
<tr>
<td></td>
<td>14 books (2 in Peru, 11 in Sri Lanka, 1 in Canada)</td>
<td>45 counselors and researchers trained (45 in Nepal)</td>
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<tr>
<td></td>
<td>29 book chapters (13 in Sri Lanka, 16 in Canada)</td>
<td>2 project websites (1 in Peru, 1 in Canada)</td>
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<tr>
<td>Project 6</td>
<td>16 articles published</td>
<td>1 new Veterinary Public Health MSc program</td>
<td>33 conference presentations</td>
</tr>
<tr>
<td></td>
<td>3 articles in submission</td>
<td>12 students completing graduate studies</td>
<td>15 workshop presentations</td>
</tr>
<tr>
<td></td>
<td>7 technical reports</td>
<td>13 workshops</td>
<td>10 conference posters</td>
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<tr>
<td></td>
<td>7 proceedings</td>
<td>17 seminars</td>
<td>11 symposiums</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Sri Lanka Wildlife Health Centre created</td>
<td>1 virtual conference</td>
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<td>1 Vets for One Health VPH</td>
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<tr>
<td>Project</td>
<td>Research Output</td>
<td>Capacity Building Output</td>
<td>Knowledge Translation Output</td>
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<tr>
<td>Project 7</td>
<td>5 special issue articles published</td>
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</tr>
<tr>
<td></td>
<td>12 research reports</td>
<td></td>
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<tr>
<td></td>
<td>27 articles and book chapters</td>
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<tr>
<td></td>
<td>14 workshops</td>
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<tr>
<td></td>
<td>19 workshops and courses</td>
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<tr>
<td></td>
<td>291 workers trained</td>
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<tr>
<td></td>
<td>138 occupational health professionals trained</td>
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<tr>
<td></td>
<td>10 students trained</td>
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<tr>
<td></td>
<td>11 research users trained</td>
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<td></td>
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<tr>
<td></td>
<td>12 researchers/advisors trained</td>
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<td></td>
<td>1 project website</td>
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<tr>
<td></td>
<td>105 conference presentations</td>
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<tr>
<td></td>
<td>1 presentation at International Seminar</td>
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<td></td>
<td>1 educational primer</td>
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<tr>
<td></td>
<td>6 radio programs</td>
<td></td>
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<tr>
<td>Project 8</td>
<td>19 articles published</td>
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<tr>
<td></td>
<td>2 articles under submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 book chapters</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 workshop</td>
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<tr>
<td></td>
<td>“While traditional capacity building approaches (internships, site visits and study tours, lectures, training and workshops) were also employed, the model of applied, action-oriented learning has facilitated skills building and valuable applied work experience for staff, interns, students and volunteers in both Canada and China.”</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>14 presentations</td>
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</tbody>
</table>

While the above analysis is incomplete (based on 8 our of the 14 team grants), the analysis provides evidence for a wide range of research, capacity building and knowledge translation outputs. Further, the above 8 projects provides evidence for the variation in outputs between the multiple research projects.
7.2. Initial Outcomes based on Survey of Grantees and Final Reports

Another way to unpack the different ways in which Teasdale-Corti has been successful is to assess the achieved impacts as perceived by the grantees. The evaluation surveyed team grantees to ascertain their perceptions of Teasdale-Corti based on their project. A content analysis was conducted for the surveys and final reports. Based on this work, ten key pathways were identified as ways in which Teasdale-Corti brought about change and could result in health impacts. Each pathway is discussed and illustrated using a sample of identified quotations.

While quotations were taken directly from the final reports, excerpts from the surveys have been paraphrased to protect the confidentiality of respondents. Within the table, C refers to a Canadian researcher survey respondent and S implies a Southern researcher respondent; the acronyms/country identifiers refer to specific projects. Feedback from the surveys is in regular text; feedback from the final reports is italicized.

| 1) LED TO NEW THINKING ABOUT A PROBLEM AND RAISED THE SALIENCE OF KEY RESEARCH ISSUES |
| The Teasdale-Corti program was noted to have resulted in new thinking about a specific problem for those within the project. Multiple grantees commented on how their projects had resulted in new ideas about the problem and about how to tackle the problem. This included new analytical frameworks and models to conceptualize the problem as well as new knowledge about how to conduct research (e.g. collaborating with decision-makers throughout a project, incorporating context into design). Furthermore, grantees commented on the expansion of existing networks and the creation of new networks that have helped to raise the salience of the key research issues and increased capacities to solve the problem. |
| The development of new models and analytical perspectives of the issue has enhanced the academic scholarship and critical thinking in this area. [S1] |
| The program has certainly led to a change in how research is done, but more importantly, we recognize the importance of research outside of academia, and that it should be used to inform health policy as well. [S5] |
| The value of research evidence and knowledge and the importance of it being shared with different stakeholders are now recognized by our partners, signaling a change in this thinking about the place of research and capacity building in addressing the issue. [S1] |

*Canadians observed a gradual culture shift among Chinese partners in their appreciation for socio-behavioural and epidemiological studies, public health intervention research,*
and the value of community engagement. (China)

2) ENHANCED THE SKILLS AND CAPACITIES OF RESEARCHERS AND ALSO ENHANCED NETWORKS OF INDIVIDUAL RESEARCHERS

Many grantees highlighted increase capacities to design and conduct research including new skills in conducting specific methods, using ethics in research design, and general research skills (e.g. project management, running a lab). Furthermore, multiple individuals acknowledged the expansion of existing personal and organizational networks. They emphasized the importance of these new connections to future work.

Gaining experience and skills in global health research has improved how we work with Southern partners and prepared us for future work in the country. Lessons learned from our partners have given an understanding of what can be done differently in Canada. [C10]

The project has enhanced the awareness our research users about the issue, and enhanced their ability to address it, by building their capacity in project management and recognizing and assessing problems in their context. [S1]

_The POPs Study program has therefore made a tangible contribution to ameliorating the chronic shortage of qualified professionals to run local and regional laboratories that have to oversee the implementation of public health and environmental programs in this part of the world. (CEHP)_

3) INFLUENCED THE ‘POLICY SPACE’ CONNECTED TO THEIR SPECIFIC PROBLEM WITH RESPECT TO POLICY MAKERS AND PRACTITIONERS

Overall, grantees highlighted a wide variety of outcomes from their research that influenced organizational and governmental policy makers as well as practitioners and target populations. Many grantees commented on their project resulting in a shift in ways different knowledge users think about research, including the importance of different research methodologies (e.g. participatory research) and the value of research in decision-making. Numerous grantees identified different ways in which their project had resulted in concrete changes within their organization (e.g. new internal committees assigned to address the problem, informing future research in the area, new policy). Furthermore, multiple ways in which the projects have resulted in policy changes within local and national governments were also identified (e.g. results used in governmental reports, the creation of a new governmental department, and adoption
of new assessment tool by national government). Several grantees had been invited to sit on advisory boards, be involved in new governmental initiatives, or directly interact with government in an unspecified capacity to help inform policy and procedures.

Evidence was produced that has prompted institutional action, leading to structures, committees and trainings that address our issue. [C18]

Research results have facilitated change in an existing policy which now allows a previously excluded group to influence a key function within their organization. [S3]

Research results have been used to justify and inform specific health policies and interventions, enhance processes for recognizing and tracking the problem, and sensitize the public and stakeholders about the problem. [S6]

From the monitoring activities, the participating countries were able to have a suite of baseline data and use the results to know where the “pollution hotspots” were and determine the sources of the pollution. One of the important outcomes was the use of the findings to guide interventions in public health, such as addressing water quality, liquid waste management, general sanitation and providing the base for further research. (CEHP)

4) POSITIVELY IMPACTED THE RELATIONSHIPS BETWEEN NORTH-SOUTH INSTITUTIONS

Several grantees expressed interest and highlighted concrete steps in continuing and building upon their established partnerships from within the project. This has included creating new institutional partnership agreements and renewing the memorandum of understanding between partnering organizations.

After interactions between the participating organizations in the project, new institutional partnership agreements have been created and the research and capacity building activities broadened to include other areas. [C10]

Institutional partnership agreements among participating organizations are being developed, with several meetings already occurring. [C11]

5) LED TO THE DEVELOPMENT OF NEW RESEARCH AND PRACTICE NETWORKS

As mentioned above, Teasdale-Corti was seen as resulting in the expansion of existing personal and organizational networks. In addition to this, some grantees credited Teasdale-Corti for the creation of new research and practice networks that have
increased capacities and knowledge translation.

A new topic-specific network has been developed and is connected to its counterpart in Canada. It is being used to share research findings and link researchers and practitioners nationally. [C12]

Result of the development of the project was the strengthening of collaborative networks between institutions. These strengthened collaborations were a direct outcome of the interactive space created by the project, generating synergies between institutions. (Chile)

6) RESULTED IN IMPORTANT KNOWLEDGE GENERATION AND INTERESTING RESEARCH FINDINGS

Various grantees drew attention to specific project findings that were used as evidence to help change current best or common practices within important stakeholder organizations. These changes were seen as steps forward to help solve the project’s problem.

The project results, “...demonstrated the importance of bringing research, program interventions and services out of the healthcare setting to meet hard-to-reach populations in their community spaces.” (China)

Dr. _______ aquaculture project revealed the inadequacy of generic best management practices to prevent inappropriate antibiotic use and the emergence of risks for drug resistance. Coupled with our project in China, these results re-enforced our hypothesis that 'local matters': in other words, the past focus on developing microbiological capacity in low and middle income countries would not result in EID prevention and early detection unless local social and ecological constraints were similarly met. This leads one towards a population health model as opposed to an environmental hazards model for EID programs. (VPH)

7) LED TO INCREASED RESEARCH AND/OR ACADEMIC CAPACITIES

Numerous grantees credited Teasdale-Corti for the creation of new academic classes and programs to train new researchers along with help facilitate future research around the problem. In addition to increasing academic capacities, the above was seen by some grantees as helping to also increase awareness about their problem. Furthermore, projects were seen to have increased capacities to do research through the construction
of new research infrastructure and/or the development of new processes and standards to improve the quality of research.

The creation of physical research infrastructure in our institution has facilitated capacity building that will able to continue beyond the end of the project. It promotes not only capacity building, but opportunities for research collaboration and knowledge generation. [C18]

The development of an educational program has led to additional studies using the theoretical approach that our project developed. [S1]

Research programs have been enhanced because of this process. There are now mechanisms for discussing research within an organization that facilitates the development of research agendas and critical reflection. New studies have also been initiated and there is enhanced capacity for mentorship. [S8]

There are more opportunities available for capacity building for the population we worked with in the project. [C11]

### 8) ENHANCED RELATIONSHIPS BETWEEN LMIC PARTNER(S) AND OTHER LOCAL STAKEHOLDERS

Grantees felt that their projects helped to improve the relationships between the LMIC partner and other local stakeholders concerned with the same problem. For example, it was found that the project resulted in new connections between an LMIC partner and one of the target populations of the project.

*Through the work of this Program of Research, increased capacity was built on the part of Chinese team members to engage in research with vulnerable populations and better the understandings of the increased sensitization required when working with these populations. (China)*

*The relationships between researchers and the state and federal ministries have flourished under CAMBIO (CAMBIO)*

### 9) LED TO “FIRSTS” IN LMICS

Multiple grantees found that the projects they were involved with resulted in completely novel outcomes within the countries they were working in, which included a new collaborative organization and a special issue of a journal around a theme rarely
discussed within that context.

Scholars from the South are contributing and editing special issues of journals on themes that were rarely addressed in the legal literature in Latin America (Chile)

Creation of the Sri Lanka Wildlife Health Centre – the first multi-Ministry/University partnership of its kind (VPH)

10) INFLUENCED RESEARCHER’S CAREER AND CAREER PATH

One grantee emphasized that one of the most critical outcomes of the project was increased capacities of younger team members to continue work around the identified problem.

“The project’s two most important legacies will be… (ii) a cohort of young researchers already spreading their new found skills in Sri Lanka, Canada and internationally.” [VPH]

7.3. Highlights of Teasdale-Corti Leadership Surveys

The evaluation sought to understand the impacts of the leadership grant component of Teasdale-Corti by conducting surveys with these grantees. A total of eight leadership surveys were received and, overall, all were overwhelmingly positive. The content of these surveys was analyzed to understand the achieved outputs and early outcomes as well as understand perceptions about how the grant influenced the grantee’s career and future work. It is important to note that all information was self-reported and results were not independently verified. The results are summarized below.

1) OUTPUTS AND EARLY OUTCOMES ACHIEVED

Aligning with the above work, outputs and early outcomes were categorized based on research, KT and CB. With respect to research, there were numerous outputs that resulted in knowledge generation about a variety of problems. Some of the outputs and outcomes include peer-review journal publications, technical reports, and being invited to participate in a Cochrane review. For CB, a variety of outputs were achieved including increased academic education, improvement of specific research skills and becoming a mentor to others. In addition to these outputs, CB efforts resulted in several early outcomes including enhanced abilities to influence the policy process and being involved in advocacy effort with diverse groups of stakeholders. For KT, achieved
outputs included the development of policy briefs, the incorporation of research findings into a book, providing guidance to graduate students and oral presentations at numerous events. Grantees were able to influence policy and practitioners through their KT outputs and early outcomes. Some early outcomes achieved include participating in law amendments, becoming a member of an expert consultant group, and becoming a member of an international organization’s advisory committee. Overall, grantees credited their grants with career advancement, knowledge production and important personal network expansions.

The contacts and collaborations that I have were strengthened by the education opportunities I has exposed to, including courses, conferences and workshops. [L19]

The use of certain knowledge translation tools helped us understand that we need to work and engage with civil society organizations and in advocacy to ensure that the research produced is being used. [L20]

The project had a direct impact on a law related to my research that was amended in my country, changing it to be more in line with international standards. It also impacted related program planning and implementation, as well at surveillance on the health issue. [L21]

Because researchers were working within the government body that was responsible for legislating on our issue, they were able to use their research findings to convince decision-makers about the benefits of a new law.[L24]

2) INFLUENCE OF THE GRANT ON THE INDIVIDUAL’S CAREER PATH

All grantees were positive about their experiences and credited the grant with helping to further their careers.

The leadership training and increased knowledge gained has had a positive impact on my career. In particular, I have been given important positions throughout the project. [L21]

The funding provided has elevated the status of our group within our organization, both in receiving funding but also in the publications we’ve produced. This has had a beneficial impact on my career and given me the opportunity to continue the work in this field. [L25]

Receiving the award provided me with new opportunities and helped me take
I would not have been able to, otherwise. It contributed something special to my CV and received the appreciation of senior colleagues, others I work with, and acquaintances. [L19]

3) INFLUENCE OF THE GRANT ON FUTURE RESEARCH

All of the grantees believed that the leadership grant would influence the type of work they would do in the future. Areas of interest for future research included researching costs of interventions, conducting health policy analysis, focusing on policy implementation (not only policy development), evaluating KT tools and the movement away from traditional risk factors to upstream societal determinants of health.

In being a part of this project, I was able to develop into a researcher able to lead a research team, making it the most important experience in my life and a milestone in my career. Although I am continuing other work, I still dedicate half my time to research and teaching. [L24]

Certainly yes. Being part of the project has helped me in creating networks at the national, regional and international levels. [L20]

7.4. Teasdale-Corti Program Case Study Methodology

The objective of the case studies was to have an in-depth look at a small number of the projects supported by Teasdale-Corti to increase our understanding of important mechanisms and drivers of change at the project level and at the Teasdale-Corti program level.

The overall scope of the case studies is limited as the analysis is primarily based on the final reports submitted by each case at the end of the funding period. Other data sources were surveys conducted with North and South investigators as well as interviews with Southern knowledge users as well as co-investigators. In addition, interviews were conducted with some of the case study projects at the GHRI meeting in Ottawa in October 2012.

DATA COLLECTION TOOL

Based on the objectives of the case study task and learnings from the evaluation, a case study template was created by the evaluation team. The data collection tool focused on identifying all self-reported outputs and outcomes of the program along with assessing each case with regard to five themes (see table below). The five themes were identified
based on key issues identified by the grant monitor at the start of the evaluation as well as a review of a variety of Teasdale-Corti documents.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge User</td>
<td>Who were the knowledge users involved in the program? How did the program engage the knowledge users? How did the relationship between researchers and researcher users influence the program</td>
</tr>
<tr>
<td>Local Research Capacity</td>
<td>How did the program stimulate local research capacity? What mechanisms were identified as important to build research capacity?</td>
</tr>
<tr>
<td>Equity</td>
<td>Was there equity between North and South partners throughout the research process? What was learned during the program about ways that promote or take away from the equity?</td>
</tr>
<tr>
<td>Synergy</td>
<td>Was there synergy between research capacity building and knowledge translation in the program? How? What was learned about the mechanisms to promote effective synergy between these two activities?</td>
</tr>
<tr>
<td>Theory of Change</td>
<td>What was learned about the theory of change from this program? What evidence is there of alternative pathways that were not included in the theory of change for Teasdale-Corti program?</td>
</tr>
</tbody>
</table>

**METHODOLOGY**

Case studies were chosen in consultation with the Teasdale Corti grant monitor. The selection was informed by a review of key Teasdale-Corti documents as well as meetings with researchers and research users at a meeting in Ottawa in October 2012. The three case studies identified were thought to exemplify key ideas of the Teasdale-Corti theory of change within distinct contexts enabling the identification of context-specific factors as well as underlying Teasdale-Corti program level features important to bringing about change. These case studies represent three programs that varied in scope, scale and focus (see table below).

<table>
<thead>
<tr>
<th>Case Project Title</th>
<th>Locatio n</th>
<th>Level of Focus</th>
<th>Identified Problem</th>
<th>Northern Partner</th>
<th>Southern Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, Care and Support for Shanghai</td>
<td>Primarily city-level (some)</td>
<td>Increase HIV/STI twin epidemics in</td>
<td>Researchers at the University of Toronto and</td>
<td>Shanghai Centre for Disease</td>
<td></td>
</tr>
<tr>
<td>Vulnerable Populations at Risk for STI and HIV in Shanghai, China</td>
<td>China, especially among certain vulnerable groups</td>
<td>Queen’s University</td>
<td>Control staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterinary public health as part of the global response to emerging diseases Building a sustainable model in Sri Lanka with extension to South and Southeast Asia</td>
<td>Limited prevention and preparedness for emerging infectious diseases due to weak Veterinary Public Health capacities</td>
<td>University of Calgary</td>
<td>University of Peradeniya Ministry of Livestock and Rural Community Development staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-Related Mental Health Problems in Chile: A Gender Perspective</td>
<td>Increase in mental health problems of the working population, in particular among women.</td>
<td>Researchers from the Centre de recherche interdisciplinaire sur la biologie la santé et l'environnement [a WHO-PAHO research centre in Québec] as well as from the University of Ottawa, the Université du Québec à Montréal (UQAM) and Laval University. Québec National Institute of Public Health and the Centre de recherches universitaires de Montréal (CRUM)</td>
<td>Chilean researchers from the Centro de Estudios de la Mujer (CEM, or Centre for Women’s studies)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For each case study, a summary of key reported achieved outputs and initial outcomes was compiled. The results are presented below.

**CHINA**

**Research**

<table>
<thead>
<tr>
<th>New knowledge highlighting the, “… importance of bringing research, program interventions and services out of the healthcare setting to meet hard-to-reach populations in their community spaces,” (Calzavara and Montgomery, 2012, pg. 16) for men who have sex with men (MSM) and female entertainment workers (FEW).</th>
</tr>
</thead>
<tbody>
<tr>
<td>New knowledge about HIV/STI epidemics that went beyond basic descriptive methods and emphasized the need to shift from a purely biomedical approach to also include social and behavioral aspects (e.g. looking at mental health, using a social determinants of health approach)</td>
</tr>
<tr>
<td>New knowledge that education interventions alone are not enough to eliminated HIV stigma among construction workers and FEWs</td>
</tr>
<tr>
<td>The development and piloting of an effective and innovative tool (online event-based diary) to access a hidden subgroup of MSM as well as collect sensitive information longitudinally</td>
</tr>
<tr>
<td>Models of piloted and effective interventions to target at-risk populations to increase knowledge, reduce stigma and improve awareness of treatment are available for future application (e.g. elsewhere in China)</td>
</tr>
<tr>
<td>Produced numerous papers that were published in scientific journals and presented at conferences to disseminate knowledge generated</td>
</tr>
<tr>
<td>Conducted a literature review of international best practices in HIV policy and programming</td>
</tr>
</tbody>
</table>

**Capacity Building**

<table>
<thead>
<tr>
<th>Over 915 people trained to improve access to services for HIV/STI prevention, treatment and care for migrant workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded the involvement of people who have HIV/AIDS (PHAs) from only the SCDC to also include linkages between the PHAs and 10 of the 12 health districts in Shanghai as well as having PHA representation in related activities within the district centres.</td>
</tr>
<tr>
<td>New pathways for health providers to reach MSM, including a wider range of men who had previously been absent from research.</td>
</tr>
<tr>
<td>Improved capacities of healthcare workers in, “...occupational exposure prevention,</td>
</tr>
</tbody>
</table>
anti-stigma training and direct working experiences with PHAs,” (Calzavara and Montgomery, 2012, pg. 20)

Built capacity of new researchers through involving graduate Canadian and Chinese students in the research process

**Policy and Practice**

Improved access to HIV/STI prevention, treatment and care services for over 3 600 most at-risk individuals (i.e. MSM, PHAs)

A significant reduction in HIV stigma in construction workers and FEWs as a result of locally-designed interventions

Significant improvement in HIV/STI knowledge, STI risk perceptions, condom use and condom self-efficacy among numerous FEWs

Results from this program contributed to the development of new policies and practices in Shanghai (e.g. the inclusion of HIV screening in physical examinations, funding for the education of migrant construction workers about HIV and STIs)

Helped to facilitate improved delivery of health services at the community level

**Cultural Shifts**

Appears to have contributed to a cultural shift among Chinese partners with respect to attitudes towards socio-behavioral and epidemiological studies, public health intervention research, and the value of community engagement

Reported to play a role in a shift in traditional doctor-patient dynamics to promote healthcare workers meeting marginalized groups within the community.

**Relationships**

Helped to develop trusting relationships between local healthcare workers and sex work gatekeepers (i.e. pimps, security)

Strengthened relationship between North (U of T) and South partners (SCDC)

**CHILE**

**Research**

Knowledge was generated by the quantitative and qualitative studies of the employment conditions of salaried workers in Chile and their exposure to psychosocial risks and the links between these dimensions and mental health problems. Studies also found gender and social inequalities in respect to work-related mental health in Chile

The program seems to have contributed to the strengthening of critical academic thought in respect to workers’ mental health through the incorporation of new models and analytical perspectives (Lippel and Díaz, 2012 pg. iv).
Capacity-Building

Further, a total of 34 workshops were held that were broad in scope and targeted audience. Using a range of tools and educational materials, these workshops appears to have trained and built awareness regarding many issues connected to the relationship between work and mental health. These workshops also seem to have developed participants’ capacities in the preparation and management of projects, in the diagnosis and evaluation of the psychosocial risks in their workplaces, and in raising awareness of labour rights and recognition of domestic and care giving work and the work-family interference as a psychosocial risk factor, among other issues.

The project team worked very closely as advisors to various governmental institutes in the development of joint projects as well as the organization of seminars and capacity building activities for workers and civil servants.

Provided training opportunities for students and young investigators interested in developing thesis work on mental health and work.

Policy/Practice

Increased salience of occupational mental health and psychosocial hazards in the workplace in Chile. “.....occupational mental health and psychosocial hazards in the workplace, these were issues that had little visibility in Chile and were not taken into consideration either by actors of civil society or by state officials. Now, after six years and multiple activities, these themes are of interest and constitute preoccupations for all the actors as can be seen by the fact that these themes are often addressed in union workshops and included in programs presented by state officials and policy documents designed for health surveillance and prevention in the workplace,” (Lippel and Diaz, 2012 pg. 130).

The research team participated in numerous seminars along with national and international congresses, in which they presented the focus of the team’s program and the knowledge generated from the studies

The existence and development of the project over the last six years has also led to the recognition of the CEM’s expertise on the topic of employment, psychosocial risks and gender (Lippel and Diaz, 2012 pg. 64). CEM has received invitations to participate in political decision-making processes as well as has joined various national academic networks which touch on workers’ health from various perspectives (Lippel and Diaz, 2012 pg. 64).

During the course of the program, the researchers were invited to participate in various initiatives aimed at promoting the discussion and development of proposals for work and mental health policies. In particular, requests to the team were centered on the inclusion of gender issues in the discussions. As cited in the final report, “The program has succeeded, insofar as the political and global contexts
permit, in supporting the empowerment of all those involved, from workers to policy makers, and researchers, so that they are able to intervene more effectively,” (Lippel and Diaz, 2012 pg. iv).

The Commission de la santé et sécurité du travail (CSST) – Occupational health and safety in Quebec - revamped their reporting practices concerning mental health claims and violence claims in light of the exchanges regarding acceptance rates.

Invited by the Conseil consultatif du travail et de la main d'oeuvre, the advisory committee to the Ministry of Labour in Québec, to address the challenges raised by the implementation of the Québec legislation on psychological harassment.

Invited by the International Labour Organization (ILO) Safework Department to pilot an evaluation of a proposed Occupational Health and Safety Databank.

“…a constitutional contestation regarding WorkSafe BC policy on exclusion of mental health problems, discussed in Lippel & Sikka, 2010 led to a modification of legislation in British Columbia regarding workers' compensation to cover ‘mental disorders’ that are ‘predominantly caused by a significant work-related stressor’, including bullying or harassment, or a cumulative series of such stressors arising out of and in the course of employment,” (Lippel and Diaz, 2012, pg. 79).

As noted in the final report, the broad dissemination of publications and the diversity of team members involved in the program (including researchers, research users and students) has led to increased international attention towards issues relating to both policy on psycho-social hazards and the specific importance of a gender based perspective on these issues (Lippel and Diaz, 2012 pg. 67).

SRI LANKA

<table>
<thead>
<tr>
<th>Core Outcomes (Stephen &amp; Daniel, 2012, pg. 8):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote problem solving ability of organizations and communities by training leaders, practitioners and users.</td>
</tr>
<tr>
<td>Develop service capacity through the creation of models of national, regional and local delivery of VPH.</td>
</tr>
<tr>
<td>Sustain and disseminate gains in capacity by networking throughout the region.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Outputs (Stephen &amp; Daniel, 2012, pg. 25):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
</tr>
<tr>
<td>Delivery of results in more than 160 peer-reviewed papers, technical reports, scientific presentations, theses and workshops.</td>
</tr>
<tr>
<td>New methods developed for geographic analysis of EID risk.</td>
</tr>
<tr>
<td>Proof of concept for mobile phone enabled frontline disease intelligence.</td>
</tr>
</tbody>
</table>
First surveys of specific public health risk factor management in the dairy and aquaculture sectors.

Key insights into the structure of effective collaborative multifaceted teams.

First publications on animal health policy needs for EID preparedness.

### Capacity Development

Creation of the Sri Lanka Wildlife Health Centre – the first multi-Ministry/University partnership of its kind and the host for an upcoming OIE regional workshop.

Infrastructure and systems support leading to accreditation by the World Health Organization; and Sri Lanka Accreditation Scheme for Testing Laboratories: ISO/IEC 17025:2005 of laboratory capacity at the University of Peradeniya Department of Veterinary Public Health and Pharmacology.

Contribution of research opportunities for trainees and junior faculty for the new Veterinary Public Health MVSc program at the University of Peradeniya.

Support for the training of 12 new highly qualified personnel through graduate school research.

Contribution to transition of trainees into jobs in research and practice.

Knowledge mobilization to government supporting the creation of new veterinary public health capacity.

### Policy/Practice

First review of policy gaps, including reporting of research outcomes to senior government officials in Sri Lanka and China.

Sufficient evidence to motivate government to pilot 14 new VPH positions in Sri Lanka as a further proof of concept.

First ever meetings of animal health and aquaculture biologists to promote healthy and sustainable fish production.

Adoption of mobile phone enhanced surveillance methods by the Department of Animal Production and Health in Sri Lanka.
(8) PROPOSAL ANALYSIS

As seen by the theory of change (see Chapter 6), the ability of the Teasdale-Corti program to bring about desired change fundamentally depended on the merit review process to select appropriate projects that align with the overall objectives of Teasdale-Corti. In the following chapter, we assess the proposals chosen by the existing application process with respect to their alignment to the program logic and provide recommendations that could improve this process in the future.

Proposal Analysis Data Collection Tool

An initial template for the analysis was drafted based on the Teasdale-Corti Request for Proposals (RFP), theory of change and interviews with staff from the program planning organizations. The data collection tool was then piloted by three members of the evaluation team who conducted one proposal analysis each. Based on learnings from the analysis process and outputs, a refined data collection tool was developed and sent to program officer at IDRC. This feedback was incorporated into the tool to create the final version.

The final data collection tool assessed the proposal based on 11 key dimensions (see Table 2). For each dimension, qualitative questions were asked along with quantitative questions that were rated on a scale from 1 (not at all) to 5 (very through).

**Table 2: Key Dimensions Assessed in the Proposal Analysis**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Sample of Qualitative Question Asked</th>
<th>Sample of Quantitative Questions Asked</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LMIC Priorities</strong></td>
<td>Is there clarity on how the grant will address specific problems? Are the connections of local priorities to LMIC priorities clearly identified?</td>
<td>What is the depth of reflection on LMIC priorities in the proposal? What was the level of engagement of Southern partners in identifying research and capacity building priorities?</td>
</tr>
<tr>
<td><strong>Designing Locally-Useful Research</strong></td>
<td>Is there clarity and specificity of the local context of the health issue? Does the proposal clarify how the research will address this gap?</td>
<td>What was the level of discussion about the known and unknowns of current literature and how this research will fill the gaps?</td>
</tr>
<tr>
<td><strong>Promoting</strong></td>
<td>Does the grant discuss the pathways,</td>
<td>What was the level of discussion about</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Research Use and Influence</th>
<th>mechanisms and concrete actions by which the research can be utilized?</th>
<th>how the planned knowledge translation activities are linked to the outcomes the grant aims to achieve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for Useful Capacity Building</td>
<td>Does the grant discuss capacity building activities in a way that can address local needs? Are capacity building activities concrete and meaningful?</td>
<td>Do capacity building activities have the potential to adapt and be responsive to change? What is the depth of reflection on potential barriers/challenges for capacity building activities?</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Is there a concrete plan for collaboration between the Canadian and Southern researcher? Between the Southern researchers and knowledge users?</td>
<td>What is the level of discussion around the value that all researchers and research users bring to the program? In year-to-year plans, are there activities that can build/sustain collaboration?</td>
</tr>
<tr>
<td>Equity</td>
<td>Is there a clear theory of change by which the program will impact health inequities?</td>
<td>What is the level of discussion around how research aims to address health inequities?</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Does the proposal mention sustainability (of the research program)? Does it discuss mechanisms of sustainability?</td>
<td>What is the depth of the discussion about how the program of research will lead to further research, its application and/or capacity building?</td>
</tr>
<tr>
<td>Clarity and coherence of outcomes and specific theory of change</td>
<td>Is there identification and discussion of clear pathways/mechanisms by which the program of work can impact health outcomes/health equity outcomes? Is there coherence across the multiple elements of the grant?</td>
<td>What is the clarity of the health outcomes identified? Are the interconnections of different activities recognized and explained in the plan?</td>
</tr>
<tr>
<td>Timeline of Impact</td>
<td>Is a timeline of impact discussed?</td>
<td>Is there clarity about the outcomes or impacts expected before the end of the program funding? Is there an explanation or justification of proposed timelines?</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>Does the grant discuss a strategy for monitoring and evaluation?</td>
<td>What is the depth of reflection on the...</td>
</tr>
</tbody>
</table>
**Evaluation Plan**
monitoring and evaluation? complexities of evaluation?

<table>
<thead>
<tr>
<th>Gender and Ethical Considerations</th>
<th>Does the grant meaningfully explore issues of gender and ethics?</th>
<th>Has the proposal built a gender lens into the various processes within the grant? What is the level of discussion around ethical issues that may arise during implementation of the grant?</th>
</tr>
</thead>
</table>

**Proposal Analysis Plan**

As a larger goal of the evaluation was to learn from differences between a proposal and the corresponding final report, the proposal analysis was conducted using only proposals where the final report had been received. The same reviewer would assess a proposal and final report set, although multiple reviewers were engaged in the overall analysis.

These eight proposal analysis documents were then analyzed together. This was done in two different ways by three independent reviewers in order to answer two slightly different evaluation questions. First, two reviewers independently conducted a content analysis of all completed proposal analysis documents to identify key themes within each of the 11 dimensions. The two reviewers then worked together to agree upon key strengths and weaknesses based on this analysis and collaboratively drafted recommendations. One of these reviewers completed a quantitative analysis based on ratings of the eight proposal analysis. For each proposal, all quantitative scores were averaged together for each dimension. In addition, an overall average score was calculated for each proposal. Secondly, the overall average score for each dimension was calculated by averaging all quantitative questions per dimension for the 8 proposals. Using the overall averages, each dimension was ranked to identify the strengths and weaknesses of the proposals. A third reviewer did a qualitative analysis of the proposals independent of the above analysis and collaborated with the other reviewers to develop recommendations.

**Results**

The results of the proposal analysis are presented below with the quantitative and qualitative work presented separately.

**a) QUANTITATIVE RESULTS OF THE PROPOSAL TEMPLATE ANALYSIS**

Proposals were initially assessed individually out of 5 (see Table 3). An overall score for each proposal was determined by averaging the score of each dimension. The highest proposal received a score of 3.4 and the lowest proposal receiving a score of 1.7. All together, the proposals scored an average overall rating of 2.5.
### Table 3: Average Proposal Analysis Rating per Proposal by Analysis Dimension

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LMIC Priorities</td>
<td>3.1</td>
<td>2.4</td>
<td>3.2</td>
<td>2.7</td>
<td>4.1</td>
<td>3.4</td>
<td>4.4</td>
<td>4.0</td>
</tr>
<tr>
<td>Designing Locally-Useful Research</td>
<td>1.5</td>
<td>2.8</td>
<td>1.7</td>
<td>2.8</td>
<td>3.8</td>
<td>2.7</td>
<td>2.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Promoting Research Use and Influence</td>
<td>3.2</td>
<td>3.7</td>
<td>2.3</td>
<td>1.7</td>
<td>4.0</td>
<td>3.3</td>
<td>3.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Potential for Useful Capacity Building</td>
<td>2.8</td>
<td>1.8</td>
<td>2.4</td>
<td>3.2</td>
<td>3.8</td>
<td>2.6</td>
<td>2.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Collaboration</td>
<td>1.3</td>
<td>2.7</td>
<td>2.5</td>
<td>2.2</td>
<td>3.3</td>
<td>2.6</td>
<td>3.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Equity</td>
<td>2.6</td>
<td>2.5</td>
<td>0.5</td>
<td>1.6</td>
<td>3.4</td>
<td>3.0</td>
<td>2.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Sustainability</td>
<td>0.8</td>
<td>2.0</td>
<td>0.5</td>
<td>2.3</td>
<td>3.3</td>
<td>2.0</td>
<td>2.0</td>
<td>4</td>
</tr>
<tr>
<td>Clarity and coherence of outcomes and specific theory of change</td>
<td>2.7</td>
<td>3.0</td>
<td>2.7</td>
<td>3.8</td>
<td>4.2</td>
<td>1.7</td>
<td>1.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Timeline of Impact</td>
<td>1.0</td>
<td>1.7</td>
<td>0.7</td>
<td>3.0</td>
<td>3.2</td>
<td>1.0</td>
<td>1.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Monitoring and Evaluation Plan</td>
<td>4.0</td>
<td>5.0</td>
<td>1.0</td>
<td>3.0</td>
<td>1.0</td>
<td>2.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gender and Ethical Considerations</td>
<td>2.0</td>
<td>1.0</td>
<td>1.2</td>
<td>1.2</td>
<td>3.5</td>
<td>3.6</td>
<td>4.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Overall</td>
<td>2.3</td>
<td>2.6</td>
<td>1.7</td>
<td>2.5</td>
<td>3.4</td>
<td>2.5</td>
<td>2.6</td>
<td>2.6</td>
</tr>
</tbody>
</table>

After looking at each proposal individually, all proposes were considered together and each dimension was assessed. The top three dimensions of the proposal analysis were LMIC priorities (1\textsuperscript{st}, 3.4), promoting research use and influence (2\textsuperscript{nd}, 3.1) and the clarity and coherence of outcomes and specific theory of change (3\textsuperscript{rd}, 3.0). The weakest three
dimensions were timeline of impact (11th, 1.6), monitoring and evaluation plan (10th, 2.0) and sustainability (9th, 2.1). All results can be seen in Table 4.

**Table 4: Combined Average and Rank of Each Analysis Dimension Based on Eight Proposals**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Average</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMIC Priorities</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td>Designing Locally-Useful Research</td>
<td>2.5</td>
<td>6</td>
</tr>
<tr>
<td>Promoting Research Use and Influence</td>
<td>3.1</td>
<td>2</td>
</tr>
<tr>
<td>Potential for Useful Capacity Building</td>
<td>2.6</td>
<td>4</td>
</tr>
<tr>
<td>Collaboration</td>
<td>2.5</td>
<td>5</td>
</tr>
<tr>
<td>Equity</td>
<td>2.3</td>
<td>8</td>
</tr>
<tr>
<td>Sustainability</td>
<td>2.1</td>
<td>9</td>
</tr>
<tr>
<td>Clarity and coherence of outcomes and specific theory of change</td>
<td>3.0</td>
<td>3</td>
</tr>
<tr>
<td>Timeline of Impact</td>
<td>1.6</td>
<td>11</td>
</tr>
<tr>
<td>Monitoring and Evaluation Plan</td>
<td>2.0</td>
<td>10</td>
</tr>
<tr>
<td>Gender and Ethical Considerations</td>
<td>2.3</td>
<td>7</td>
</tr>
</tbody>
</table>

**(B) Qualitative Results of the Proposal Template Analysis**

**LMIC Priorities**: Overall, proposals were strong in addressing problems specific to LMIC priorities. Proposals seemed to have been iteratively created to allow for input from different stakeholders and showed high engagement of the Southern partner in identifying research priorities. Many, but not all, of the proposals involved North and South researchers meeting face-to-face to do site visits, workshops and/or meetings to discuss research priorities and ensure alignment with LMIC priorities. All but 1 proposal did a good job in justifying how research and capacity building activities addressed LMIC priorities. The above aligns with the Teasdale-Corti emphasis on co-created proposals that aimed to perform relevant and collaborative research with appropriate research to action as well as capacity building efforts.
Designing locally-useful research: Proposals utilized different pathways to conceptualize the problem and their program. There was high variability with respect the depth of existing relationships between partners, level of political support for the idea and the role of partner the Southern individual or institute (e.g. government or NGO, researcher or research user). Many of proposals did a thorough job discussing current literature and how their research would fill existing gaps, although the use of country-specific literature (or a discussion about a lack there of) was inconsistent. Some proposals kept their discussion at the regional or global level making it less clear how their work aligned with current knowledge and filled gaps specific to the LMIC(s) partner. Nevertheless, Teasdale-Corti’s emphasis on relevance and local impact was reflected in the proposals.

Promoting Research Use and Uptake: Following Teasdale-Corti’s focus on research to action, there were significant discussions within the proposals around who the end users are as well as the products and resources that knowledge translation activities would inform. Many proposals did an excellent job explicitly identifying ways the uptake of the knowledge generated would be encouraged for a variety of research users. Nevertheless, these reflections tended to be general ideas (e.g. create guidelines to inform public health policy) instead of specific mechanisms (e.g. co-create guidelines based on research users needs and existing evidence so to facilitate evidence-based public health policy). This may reflect a lack of thinking through what is needed at every step in the process to successfully promote research use and uptake. Many proposed knowledge translation activities were traditional in nature (e.g. conferences, publications). Furthermore, most proposals lacked explicit reflection on how the heterogeneity of research users may affect research needs and knowledge translation. For example, many of the knowledge users exist outside of the research space and may need to be engaged in alternative ways to increase their affinity for research and the perceived utility of the information in their own work, It might be important to have regular meetings with key policy actors to discuss research findings as they emerge and to frame results in ways that are easily usable by these actors (e.g. a policy brief, a visualization). There was limited reflection on potential barriers to the proposed research process overall as well barriers to the research being used by the research user.

Potential for Useful Capacity Building: All the proposals laid out clear multifaceted approaches to capacity building and most thoroughly explained how their approach would address the needs of researchers as well as research users. There was significant focus on ensuring capacity-building activities were dynamic enough to adapt to program changes and many proposals talked about using learnings from one stage to inform the next stage. Despite this, the proposals lacked reflection on potential barriers to proposed capacity building
activities and how conducted activities could improve future capacity building activities.

**Collaboration:** Overall, proposals were good at discussing how researchers from different disciplines will contribute to the project and collaborate as well as in highlighting the values both the researchers and research users brought to the program. The proposals were less strong in being explicit about how relationships would be built and maintained. It was found that only half of the proposals clearly made plans for North and South partners to interact with each other. There was limited mention of specific activities in the year-to-year plans to sustain the partnership. Furthermore, there was only partial reflection on the influence of relationship building on the research process. The input of research users into the development of the proposal appeared important in some proposals, but in other others the research users appeared to have been add-ons or having limited meaningful input. Overall, there was limited discussion around the complexity of collaboration including needing different mechanisms for different stakeholders and how to sustain meaningful collaboration over time. All but one proposal poorly reflected on possible inequities within the research program and therefore there was little explicit mention of strategies to migrate potential inequities within the partnership. Almost all of proposals did not fully consider barriers to collaboration processes within their program.

**Equity:** Overall, proposals reasonably discussed how their research aimed to address health inequities and how their program would address the contexts that amplify health inequities. Despite this, there was practically no consideration of existing barriers that could hinder research outcomes and knowledge translation efforts becoming available to those who need it the most. It is important to think about potential barriers and feasible solutions of these barriers at the design stage of a project. Although benefits for Southern partners were discussed, there was also limited reflection around the benefits of the North-South partnerships for Northern partners.

**Sustainability:** There is a clear underlying emphasis on sustainability among the review criteria in the RFP including asking proposals to identify ways the proposed program fits into the longer-term vision of the Southern country and asking for evidence that the program is sustainable beyond the funding period. While all proposals discussed how the program could lead to further research, application and/or capacity building, the quality and depth of these discussions was extremely varied. Future proposals may benefit from a more explicit focus on potential mechanisms to sustain the established partnerships beyond the funding period, which could include planning to co-apply for other funding and/or making efforts to expand the partnerships by leveraging existing relationships of both partners.
Clarity and Coherence of Outcomes and Specific Theory of Change: There was significant variability between proposals in their degree of specificity around the research program details. It is unclear if this was intentional as the programs wanted to be flexible to incorporate learning during the research progress or is an unintentional consequence of differences in where the programs were before applying for the grant. Considering the emergent nature of many of the projects, proposals may have benefited from an explicit discussion about hypothesized mechanisms to reach key outcomes or a clear framework around how implementation learning would inform the project and help align implementation with overall objectives.

Timeline of Impacts: Many proposals clearly identified outcomes expected before the end of the program funding, but there was almost no explanation of the reasoning behind these proposed timelines.

Monitoring and Evaluation Plan: All proposals had monitoring and evaluation plans as per the guidelines laid out by Teasdale-Corti and many of these plans were integrated into the program. Nevertheless, most proposals appear to lack seriously considered what would be required for an appropriate monitoring and evaluation system to assess such complex projects. There was no discussion around how the project would integrate context or anticipated timelines of impact for key outcomes into their notions of success, which directly affects the measurement and conceptualization of success.

Gender and Ethical Considerations: Although proposals submitted their work to at least one research ethics board, the overall gender and ethical considerations in many proposals was limited. The concepts of equity, gender equality and ethics are mentioned in the review criteria of the Teasdale-Corti’s RFP, but these concepts were not strongly reflected in the grant proposals.

Limitations
This analysis must be interpreted with caution due to potential selection issues. We only selected proposals that had a corresponding final report and it is unknown if this group of proposals significantly differed from the group who had not yet returned their final reports. Furthermore, we only assessed proposals of winning grants and thus were unable to see if the above identified issues were ubiquitous in all submitted proposals. In addition to selection, there are potential measurement issues that could influence results. The proposal analysis templates were completed by different reviewers thus results may have been influenced by inter-rater variability. As the data collection tool was created by the evaluation team without formal measurement evaluation, it is possible that the tools suffered from different validity (e.g. content validity) and reliability issues (e.g. internal consistency reliability).
However, it is important to frame these limitations within the context of the proposal analysis’s goals. The proposal analysis was not designed as a quality assessment, but rather meant to provide an overview of the proposals independent of their project outcomes. Based on the theory of change, one of the few factors under the direct control of the granting body was the RFP and merit review. While weak associations may be a consequence of the limitations, this analysis highlights strong cross-cutting trends that could be used to inform future RFPs and merit assessments to encourage proposals that are better aligned with Teasdale-Corti goals. It is also important to note that the proposal analysis results are not meant to be stand alone in the overall evaluation, but rather are one piece of evidence to be triangulated with other sources of data to come up with key evaluation findings. The recommendations are especially relevant due to their co-creation by all three reviewers based on their proposal analysis as well as their own knowledge of the Teasdale-Corti program gained though extensive work on the project throughout the evaluation.
(9) FEEDBACK FOR IMPROVEMENT: THINKING THEORETICALLY ABOUT PROGRAMS

As a part of the evaluation, a theory of change was developed for Teasdale-Corti to outline the connections between activities of the program and the impact it aims to have (see Chapter 6). This chapter returns to and explores critical linkages in the theory of change in order to understand areas where the program was successful as well as areas where the program could be strengthened.

After briefly outlining the sources of data drawn on to support reflection on the theory of change, this chapter revisits the original theory of change. A simplified version is proposed that explicates the key linkages that will frame the ideas for improvement. Following this, the importance of these linkages to the success of the program and the implications of thinking theoretically about programs with respect to improvement are discussed.

9.1. Data Sources

A wide range of data sources from the evaluation are drawn upon to support this exploration of the ideas for improvement. Two distinct surveys were conducted with those involved in Teasdale-Corti projects. The first was conducted at the Global Health Research Initiative: Teasdale-Corti Symposium in Ottawa and was completed by stakeholders with various roles within their project. The second survey was conducted via email and directed at the Principal Investigators from Canada and Southern countries. Various face-to-face interviews were also conducted with a number of Teasdale-Corti grantees as well as Teasdale-Corti program planners. Additional interviews were held over the phone with knowledge users from Southern countries. Furthermore, interviews and discussions were held with numerous individuals involved in the formation and implementation of the Teasdale-Corti program at different points throughout the evaluation. Finally, a formal review of the projects’ proposals and final reports was conducted. This chapter provides insight into the themes of improvement that emerged across these data elements as they relate to the key linkages in the theory of change.

9.2. Revisiting the Theory of Change

The initial Teasdale-Corti theory of change identified a number of components and connections to explain the pathway by which the program could have an influence on health outcomes. The following graphic simplifies the initial theory of change discussed in Chapter 6 for the purpose of highlighting the core elements and linkages of the program.
Key Linkages

The simplified theory of change highlights linkages that are critical to the success of the program. The remainder of the report will explore each of these key linkages in detail. The following table outlines the rationale for exploring the selected linkages.

<table>
<thead>
<tr>
<th>Linkage</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investing in Knowledge</td>
<td>This component is critical to explore because it is the part of the theory of change where there is the most direct control. The decisions made at this stage about program design and project selection set a series of activities into motion which are theorized to lead to health outcomes. Actions early in the theory of change have significant impacts on activities and achievements further along the theory of change. Changes can be made at this point to improve the program’s likelihood of success.</td>
</tr>
<tr>
<td>Synergizing Relationships</td>
<td>Bringing together people with different types of expertise is critical to generating new knowledge to address health problems. As well, the building of relationships within and maintaining of them beyond the project is a key mechanism for sustaining projects beyond the funding period. It is unrealistic that improvements in health outcomes, which are the goal of the program, will be seen within the timeframe of the project and thus sustainability is particularly important given the long-term nature of the problems being addressed.</td>
</tr>
<tr>
<td>Synergizing Activities</td>
<td>The combination of research, capacity building and knowledge translation is the catalytic component of the theory of change. It is thought that this process will not only produce better research and outcomes that are more likely to impact health, but that it will also be more effective than the way traditional research is conducted, producing additional benefits through capacity building and orienting research for use in health systems.</td>
</tr>
<tr>
<td>Role of Knowledge User</td>
<td>The involvement of the knowledge user in the project team is critical because there is an implicit assumption that their involvement will increase the likelihood that research produced will be relevant to and used by decision makers, in order to lead to changes in the health system. Knowledge users are considered to be the connection to the health system that is needed for research produced to have an impact on health outcomes.</td>
</tr>
<tr>
<td>Health Equity</td>
<td>Health equity is an important focus for the program and the pathway by which improvements in health are made. Although it is too early to see whether individual projects impacted health equities, it is critical to assess whether the program at large has the potential to do so.</td>
</tr>
</tbody>
</table>
9.3. Lessons Learned for Refining the Theory of Change

INVESTING IN KNOWLEDGE

The theory of change begins by making an investment in projects that can produce and use knowledge to address health problems. The selection of the projects includes an assessment of the team’s ability to implement the proposed project. Of the projects selected, there were varying levels of capacity in different key areas among individuals, teams and institutions. Teams did not always have the skills needed to conduct research, capacity building and/or knowledge translation activities, which affected the progress and outcomes of the project. In addition, there was a lack of capacity in other areas. This included various administrative, financial and management issues, at both the team and institutional level. There did not appear to be mechanisms for identifying and addressing capacity shortages at the outset and throughout the program. The readiness of teams to undertake their projects extends beyond capacities, and includes the relationships within the teams. Both established and newly formed partnerships were selected in the program.

SYNERGIZING RELATIONSHIPS

A key component of the theory of change is bringing together different types of people (researchers and knowledge users from various disciplines) from different places (Canada and Southern countries). The relationships that form in the process of the project are thought to produce better outcomes than if people had not worked together to achieve the project goals. Despite this implicit recognition that relationships are critical to the progress of the project, there were few mechanisms built into the program to support relationship building within teams. Many proposals did not discuss plans or processes for relationship building throughout the project such as plans for how partners would interact and activities that would sustain the partnership throughout the project. Information gathered at the end of the projects indicated that partnership challenges did impede progress in some cases, including lack of clarity about roles, unmet expectations about what the partnership would provide, and varied understandings as to how to implement the project. Also absent were mechanisms throughout the project to promote the sustainability of relationships beyond the project’s lifespan. While many teams indicated that they would continue to work together beyond completion of the program, in some cases there were no concrete plans or clarity on how their partnerships would continue and how they would contribute to and build on the work that had taken place.

SYNERGIZING RESEARCH, CAPACITY BUILDING AND KNOWLEDGE TRANSLATION

The theory of change highlights the synergistic combination of research, capacity building and knowledge translation activities within a project as the means by which better outcomes are achieved than when these activities are done in isolation. However, for many projects, there was not a clear understanding of how these components would
combine to produce synergistic outcomes. Instead, there were instances where it appeared that the combination of activities led to tradeoffs. For example, the quality of research was perceived to have suffered due to the use of junior researchers with less experience instead of hiring more qualified staff. In other cases, capacity building activities received limited attention compared to other research and knowledge translation activities due to time and resource constraints that forced plans to change.

ROLE OF KNOWLEDGE USERS

The inclusion of knowledge users as a part of the project team is a critical component of the theory of change, as they are the linkage between the research conducted, capacities built, and the health system. They are also critical to having the project results used to enact change. Despite their important function, the specific functions and contributions that the knowledge users were expected to make to their projects was not clearly defined. In certain projects, the identified knowledge user also had a role as a researcher. While this is not inherently problematic, it can create a tendency for research activities to overshadow the other roles that a knowledge user is supposed to play.

Many of the projects also appeared to be rooted in a “research space,” which knowledge users may have little experience participating in or few incentives to engage with. This orientation may have impeded the active and ongoing engagement of knowledge users. In some projects, the value of having researchers move into the spaces of knowledge users, such as government institutions or advisory committees, was clearly stated. In those cases, the integration of researchers into policy and practice processes, as opposed to engaging policy makers and practitioners in research, was seen as a critical mechanism for promoting research use.

Recognition of different types of knowledge users and the different ways they should be engaged throughout the project was minimal. As well, there was a lack of clarity on the distinctions between the roles and engagement of knowledge users that are a part of the team and those that are not. Overall, the conceptualization of knowledge users was very weak, and seemed limited to the requirement to identify a knowledge user as a member of the project team.

HEALTH EQUITY

Given the length of the program and the longer timeline of impact required to see changes in health equity, the absence of evidence on projects impacting health equity is expected. However, the absence of reflection and critical thought by teams on how their projects could lead to changes in health equity was notable and concerning. There was a striking change in focus from the proposals to final reports. While many proposals made compelling claims about how projects would address the critical health problems of Southern partner countries, many of the final reports did not reflect on the potential of their projects to impact health equity in the future or some did not even mention equity. The slippage in focus at the project level may have been affected by a similar
slippage at the program level, with limited reflection on the available mechanisms to meaningfully promote impacts on health equity.

9.4. Implications for Future Program Improvement

Some key areas of feedback for improving future versions of the Global Health Research Initiatives included:

**READINESS TO IMPLEMENT**

Many teams ran into challenges throughout implementation, which included their capacity to undertake the project as planned, respond to challenges that arose, and foster relationships that were critical for success. These issues raise questions as to the degree by which such problems could be prevented at the outset of the program. For example, how can the Teasdale-Corti program identify and make decisions at the outset on the readiness of teams to implement such a complex program? Critical questions to reflect on may include:

- How do you identify and select partnerships that are ready for this type of project and can synergize at the implementation stage?
- How can the application and review processes bring to light the critical capacity shortages within teams?

Assessing the readiness of teams both in terms of their capacities and relationships is connected to the level and type of support the program is willing and able to provide to the selected teams throughout the process. Clarity is needed on the role of the Global Health Research Initiative (GHRI) in the theory of change and during project implementation, including the ways, and extent to which, they support the work of projects and the capacities needed within the funding organizations to support a complex initiative like Teasdale-Corti.

**SUSTAINING RELATIONSHIPS**

As described in the theory of change (see Figure 1), the sustainability of teams’ relationships, beyond the end of their projects, is a key mechanism for having the work of the project impact health outcomes. However, the importance of sustaining relationships was not fully recognized in implementations of Teasdale-Corti projects. There needed to greater clarity on how relationships within the projects can be developed and strengthened over time. This could also mean requiring applicants to discuss relationship building in the proposal, encouraging relationship building to be a part of project plans, allowing and promoting allocation of budget to relationship building activities, and having relationship building included in project evaluations. While these are just some examples, further thought should be given to mechanisms that can be used to promote planning for relationship building at the application and selection stage.
Other mechanisms could be incorporated into the program to promote the strengthening of relationships over time. This includes building metrics on relationships into Teasdale-Corti’s monitoring system. Thought needs to be given to what metrics could be used to measure meaningful relationship building throughout implementation, and how a team’s progress in building relationships between researchers and knowledge users can be assessed.

**RESEARCH USE AND KNOWLEDGE USERS**

The synergizing of research, capacity building and knowledge translation were critical in the theory of change of Teasdale-Corti. However, what was seen in implementation was a much weaker focus on knowledge translation and planning for research use. Furthermore, as discussed above the projects often had an ill-defined role for the knowledge users. In the theory of change, the knowledge users are the key drivers of the spread and use of the research. They also connect the work of the project to the broader health system. In that role, they are critical to raising the salience of research in policy and practice decision making. The theory of change highlights the critical role the knowledge users play. If in actuality the knowledge users are not adequately engaged, there is limited support for this theory.

For the program to be successful in improving health outcomes, much more attention needs to be paid to involving and maintaining engagement with knowledge users as well as to explicitly defining the role they should play in the team. Thought needs to be given to the incentives that currently exist for knowledge users to meaningfully participate, and how the program could build in further incentives for their involvement. This may include reorienting the projects and the program as a whole from a research space to new, shared spaces for researchers and knowledge users. Drawing on other models that combine knowledge generation and use successfully may be beneficial.

In the final reports and survey responses received, there was minimal discussion about how knowledge users were involved in the research process and almost no mention of the outcomes associated with their involvement. Due to the longer timeframe of desired outcomes coupled with the critical role of knowledge users within the theory of change, there is a need for more purposeful engagement with knowledge users within and beyond the scope of the projects. The Teasdale-Corti program would likely benefit from a clear definition of what meaningful engagement of knowledge users would be. Given that engagement can range from occasional email exchanges to regular interactions via teleconferences and site visits, this needs to be made explicit for knowledge users. In addition, the different degrees of engagement need to be thought through for different players, based on their role in the team and end goals of the project.

Several teams mentioned instances where capacity building efforts failed to reach knowledge users. Projects would likely benefit from more explicit planning for engagement with knowledge users that is sustained throughout the project. The structure of Teasdale-Corti provides an opportunity for researchers and knowledge
users within the team to co-create effective knowledge user engagement strategies that align with the project’s goals as long as both researchers and knowledge users are meaningfully engaged. This level of engagement requires explicit planning of who knowledge users are, the establishment of processes to build and maintain relationships, and structures in place to facilitate ongoing communication. Alongside this, a knowledge user within a team may be in the best position to draw in other knowledge users to participate in knowledge translation activities. Clarity in the level and types of engagement needed to reach the goals of the program need to be defined in the application stage as well as periodically assessed to ensure effectiveness and appropriateness. Also, for future funding, a thorough discussion at the LOI phase may indicate which research teams were ready for the partnerships that were being established.

Another means of engaging further with knowledge users may be through maximizing the different roles that can be played by different types of knowledge users. Some projects discussed health care practitioners becoming involved in policy implementation and students who received training on the health issue in academic settings, moving into relevant government positions. There was also mention of ‘end users’, the people the research program aimed to impact, participating in the decision-making process at national and provincial levels. Thus by recognizing the fluid roles that can be played by knowledge users at an early stage, teams can develop capacity building activities accordingly. This could include providing knowledge users with information on the processes by which change can occur in different health care or policy environments, as well as the skills they would need to make research influential in such environments.

HEALTH EQUITY
Teasdale-Corti’s theory of change outlines improvements in health outcomes through improved health equity. The application process promoted a focus on equity within projects by requiring reflection on equity concerns and by establishing partnerships with Southern countries. However, the importance of an equity focus seemed to lose salience over time. Critical reflection and action is needed on how to maintain a focus on health equities, a long-term goal, throughout implementation, in spite of other short term pressures that arise. Furthermore, there were few mechanisms built into the program beyond the proposal stage that would promote health equity outcomes and those that did exist were not well conceived or refined. For these reasons, stronger and more nuanced mechanisms are needed in order to orient projects so they are capable of seriously addressing health inequities.

PLANNING FOR EQUITY WITHIN TEAMS
For some research programs, there was confusion regarding the roles, responsibilities and decision-making processes within teams due, in at least part, to a lack of clarity, buy-in and/or unequal power dynamics within the team structure. Although this had varied consequences on the projects, effects of this confusion included disproportional
workloads for some team members and decisions being made that were perceived to be unfair by part of the team. For example, a team member had to take on additional leadership tasks due to a lack of support and some team members felt unfairly excluded from decision-making around the allocation of additional funds resulting in perceived inequity with its spending. Moreover, the longer duration of the project requires explicit processes to be in place to deal with team members leaving as well as new individuals or organizations becoming involved in the program so to ensure the continuity of a fair team structure. It is important that teams develop great clarity regarding the roles and responsibilities of team members and structures that are in place for decision-making at different levels. Such processes of clarifications of roles may also facilitate increased accountability by team members, given that their roles are made clear and that they are appropriately engaged based on agreed upon decision-making processes.

UNDERSTANDING THE ‘BLACK BOX’ OF CAPACITY BUILDING

One of the intentions of capacity building for the Teasdale-Corti program was to build the capacity within the LMIC contexts to respond to their health challenges. To different extents, capacities may need to have been built with different stakeholders in the projects. For example, involving researchers in capacity-building initiatives may require that they receive training on how to conduct these activities for different types of knowledge users in various settings. Similarly, part of the solution to administrative challenges faced by some teams may be to strengthen capacities of the ‘middle tier’ of the project (e.g. coordinators, managers) to improve administrative and financial management. It is important to recognize the importance of the context in which capacity building activities take place. It may be challenging to build capacity if a supportive and enabling environment for the activities does not exist within a team, within the country setting and/or from the support provided to the team. Therefore a recommendation would be to see what supports are needed for capacity building activities from GHRI, in order for projects to achieve their intended outcomes.

Given that different capacities need to be built to address global health challenges, it is important to have clarity in terms of the different forms it may take and how to determine if someone is engaging in capacity building. For example, it may be worth differentiating between activities that are intended to be a platform for sharing of information and those that are intended for ‘learning by doing’. It may also be the case that recipients of capacity building activities can build the capacities of others and it is important to recognize these cascading impacts. For example, they may be presented with knowledge and then build capacities of others by applying that knowledge.

UNDERSTANDING THE ‘BLACK BOX’ OF RESEARCH INFLUENCE

The policy and practice arenas played important roles in research use for many projects and highlight the importance of the broader context in initiatives aimed at improving health. On the positive end, one team saw the timing of the research activities as optimal due to other changes that were happening (e.g. increased international
recognition, more attention on the issue within a country) that created a receptive environment for research findings. On the other hand, some projects faced challenges including the loss of key knowledge users within government, which led to a less supportive government towards the research. Given that the projects last five to six years, there are bound to be changes in government that can impact intended outcomes thus the Teasdale-Corti program may want to encourage planning at earlier stages as to how to maximize research use.

There were various ways in which research was able to have an influence. This included researchers moving into the spaces of knowledge users, participating in the political decision-making process and utilizing opportunities to become embedded within government. Additionally, research was found to have influence in raising awareness and changing attitudes of their issue among research users as well as the end users that the project intended to impact. Another key factor in research influence was the creation of spaces for ongoing interaction, which can facilitate greater engagement between researchers and knowledge users. Overall, it is evident that the pathways to influencing these varied types of knowledge users are likely to be different, including how relationships and partnerships are developed, the nature of involvement with one another’s work, and potential for enacting change.

The process by which research can influence is typically complex, messy and unpredictable. Given the messiness of the research influence process, it was important for teams to ensure that they are opportunistic and ready to implement concrete activities for the ‘windows’ of influence.

Given that it may be difficult to determine the ideal way for research to have influence for any particular program, it is important that teams factor in different pathways for potential influence, which can appeal to different knowledge users. Teasdale-Corti may wish to emphasize the development of a learning framework within the proposal that explicitly lays out mechanisms to reiteratively learn from political influencing strategies and relationship building efforts. This would allow for projects to improve strategies as the project moves forward and the policy environment changes. Teasdale-Corti could further reinforce the learning framework by making it a selection criterion in the merit review and/or setting up a monitoring indicator to follow these efforts over time.

IDEAS FOR MONITORING AND EVALUATION OF COMPLEX INITIATIVES

The Teasdale-Corti program intended to impact health systems and health equity in countries, but there was little evidence to indicate that either of these impacts were likely to occur. When teams were asked if their programs contributed to health system change, many discussed how they believed the program outcomes would eventually impact the health system but that it was too early to tell. Also, at the proposal stage, teams discussed how their research programs would impact health equity yet in the final reports, health equity was hardly mentioned for the majority of projects. Therefore it appeared that throughout the course of the Teasdale-Corti program, teams
became so entrenched in their research, they may have lost sight of the larger aim for their work. One potential way to improve this could be increased monitoring and/or program management from GHRI in order to help ensure projects remain aligned with the broader Teasdale-Corti objectives. The funders (IDRC, CIDA, CIHR) need to think more carefully about the level of program management and monitoring resources that are needed to be in place at GHRI in order to encourage or make sure that teams stay the course regarding their original goals. We think that having just a single program officer for an initiative as complex as Teasdale-Corti is not sufficient.

Additionally, measures that indicate future potential for health system change and health equity can be incorporated into evaluation frameworks. Perhaps more importantly, teams can be asked to engage with these evaluations frameworks at earlier stages of their research programs, such that they can be held accountable for such broader outcomes of the Teasdale-Corti program, as opposed to only the outcomes of their individual projects.

There were other areas that seemed important to incorporate in an evaluation, as they related to the outcomes of research programs. This includes capturing “intangibles” such as generating awareness, garnering interest, fostering a research culture, changes in attitudes of health professionals and sensitizing research users to a particular health issue. Another area was relationships. Although there is an implicit understanding that meaningful relationships will develop among and between researchers and knowledge users, they may be weak, or can even break down during the course of the program. Thus relationships can be a crucial factor in determining the outcomes of a program, even though they often go unrecognized for their contribution to the process. As such, the nature of relationships within teams may also be important to include in an evaluation.

Another notion that stood out was that of the values underlying the variety of activities that teams were performing. On the surface, there appeared to be a fair distribution of weight to the three areas of research, capacity building and knowledge translation. However, for several programs, there was an inclination for resources to shift towards research activities. In addition, there were instances where Southern researchers felt they were being used to support the research outputs of their Canadian counterparts or felt they didn’t acquire the research skills they wanted in order to independently produce publications. These examples are indicative of the tendency for more value to be given to producing research, as opposed to promoting impacts on health outcomes in countries. Thus to help resolve this issue, an evaluation framework can ensure consistency in messaging through the course of the program as to what is valued. This can include being explicit about the harm of research activities being further supported at the expense of completing capacity building and knowledge translation activities. The importance of considering “intangibles”, relationships and values in the research process may call to question the appropriateness of linear assumptions for performance measures and thus other approaches to complex evaluations may be needed.
Many teams felt that a research program of this complexity required longer timeframes. In conducting program activities, delays can occur for a variety of reasons including administration, obtaining ethics approval, and ever-changing socio-political environments. In terms of program outcomes, the impacts of the various research, capacity building and knowledge translation activities may not be felt for several years, beyond the completion of the Teasdale-Corti program. Although issues regarding timelines are important to factor in for such complex programs, it may not be realistic to fund programs for longer timeframes, let alone evaluate programs many years later. Instead, evaluations should take into account time considerations and ensure that success of a project is determined based on realistic expectations.
(10) Conclusions

This chapter summarizes some of the key findings and learnings from the evaluation.

Did the program achieve its overall goal?

The Teasdale-Corti program aimed to achieve the following goal:

“To contribute to improving health and strengthening health systems in low and middle income countries (LMICs), by supporting innovative international approaches to integrating health knowledge generation and synthesis (including consideration of environmental, economic, socio-cultural, and public policy factors) through research, health research capacity development, and the use of research evidence for health policy and practice.”

There was strong support from the evidence for the overall goal of Teasdale-Corti: there was support for the multiple pathways by which Teasdale-Corti contributed to building research and capacity building that can contribute to health and strengthening health systems. However, given the long timeline of impact for improving health and strengthening health systems, there was limited evidence that the Teasdale-Corti initiative directly impacted health outcomes. These outcomes would likely take much longer to occur than the five or six years of the Teasdale-Corti project implementation. Nevertheless, evidence showed Teasdale-Corti contributed to multiple outcomes that are ‘on the pathway’ to improving health and strengthening health systems. A key challenge will be to sustain the momentum from this phase of Teasdale-Corti to impact health outcomes in the longer term.

Were the specific objectives of Teasdale-Corti supported?

The three specific objectives of Teasdale-Corti that supported the overall goals of the initiative were:

1. Foster international partnerships and collaboration to promote the generation and effective communication and use of relevant health research (including consideration of environmental, economic, socio-cultural, and public policy factors) in, for and by low- and middle-income countries (LMICs);

2. Train and support researchers responsive to policy and practice priorities of LMICs relating to or influencing health; and

3. Support active collaboration between researchers and research users (e.g. policymakers, practitioners, civil society organizations, and community members) to support health priorities of LMICs.
The evidence to support the achievement of objectives 1 and 2 was strong. However, the evidence for objective 3 was quite heterogeneous and limited as many of the grants failed to provide strong evidence of collaboration between researchers and research users.

**Was there support for the theory of change of Teasdale-Corti?**

The implementation of Teasdale-Corti was influenced by an ‘implicit’ theory of change. An important initial focus of the evaluation was to clarify the theory of change for Teasdale-Corti. The theory of change is discussed at the following link:


While not enough time has elapsed for some key elements of the theory of change to surface (e.g. impacts on health outcomes), there was mixed evidence that the theory of change worked.

Key areas in which the theory of change needed to be strengthened include:

- Greater clarity (by providing models, exemplars, narratives of successful implementation, etc.) on how best to create synergy between knowledge generation, knowledge translation and capacity building.
- Greater clarity of what key terms like capacity building and knowledge translation actually mean;
- Understanding of the timelines of impact of these different activities;
- More explicitly clarify the role of the knowledge user in the implementation of Teasdale-Corti and explicitly recognize the ‘values’ that guide the implementation of Teasdale-Corti;
- The implementation of the theory of change needs to be supported by a monitoring and evaluation system that pays attention to the complexities and heterogeneities of the implementation of Teasdale-Corti.

**What were some of the strengths of Teasdale-Corti?**

The Teasdale-Corti program was successful in impacting those directly involved in the projects as researchers and research users as well as many others who were influenced by the process and/or outcomes of the various projects. Some of the cross-cutting ‘successes’ of the Teasdale-Corti program included:

- **Improved networks:** Almost all grantees stated that their personal and/or institutional networks had been expanded and strengthened by their participation in Teasdale-Corti leading to many benefits including
new and continued research opportunities as well as greater access to funds for future research. These new and strengthened relationships were diverse including North-South partners, South-South stakeholders, researchers-research users and researchers-funders. In addition, these new networks increased the number of people aware of and involved in the identified problem.

- **Platform for innovative research:** Teasdale-Corti provided a flexible framework for doing research that went beyond traditional methods and usual metrics of success. By supporting interdisciplinary and inter-sectoral research, the program stimulated bold research that was locally specific and synergistic with respect to its ability to go beyond what a single stakeholder (or a single project) could do independently.

- **New roles for research users:** Teasdale-Corti created a research platform that integrated multiple knowledge users from the outset of the research project in such a way that encouraged the co-creation of relevant research. In addition, Teasdale-Corti enabled some research users to have greater value and appreciation for the different components of the research process.

- **Enhanced research capacity:** In addition to increasing the technical skills of both researchers and research users, Teasdale-Corti facilitated a shift in how participants thought about doing research. For example, multiple grantees highlighted the importance of conducting research that aligned with the needs of research users and the value of co-creating research to bring about change. Furthermore, the Teasdale-Corti program provided invaluable opportunities for teams to become better global health researchers.

- **Grant management:** Grantees were generally positive about their interactions with the Global Health Research Initiative throughout the life of the project. Overall, Teasdale-Corti staff was readily available and provided support to project researchers. As one grant recipient said, “It is not usual for researcher teams to communicate so honestly and openly with their research officers and funder.”

### How can future versions of Teasdale-Corti be improved?

Important feedback was received from key stakeholders that can be utilized to improve Teasdale-Corti. Key areas of feedback are discussed in Chapter 9. Below is a brief, select summary of learnings from the evaluation of Teasdale-Corti.

- **Greater upfront clarity of the timeline of impact is required for knowledge initiatives to impact health outcomes:** In most cases, the
timeline of projects were too short to impact health outcomes. From both accountability and learning perspectives, there is much value in being clear at the outset of a program about what can be realistically achieved in terms of health outcomes in 5-6 years.

- **Greater upfront thinking about sustainability and models of sustainability was needed:** Given the potential long timelines of impact for improving health outcomes and strengthening health systems, there would be considerable benefit in more explicitly discussing at the outset of implementation the mechanisms by which projects can plan for sustaining the early benefits of their grant. Such a discussion needs to include the roles of the various actors (knowledge users, Southern and Canadian researchers and funders). This discussion would need to start early in the process and be revisited throughout the projects’ life.

- **Greater clarity around who counts as a knowledge user:** There was lack of clarity on “who counts” as a knowledge user, and their expected role on the team (e.g. specific role and responsibilities of a researcher with a knowledge user title). Further there was limited reflection on the potentially changing roles of knowledge users over the course of the project. There might be value in a more formalized position for the knowledge user that clarifies the role they will play in the project over time. One uniform definition of knowledge users might be hard given the heterogeneity of the Teasdale-Corti projects, but there is still a need for focused mechanisms (e.g. funding mechanisms) to more explicitly engage the knowledge user.

- **Focused monitoring on knowledge-user engagement:** An important role for future monitoring and evaluation systems of Teasdale-Corti will be to create metrics that can longitudinally explore if the different knowledge users are actually playing the role that was described in the proposal and perhaps more importantly throw light on any new emergent roles.

- **Greater clarity on what equity in partnerships means:** The lack of clarity on what makes a relationship equitable and how to distinguish between equitable and inequitable situations made ensuring and promoting equity among team members a challenge. Team members often had different understandings of what an equitable relationship means (e.g. an equal balance of work, or partners contributing in different levels and ways based on their capabilities). More clarity on what an equitable partnership looks like could help, but, given the difficulty of “measuring” this, the role of program officers seems critically important given their ongoing and direct interaction with grant recipients. This is particularly true as there was evidence that equity in the relationships is not static.
over time (nor are issues of equity limited to interactions between North and South team members).

- **Boundaries and contexts of the Teasdale-Corti model:** There were a number of instances where grant recipients discussed the trade-offs (knowledge generation, knowledge translation and capacity building) of trying to do the three components of the program simultaneously. *This raises the question of whether this model is appropriate for all types of global health problems, in multiple contexts, and for all research projects.* If it is not, then there are implications for the selection process so that *projects that won’t benefit from this model are not selected.* Regarding grant management and in assessing progress of the grants, the degree to which the different components should be present and active at one time needs to be thought though. Teams placed different emphases on the three components of the program at different times. Knowing when and to what degree that is appropriate, and when it is “dropping the ball” is critical. This indicates the importance of a monitoring and evaluation system that appropriately measures such a dynamic process and, again, the role of the program officer who understands such dynamic complexity.

- **Limited focus on health equity in the final reports:** *Although there was significant emphasis on health equity at the proposal stage, there was little mention of health equity the final reports.* To ultimately impact health equity, it’s important that the concept of equity is constantly revisited throughout different aspects of the project, including research, capacity building and knowledge translation activities. For example, research activities need to pay attention to the ability of the project to focus on the hardest-to-reach people and capacity building activities must assess if they are building the capacity of those who need it the most. We found very limited evidence of a focus on equity in the final reports.

- **Greater clarify on amount and types of support grantees need to implement Teasdale-Corti projects:** Given the complex nature of Teasdale-Corti and the heterogeneity of goals for each project, there needs to be explicit reflection by grant recipients and funders regarding the level and types of support that are needed to properly implement individual projects. *Also, there needed to be more upfront discussion from the funders on the types of support they plan to provide grantees.* This could include an explicit discussion of the constraints on the funder’s capacities to provide support.
• Focus on the end-user and not just the knowledge user: There needs to be a greater focus on end users (e.g. individuals whose health will benefit from the research) throughout the project. Although under some circumstances they may fall into the category of “knowledge users”, it is worth distinguishing these groups as there are significant differences between those who are decision makers/health practitioners and those who the program hopes to impact. Although there is the well known risk of tokenistic involvement of end users, it is still worth acknowledging that their meaningful engagement would likely require different pathways. For some projects, it was a surprise that end users were mentioned in the proposal when describing the purpose of the project but weren’t referenced or discussed in the final report.

• Greater focus on the benefits of the North-South relationships: As opposed to simply discussing the nature of their interactions with one another during the program, it may be as important to be explicit about what team members value about the partnership at the multiple stages of the project and thus what they hope to gain in the collaboration. There is a need for more concrete plans for collaboration at the proposal stage itself, where both North and South partners are explicit about what they hope to gain from one another and there is evidence they have reached a consensus on how they hope to go about achieving their varied interests.

• Greater clarity on what progress and accountability means given the complexity of Teasdale-Corti: The Teasdale-Corti program commissioned projects that were variable in scope, objectives and timelines of impacts. Teasdale-Corti could benefit from a more explicit monitoring and evaluation system that responds to this complexity and respects the heterogeneity of the Teasdale-Corti programming. It is important that projects that follow a more ‘unconventional’ approach are not handicapped by more traditional metrics of research accounting.

• Incentives within the system of metrics to encourage collaboration and co-creation: While Teasdale-Corti stressed collaboration and partnerships, the metrics of progress did not directly award collaboration. There is a need for metrics that more explicitly provided incentives for collaboration and buy-in from key stakeholders. As example, there were no requirements to show political will in the country/countries where the program would be implemented when this is an important element for system change.
How can the future proposals for Global Health Research Initiatives be strengthened?

Based on analysis conducted, future Global Health Research Initiative proposals can be strengthened as follows:

1. **Deeper Reflection on Potential Barriers:** Ask applicants to more explicitly reflect on potential barriers of their research plan including barriers to the research program proposed, capacity building activities and research uptake and use, and the challenges of building synergies between the multiple activities. This includes identifying potential barriers and corresponding solutions as well as being explicit about challenges to identify and address challenges as they arise. Greater upfront clarity on the challenges of research use and uptake can help with the longer term uptake of research.

2. **Greater Understanding of Diversity of Knowledge Users:** Ask applicants to reflect on the heterogeneity of their targeted knowledge users and discuss the implications on this with respect to using different engagement and knowledge translation strategies for different people. The theory of change of global health research initiatives should more explicitly identify the varied roles that different knowledge users play in both the implementation and uptake. We think that most projects can be strengthened by more explicit theories of change and a discussion of the multiple knowledge users in the implementation of the theory of change right at the proposal stage itself.

3. **Link Equity Considerations Explicitly to the Theory of Change:** A more explicit emphasis on the principles of equity, gender equality and ethics is needed in order for each grantee to sufficiently reflect on how these concepts affect and influence their project. It is important to make grantees aware and to encourage grantees to be explicit about methods to address potential barriers to addressing equity. The theory of change of a project needs to be explicit right at the proposal stage itself on the mechanisms by which the project plans to impact inequities and the conditions and contingencies under which the project can successfully impact inequities. Additionally proposals might need to identify mechanisms for projects to reflect on equity considerations throughout the research process including implementing knowledge translation methods to specifically target those who need it most.

4. **Greater Focus on Sustainability:** Ask grantees to discuss potential mechanisms to address issues around sustainability including pathways to ensure that
essential projects parts can be sustained after funding and evidence that sustainability will be explicitly considered during the research process. This should include a focus on how sustainability will be considered at all stages of the research process so sustainability is not only considered near the completion of the program.

5. **Deeper Reflection on Relationship Building**: There was no explicit mention of relationship-building activities in the merit review for the proposal, although the relationship appears critical to the co-implementation of the program as well as the meaningful participation of all partners. There needs to be a focus on relationship building past the co-creation of a proposal; thus the proposal should require a specific section that discusses mechanisms to maintain and build equitable relationships over time as well as specific activities that will done so that relationship building is not seen as an activity outside the program.

6. **Greater Consideration of the Complexity of monitoring and evaluation systems needed**: There is a need for some reflection right at the proposal stage itself on the complexities of monitoring and evaluating these large-scale multi-disciplinary programs in ways that respects their innovative structures and focus on a different type of researcher-research user relationship and also recognizes some of the emergent, ‘developmental’ nature of some of the projects. There needs to be critical reflection on what success would look like for each program and how they could be measured throughout the project (which should include successful relationship building activities). The Teasdale-Corti RFP discusses having cross-cutting measures to monitor the process and outcomes, but it is unclear if this is appropriate given the diversity of programs with respect to objectives and timelines of impact.

7. **Deeper Reflection on Timelines of Impact**: Programs need to think critically about realistic timelines of impact at the design stage based on multiple sources of information. The timeline of impact by which knowledge-based programs can impact health outcomes can be long and grantees might need more explicit structures to reflect on anticipated timelines of impact right at the proposal stage.
REFERENCES


