

PI External Reviews: Summary of Report
Governance Equity and Health (GEH)

Report to IDRC Board of Governors
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Reviewers:

Norberto Dachs

Sarah Macfarlane

Sally Stansfield

Prepared with The Evaluation Unit, IDRC

PI Aims

The Governance, Equity and Health Program Initiative aims to contribute to a shift in thinking and practice among key actors so that political and governance challenges, equity concerns, and technical health and health policy questions are increasingly considered as integrally related. It supports research to fulfill three objectives:

1. **Strengthening Health Systems:** to support applied research that will both strengthen and monitor the capacity of governments to ensure equitable financing and delivery of priority public health and health care services, especially to marginalized and underserved populations.
2. **Promoting Civic Engagement:** to support informed and effective citizen demand and participation throughout the policy-to-practice process.
3. **Making Research Matter:** to increase the effectiveness of research-to-policy linkages in promoting the dual goals of health and social equity

Review Methodology

We based the review on GEH Project Portfolios for the four years: 2001/02, 2002/03, 2003/04, and 2004/05. Of the 82 grants reviewed 46 were for research projects and 36 for research support projects. The documents that formed the basis of the review included GEH Project Portfolios and work plans, Project Appraisal Documents (PADs), project proposals progress reports, and project outputs such as publications, videos, radio transcripts, training materials, conference presentations and reports.

We developed a structured framework for our interviews but the questions we asked were often quite informal. We triangulated what we heard and observed with facts about GEH style of funding, for example through analysis of the allocation of funds: amount of GEH funds granted by region, by type of grant, by country; average length of grants and average amount granted per research project by region, and average amount granted by grant year; matching funds by region and year. We interviewed representatives of 21 projects during the GEH partner meeting in Saly-Portudal in April 2005 and during site visits to projects in Brazil, Colombia, Tanzania, and South Africa.

Review Findings

Strengths and weaknesses of the program's thematic approach and strategies in relation to the current state of the field Governance, Equity and Health fills a unique gap and claims a novel space for IDRC's leadership in research to strengthen health systems. Over the past decade, several multilateral and bilateral institutions, as well as private foundations, have begun investing in health equity related research but much of

the work has focussed on measurement and less on implementation. GEH adds the dimension of governance, hitherto not considered in health research circles.

Research projects supported by GEH address research to policy issues of local relevance and of international interest. But GEH's thematic approach is broad and its prospectus lacks a conceptual framework against which to understand clearly why one project might be funded and another not. As an emerging PI, it was essential that there be room to evolve ideas, but our review of grants made during 2004/2005 did not reveal any greater clarity of focus than in the prospectus itself.

GEH allocated CAD 12,491,318 between 2001/2002 and 2004/2005. During the first three years (2002/2005) of its prospectus GEH allocations were CAD 10,709,323 compared to the 10 million CAD planned in the prospectus. Allocations grew, in line with but higher than those planned in the prospectus, from CAD 2,543,615 in 2002/2003 to CAD 4,812,190 in 2004/2005. When funds from other PIs are included, the expenditure by IDRC on GEH projects totalled CAD 11,496,638 during the three-year prospectus period. GEH spends 75% of its budget on research projects in Sub-Saharan Africa (SSA) and 18% in Latin America and the Caribbean (LAC). In SSA, a particular concentration of support has been in South Africa (45%), and in LAC, to institutions in richer countries.

GEH leveraged CAD 4,799,555 in matching funds during the prospectus period, almost 1 million CAD higher than the CAD 3,883,000 anticipated in the prospectus. The average amount awarded per research project grant by GEH is near the IDRC average, but in SSA the average length of grants decreased from 2.8 years in 2001/2002 to 1.63 years in 2004/2005. There was evidence that grantees had been requested to reduce budgets to accommodate GEH available budget.

GEH has experimented with a number of funding mechanisms, for example, using calls for proposals, competitive grants, support for networks, and strategic programming. GEH has been successful in forming strategic global and regional partnerships. GEH has been able to make major contributions through these partnerships, bringing the comparative advantages of IDRC in global health and in management of research in developing countries. IDRC has also derived benefits from these partnerships, including growing Canadian commitments mobilized for global health research.

Extent to which the program is meeting its objectives and aims, as set out in its prospectus, and any evolution in objectives. GEH has achieved most of the activities that it highlighted in its prospectus, for example by creating: a regional fund in East and Southern Africa for competitive proposals; creating Research Matters (RM) and housing the secretariat; implementing the Canadian International Development Agency (CIDA) funded competitive program for Operational Research Grants of the Canadian International Immunization Initiative through the Global health research Initiative (GHRI) partnership; building on the Tanzanian Essential Health Interventions Project (TEHIP); continuing long term support for the Municipal Services Project (MSP); continuing to provide core support for the Equinet; supporting the next stage in the

development of the African Health Research Forum; developing LAC programming in collaboration with United Nations Development Programme (UNDP); and continuing to work with Pan American Health Organization (PAHO).

The GEH Prospectus does not articulate sufficiently specific objectives, outputs and outcomes whose achievement can be readily evaluated. The description of expected outputs does not invite evaluation: 1) “a systemised body of research and tools”; 2) “strengthened capacity”, 3) “a record of experience with approaches and mechanisms”, and 4) “established research networks”.

Support for research projects has been justified on the basis of different combinations of GEH objectives, entry points and axes. There are six specific objectives, two axes: “politics and processes” and “access and its effects on health and social equity”, and four entry points: “policy and political systems analysis”, “health systems”, “priority conditions”, and “civic engagement”. Appropriately all projects relate to health system strengthening but with less focus on civic engagement. In principle all projects have some relevance to “making research matter” but some of them are funded specifically because a component complements other objectives by fulfilling this objective. Equity is a common thread although not always highlighted in the PADs. There appears to be a strong “governance” component in most projects but we had difficulty interpreting the many dimensions of “governance”. Without further clarification, the term “governance” is too wide a filter against which to decide whether or not to fund a project. There was considerable variety in the use of terminology in the PADs, which could be tightened when the objectives, outputs and outcomes have been further clarified.

GEH is committed to evaluation. GEH has adhered to and promoted the use of outcome mapping to evaluate the GEH PI and IDRC-funded research projects. GEH has also followed through on the findings of an internal progress review in March 2004.

GEH has generated considerable volume and variety of outputs, including papers, reports, pamphlets, presentations, workshops, conferences, websites, videos, radio programmes, and CDs. Some papers have been published in major peer-reviewed journals including the British Medical Journal, International Journal of Occupational and Environmental Health, and Social Science and Medicine. The quality of the research being supported in LAC is of high quality, for example the projects in Colombia and São Paulo and in South Africa, the MSP, the work of Community Information and Epidemiological Technologies (CIET), and the Practical Approach to Lung Health in South Africa (PALSA) projects are also of high quality.

The methodological approaches used by GEH projects are varied and rather broad. Insufficient attention has been given to methodologies to define, and measure indicators of governance, and equity over time and between projects. We could not find much evidence of the integration of gender analysis into the research projects.

Research Matters has been extremely active in its short lifetime, and has produced some significant products - balancing tool development with capacity building has started to

build a GEH community of practice. RM's focus on "strengthening health systems through Anti-retroviral treatment (ART)" has made a strong contribution to GEH programming, clearly fulfilling GEH's third objective to "make research matter". Its second focus on "financing for health and social equity" is less developed.

The promotion of the early results of the Free State project and the preparation and presentation of papers for the joint CIDA, Department for International Development (DFID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), and Swiss Agency for Development and Cooperation (SDC) representation on the Board of the Global Fund to fight AIDS, TB and Malaria both demonstrated RM's strategic intention to bring research results to the attention of research users. But a dedicated evaluation of the RM project would be required to assess whether these activities have had or are likely to have demonstrable impact.

RM has ambitious objectives and few clear milestones. Its small team has been stretched to cover both GEH regions. The project is implemented by the IDRC/SDC team and supervised by the GEH team leader. GEH partners serve as voluntary advisors and an Advisory Board has not been set up. The distinction between being a project and being part of GEH is thin. More inclusive ownership of RM with broader partnerships would open possibilities for contributions from other donors and wider potential for innovative approaches. The project requires dedicated senior leadership.

Composition and functioning of the program team as it relates to its ability to meet its objectives over the course of this prospectus. The GEH team is dedicated, visionary, and innovative, with outstanding leadership. Each of the Senior Program Specialists is recognized in her/his own right, entirely committed, innovative and open to new ideas. They bring to the table an impressive and appropriate array of disciplines, skills, talents and experience. The research and support staff has demonstrated to us first hand their efficiency, productivity, enthusiasm and dedication to the GEH team. The overall team spirit is exceptional with very positive feedback from grantees.

The GEH programming team is stretched to accomplish the work set out in its prospectus. Although there are currently 5 Senior Program Specialists, they are only equivalent to 3.1 FTE. This is a very small group to manage the wide variety of activities and responsibilities undertaken by GEH. It is a credit to the team that they are able to achieve so much. The forthcoming appointment of an additional Senior Program Specialist to be based in Ottawa but also to work in LAC is timely, and that person's skills as an economist will maintain an appropriate skill balance.

The downside of the enthusiasm and dedication is that staff members are needlessly stretched. If program activities were more focussed and hard decisions made about what to do and what not to do, then workload might be reduced or easier to handle. There is a call for more disciplined team management and for clearer definitions of responsibilities. An example of delegated responsibilities is that, although there is team agreement about direction, programming in LAC seems to operate fairly independently and successfully.

Global programming, and building Canadian partnerships has taken considerable GEH officer time. GEH implementation of the Operational Research Grants of the Canadian International Immunization Initiative, has increased the workload for both administrative and programme officers in managing the program and administering and supervising six additional multi-year grants. The proposed collaboration with CIDA in Nigeria demands additional officer time and would widen geographic and programmatic focus. Although RM is project-based, the project itself makes heavy demands on administrative time and depends on Christina Zarowsky's time for its leadership.

Issues for Consideration

The following issues for consideration are grouped under the headings;

- Significance of the PI
- Conceptual Framework
- Geographical Focus
- Research Matters
- Management of the PI

While grouped under these headings within this summary, each of the issues for consideration follows the numbering used within the main external review document.

Significance of the PI

Issue 1: IDRC investment in Governance, Equity, and Health is worth sustaining. The PI has supported research and raised consciousness about GEH issues among policy makers and researchers in developing countries, donors, and Canadian institutions. The number of actors in this area is still small and IDRC, through GEH's lead, is achieving high visibility, and having an important impact on the type of health research is conducted.

Conceptual framework

Issue 2: It would be advisable for GEH to conduct a systematic review of the lessons learned from its projects and to support some in-depth social and political science reviews around the theme. The next prospectus could benefit from the results of this work, and a gap-analysis, defining priorities for driving progress in the field.

Issue 3: At this stage in the evolution of GEH, there is a need and opportunity to clarify and tighten the conceptual framework for the PI. Articulation of measurable objectives and selection of success metrics that can be tracked across geographies will stimulate research, accelerate global learning, and enhance progress toward the goals and objectives. It is recommended that the extension into non-health social sectors be deferred until this enhanced clarity is achieved.

Issue 5: Based on the analysis of priorities recommended above (Issue 2), IDRC will be able to target the allocation of GEH limited resources to achieve higher impact. GEH should consider a linked analytic exercise to assess experience to date with different funding modalities, and identify the highest priority opportunities to solve. GEH will then

be enabled to choose funding modalities (such as umbrella contractors or RFPs) that would better create a critical mass of knowledge designed to achieve constructive change.

Issue 7: Develop a one page tabular presentation (similar to a log frame) of the strategic framework, objectives, outputs and outcomes. This would enable greater program efficiency as well as more effective evaluation.

Issue 8: The linkages between GEH investments and expected outputs, outcomes and impacts need to be strengthened. Grantees should be required to measure change in governance and equity in access to health care and health status resulting from project interventions. Grantees should also be provided with methodological guidance to enable them to measure changes over time and across projects. An effort to plan and track outputs and outcomes should be made and all IDRC support be acknowledged.

Issue 6: Avoid compromising GEH objectives when leveraging external funding. GEH has been successful in mobilizing additional sources of funding for its programs but should avoid becoming a “grantee”. GEH needs to be strategic in using co-funding to focus other donors on GEH issues. There is a danger, for example, that collaboration with CIDA over the Nigeria project will distract GEH limited human resources from more targeted programming.

Geographic focus

Issue 4: While maintaining its focus on SSA and LAC, GEH might consider extending its programming to new institutions and countries in both regions, and building on IDRC’s strategic advantage in French-speaking West Africa. While the focus on South Africa has yielded impressive results, programming in both SSA and LAC could be extended to countries and institutions that are less affluent.

Research Matters

Issue 9: Consider innovative options for realizing RM goals including, for example:

- Engaging policy suggesters and policy makers in identifying research questions for which the research findings would be immediately actionable;
- Providing a source of funding for competitive grants to policy makers to use local research expertise for assessment of the local landscape and formulation and testing of new policies to improve governance, equity and health;
- Creating a source of funding for research targeted to solve problems for which funding is available for implementation of interventions (e.g., through collaboration with CIDA, SDC, the Global Fund, and/or the World Bank);
- Seeking proposals from countries to identify and test the effectiveness of other strategies to transform research results to actions; and,
- Providing support for formation of alliances between researchers and advocacy groups that need and/or can use research findings.

Issue 10: GEH and SDC should consider providing a joint grant to an external institution for the Research Matters project, and establishing an advisory group of donors, policy makers and researchers whose common interest is to increase the relevance of research and synthesise and disseminate research findings. This would widen the pool of projects that would both inform and benefit from RM. There might be more possibility of catalysing additional donor funds if RM were less closely aligned to GEH.

Management of the PI

Issue 11: Consider recruiting additional administrative support to ease administrative burden and to free up the Research Officer's time for research to support GEH synthesis work, and to conduct exploratory research for the development of the conceptual framework and preparation of the next prospectus.

Issue 12: Rationalize the responsibilities of Senior Program Specialists. Strengthen the implementation of GEH by ensuring that three Ottawa-based officers work 100% on the GEH PI (this calculation includes the economist about to be appointed), and agree upon clear geographic responsibilities. Implementation of Issues 2 and 7 could also free some officer time for synthesis and ongoing program development. We suggest that responsibility for SSA be given to two officers, one for West Africa and the other for Eastern and Southern Africa. We do not recommend more global expansion of programming activities outside SSA and LAC, for example to Asia, until the current human resource constraints are eased.

We suggest that there be some rationalization of global projects undertaken. Although it is natural that officers based in Ottawa should handle some Canadian projects, relationships with CIDA, for example, could benefit from greater field presence. We also suggest that all Senior Program Specialists start to represent GEH globally in some way, so that all are equally recognized at the international level.