

Findings Brief

External Review of the Ecosystem Approaches to Human Health Program

This findings brief is based on the report “External Review of the IDRC Ecohealth Program Initiative,” by Jacobo Finkelman, Nancy MacPherson, Ellen Silbergeld, and Jakob Zinsstag, November 2008. The full report is available from IDRC’s Evaluation Unit.

The objectives of the external review of the Ecosystem Approaches to Human Health program (Ecohealth) were to assess the extent to which the program is meeting its objectives, assess its risk identification process and mitigation strategies, and evaluate the results of the program.

Ecohealth approved 86 projects, totaling \$30.1 million, from the beginning of this prospectus period (April 1, 2005) until the end of the data collection period for the external review (August 31, 2008).

1. Program Aims

The 2005-2010 prospectus of the Ecohealth program lays out the following objectives:

1. Improved understanding of social, political, economic, and ecological interactions and development of knowledge based interventions for improved health and well-being outcomes, through participatory research, led by Ecohealth partners jointly with the local and policy communities, on selected thematic entry points.
2. More informed policy making and improved policy implementation on issue areas related to health and the environment, fostered through the knowledge generated by research projects, multi-stakeholder processes used, and more broadly, the global and regional communities of practice (networks) Ecohealth supports.
3. A growing body of researchers (including young researchers) capable of designing and carrying out Ecohealth research that is transdisciplinary and participatory, engages multiple stakeholders and addresses gender and social equity analysis.

2. Methodology

Using a mixed methods approach and purposeful sampling, the review team reviewed the Ecohealth portfolio and interviewed a range of key stakeholder groups including IDRC senior management (Vice Presidents, Directors), Program Initiative staff and leader, project research teams and partners. Clusters of projects that aimed to influence policy and scale up ecohealth research project results were visited in Asia, Africa and Latin America.

3. Findings

The review team notes that the Ecohealth Program Initiative (PI) has enriched IDRC through the development of the ecohealth concept and its emphasis on the holism of environment and health.

The strength of the Ecohealth PI and the resilience of this concept over the years are evident in the growth of ecohealth as an academic discipline, the existence of an academic journal in the field, successful international meetings, the formation of networks of ecohealth practice, and the adoption of the ecohealth perspective by other agencies and funders. The expertise and commitment of the current and former Ecohealth PI Teams to the concept, projects and stakeholders has undoubtedly played an invaluable role in the success and growth of the concept.

Overall, the review team found much good work taking place and concludes overall that the Ecohealth PI continues to be a well founded and important program for IDRC and for the ecohealth and development community at large.

While generally moving in the right direction, the pace of progress for the age of the PI appears to be slower than envisaged in the prospectus. Further, the challenges of consolidation and responding to corporate imperatives for scaling up and large new partnerships require strengthened systems, skills and capacities if the PI is to go to its next level of development.

At the corporate level the review team concludes that greater efforts are needed to put in place a robust corporate planning and monitoring system to support Ecohealth in 1) purposefully planning for and delivering the corporate results expected, and 2) actively monitoring the progress of the PI towards corporate objectives, and 3) assisting the PI in identifying and managing risk.

3.1 The concept of ecohealth

All stakeholders groups considered the ecohealth concept to be relevant to their needs and objectives. However, to remain relevant and continue to advance the field and reputation of IDRC, stakeholders indicated that the concept should be updated as a matter of priority.

Moreover, there were conceptual and operational differences in the understanding and application of the foundational elements of the concept (transdisciplinarity, gender equity and the participation of researchers, policy makers and civil society) across stakeholder groups and regions. In particular, the linkage of health outcomes to policy influence and to environmental, social and economic determinants was not clear and requires more solid research design.

3.2 Role, niche and value-added of IDRC in ecohealth

IDRC's role and niche in ecohealth is well recognized and appreciated by almost all stakeholders; strong support was expressed for IDRC's continued role in advancing the field. Stakeholders see IDRC's value added in the field of ecohealth as: trust in the nature of their partnership; support for community-based participatory research and multidisciplinary action research; an emphasis on the holistic nature of people and ecosystems; the importance of responding to locally identified problems; its commitment to influence policy and behaviour; its attention to gender and social aspects; and its adherence to continual growth and renewal. Some stakeholders perceive a shift in IDRC's role, focus and investments in ecohealth and caution that IDRC may lose its niche if it moves too far from the concept of health to disease.

3.3 Achievement of results

Project level

Many positive examples were found where the PI and program officers have succeeded in establishing and nurturing multidisciplinary teams, expanding the application of ecohealth concepts, and engaging community leaders in work that has led to inspiring results.

Overall however the delivery of results at the project level is mixed and highly variable. The main performance issues affecting the delivery of results appear to be:

- Lack of clear theories of change and measurable outcomes in the design of projects, especially related to achieving core objectives of health promotion, capacity building, and policy influence;
- Weak engagement of policy actors (and in some cases the full range of multidisciplinary actors) in the design and implementation of work;
- Uneven scientific quality of outputs and lack of a peer review strategy; and
- Weak strategies for effectively capturing, analyzing, communicating and disseminating research and policy results.

In some cases, projects run the risk of achieving development objectives at the expense of scientific objectives and quality of research outputs.

The review team did not find a consistent strategy to gender across the projects visited.

Portfolio level

The portfolio analysis shows a slow movement towards consolidation of projects, larger projects and co-funding with larger partners. Overall trends in investments indicate a decline in investments in the areas of mining and agricultural / rural development and urban development and an increase in support for the surveillance, prevention and control of emerging diseases, in particular vector borne diseases. New program areas of major global importance such as climate change and emerging infectious disease appear to have been incorporated effectively without losing the distinctive focus of Ecohealth.

Program level

Although committed in the prospectus, there is not yet adequate analysis and synthesis of results and lessons across the PI to inform future strategic direction of Ecohealth and for purposes of global learning, communication among partners and others stakeholders.

Systematic monitoring and oversight of project performance across the portfolio by the PI is not adequate to provide sufficient early warning of risks to projects, or to track overall progress and learn across the portfolio. There is not an adequate data base of portfolio results and regular analysis at the portfolio level. The limited capacity of the PI team remains an issue. Increased capacity is needed in program monitoring, tracking systems and policy analysis.

3.4 Research capacity

The Ecohealth PI is well respected for its role in building research capacity in developing countries. The PI is contributing positively in many cases to building research capacity particularly **at the individual level**. Explicit strategies for building research capacity **at the institutional and network levels** are less clear. Few monitoring processes were found that measured change in research capacity or health outcomes but much anecdotal information exists.

3.5 Policy influence

While positive individual examples of policy influence were found in Ecohealth projects, there has been no systematic strategy or analysis of policy influence and lessons learned during the period of the prospectus at project or program level. A recent note by the PI Team Leader reflecting on policy influence represents a good start at more systematic analysis and reflection.

Definitions by program officers and project research teams of what constitutes ‘policy’ spanned a wide range (perhaps too wide). More could be done to clarify the understanding, focus and definition of policy priorities in the context of Ecohealth’s research settings.

3.6 Influence on technology development

Influences of research on technology were noted, including the production, dissemination or adaptations of technologies in software developments, lab and clinical tests and ergonomic designs.

3.7 Communities of practice

The modality and objectives of the Communities of Practice in Ecohealth (COPEHs) are highly relevant and appropriate to the programmatic objectives of the PI and the corporate objectives of IDRC. All project and program stakeholders and some partners viewed COPEHs as a critical element in extending and scaling up Ecohealth projects and activities.

In some cases the COPEHs are partially achieving their overall objectives, particularly in relation to networking and exchanging information among research communities. However, most have not yet realized their potential in relation to influencing policy and in supporting scientific excellence. The composition of most COPEHs is too narrowly focused on research representatives with not enough engagement of policy and development actors.

3.8 Quality of scientific research outputs

While some good examples were found of scientific quality, the overall quality of scientific outputs is mixed and uneven across the Ecohealth PI. Projects of longer duration generally appear to have higher quality and quantity of outputs pointing to the need to carefully assess the time and support that is required to achieve high quality outputs. There are differing views among Ecohealth program officers on the nature and importance of peer review.

3.9 Influence on academic discourse

Influence on academic discourse is visible in West and Central Africa and in Latin America. Scaling up of academic influence depends upon improving the quality and quantity of Ecohealth research outputs and the visibility of the Ecohealth PI in international journals.

3.10 Impact and sustainability

While improved health status and environmental conditions are documented in a limited number of cases visited, it is not possible to assess the overall sustainability of outcomes and impacts at a program level because of the lack of systematic monitoring data and analysis of influence or impact at the project level. The challenges of achieving policy influence remain a major constraint to scaling up solutions through legal and political systems, and to the long term impact and sustainability of current efforts that rely heavily on the dedication of individual leaders and champions. Explicit exit strategies were not found in most projects visited by the review team.

3.11 Risk management

While field managers were able to provide examples of *ad hoc* responses to risk they were less aware of the Centre's expectations of them in terms of planning for, monitoring and managing risk. The review team encountered several projects where partnerships risks to reputation and occupational safety risks respectively were obvious upon visit to the site, but had not been addressed or mitigated.

4. Recommendations

Going forward into a new cycle of programming at the PI and Senior Management level the Review makes the following recommendations to strengthen the Ecohealth PI and take it to its next level of success:

4.1 Support the further development of the Ecohealth concept as discipline and practice.

Update the concept to integrate more recent frameworks. Ensure a deeper and common understanding of the concept and its application across regions and stakeholder groups. Support analytic studies of ecohealth theory and its developments at a programmatic level and with consortia of partners, and encourage assessment of the Ecohealth framework by all stakeholders. Support scaling up academic Ecohealth achievements by strengthening scientific standards for Ecohealth practice and improved visibility in the health literature.

4.2 Clarify the niche and role of IDRC in Ecohealth and ensure visibility.

If infectious disease is confirmed to play a major role in the PI strategy and portfolio for the future (as it appears it will), increase the PI technical and institutional capacities in this area. Consolidate the experiences on mining and agriculture. Publish and disseminate analyses on an evolved concept of ecohealth.

4.3 Strengthen the quality of research results and evidence base

Clarify the nature and focus of IDRC's research in ecohealth (whether basic, applied, translational) and the quality measures and outcomes that are expected. Support capacity building for improved research design, data analysis and publishing in international peer reviewed journals of results. Sample projects on a longitudinal basis (even after completion) to follow up on the extent of and the lifespan of influence of research results. Further develop the experiential database at the program level on lessons learned, techniques of value, and methods for policy influence, capacity building, partnerships and communities of practice.

4.4 Support program capacities to manage the consolidation and shifts in the PI.

Invest in knowledge management in order to systematically track progress and learning in project and program results, achievements, outcomes and to generate regular monitoring, learning and policy briefs for program and corporate management. Generate program level synthesis of projects results, cross-program learning, and global analysis products on ecohealth. Ensure the relevance to and use of IDRC risk management approaches with program officers and project research teams and partners.

4.5 Develop a more integrated strategy for achieving and scaling up capacity building at the individual, institutional and network levels.

Continue to support Communities of Practice with a more purposeful management approach focused on policy influence, while ensuring the composition of COPEHs include from the beginning the full range of stakeholders: researchers, policy makers, development practitioners, civil society.

4.6 More purposefully support policy influence as a key management skill and expectation.

Address capacity needs among program staff. Ensure policy actors are consistently involved in projects and COPEHs. Consider new (or increased) partnerships with specialized policy institutions at global and regional levels to provide policy backstopping in projects and in influencing development agendas and policy frameworks.

List of Acronyms

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| COPEH | Community of Practice on Ecohealth |
| Ecohealth | Ecosystems Approaches to Human Health |
| IDRC | International Development Research Centre |
| PI | Program Initiative |