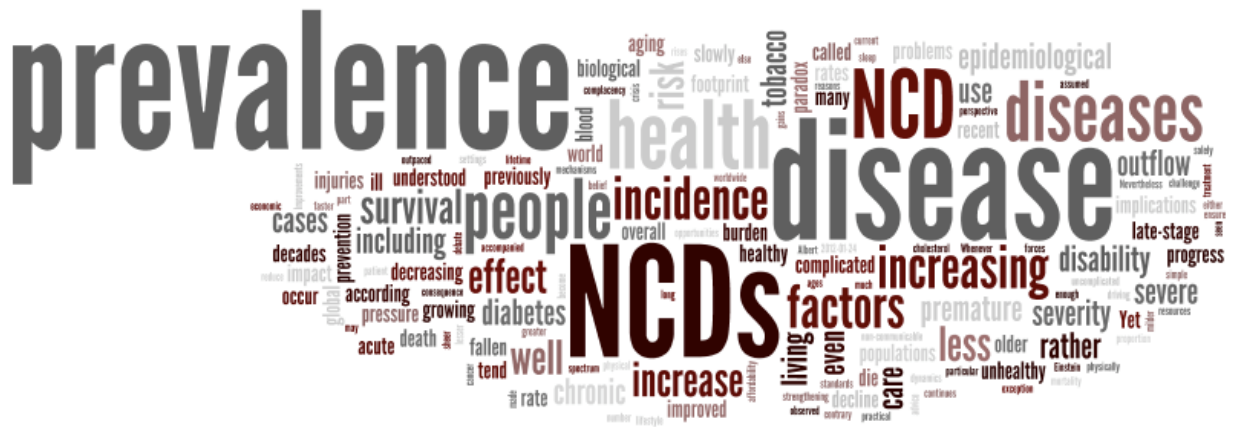


## Non Communicable Disease Prevention (NCDP) Program

**IDRC**



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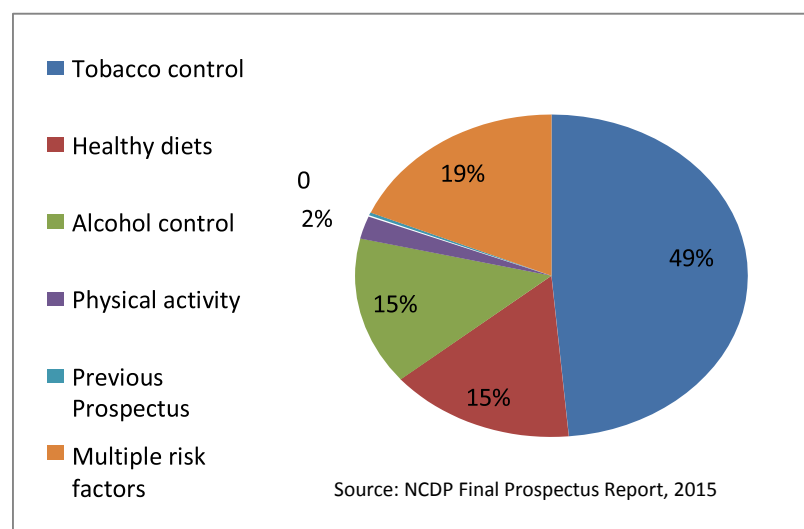
## INTRODUCTION

The IDRC Board of Governors approved the Non Communicable Disease Prevention (NCDP) program prospectus 2011-2016 in June 2011. NCDP was a new program replacing and enlarging the previous tobacco control focused RITC program (1994 to 2011). NCDP's portfolio included a total of 82 projects (research projects, research support projects, and awards projects) for a combined value of CA\$24 million. Of this total, CA\$21.7 million spread over 74 projects had been allocated between 2011 and 2014. In 2014 the program was merged with IDRC's Ecosystems and Human Health program. The External Review Panel has thus been able to effectively review 3.5 years of programming by NCDP under its original prospectus. Under the terms of reference (Annex H) provided by IDRC, the evaluators set out to address four questions: how well the Program prospectus was implemented, if the quality of research generated based on multiple dimensions was acceptable, if the program outcomes achieved were relevant and significant, and what issues should be further considered by IDRC's Board of Governors and senior management.

## METHODOLOGY

Three external evaluators<sup>1</sup> with complementary expertise (short biographies in Annex G) conducted the program evaluation. All members of the evaluation panel answered all four questions based on their expertise and using a sub-sample of projects. They then compared findings which allowed for strong triangulation and consistency of interpretations within the panel.

**Figure 1: Prospectus Thematic Areas Ratio (%)**



**Evaluation sample:** Seventy-four projects approved during this prospectus period were considered to be within the scope of the evaluation. All closed projects were initially included (emphasizing research projects (RP) over Research Support Projects (RSPs), along with an additional purposive selection of open projects to provide balance, taking into consideration maturity of the field, thematic focus, and type (RP/RSP) (Annex B). Physical

activity and HIV projects were excluded, since these topics did not reflect the projects funded during the Prospectus period. Geographic balance was not a consideration in sample selection as it was not a key criterion for Program funding. The Panel conducted an additional scan of projects to ensure that there would be sufficient outputs to answer question two on research quality. The final sample included 36 projects (44% of total) with the following distribution: 15 tobacco (42%), 8 alcohol (22%), 10 healthy diets (28%) and 3 NCD risk factors (8%) projects. The final sample had 29 RPs and 7 RSPs; 18 projects were open and 18 closed. All alcohol projects in the sample are still open. The final sample reflected the Program's budget allocation (Figure 1) in terms of proportion dedicated to each thematic

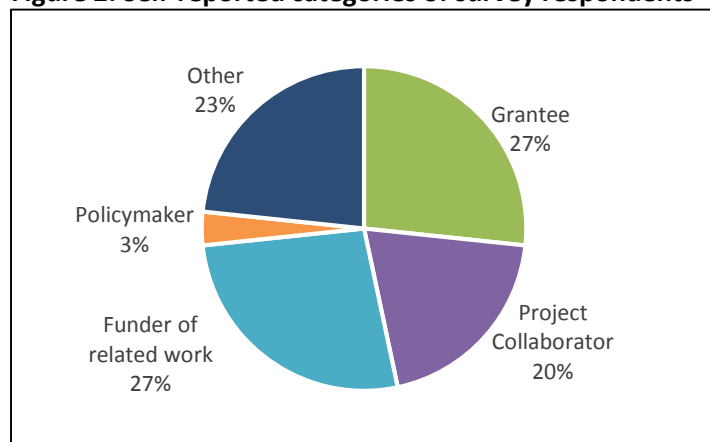
<sup>1</sup> Ably supported by Ahmed Rashid

area. The same sample was used to answer all questions in the evaluation.

### Data sources and analysis

The main data sources were Program and projects documentation, an on-line survey, key informant interviews and data from applying the *RQ+ Tool* to research outputs. For document review the panel conducted a desk review of project level documents (annex C), and program-level documentation such as program outputs (including media coverage), prospectus and final prospectus report, and staff trip reports. Document review was complemented by an on-line survey sent to 51 individual stakeholders, with the goal of reaching beyond IDRC's 'sphere of control.' Survey recipients included project collaborators, grantees, funders of related work, officers at global public and private institutions, and policymakers. The survey instrument contained mostly closed questions with opportunities for extended comment. Thirty responses (58% response rate) were received. The self-reported categories of respondents are shown in Figure 2 (See Annex F for a summary of responses).

**Figure 2: Self-reported categories of survey respondents**



Key informant interviews were conducted by all three evaluators via telephone and Skype to gain in-depth understanding of issues that emerged from document review. Interviewees included NCDP team (current and past), key partners and stakeholders. In addition, two evaluators took the opportunity of their already planned attendance at the 16<sup>th</sup> World Conference on Tobacco OR Health, in Abu Dhabi, March 2015, to meet with some key informants (other funders, grantees) and NCDP program staff.

To answer question 2 the evaluators used IDRC's Research Quality Plus tool. The evaluators defined relevant research outputs as publications aimed at a scientific audience or providing scientific evidence for use, e.g. policy briefs. This primarily included journal articles and technical reports. Seventy-five research outputs were reviewed representing the majority of research products from the sample (See Annexes D and E). Although the *RQ+ Tool* was used primarily to assess research quality of outputs in the sample, the analysis informed and contributed to answering questions of relevance and significance of program outcomes.

### Methodological limitations

Because the Program was still in its adolescence during this evaluation, there were a number of projects with few outputs and measurable impacts. Input was sought and received about the Program's influence on policy decision-making from those involved in the policy process but not policymakers (i.e. legislators) themselves.

## Q1 FINDINGS: PROSPECTUS IMPLEMENTATION

### Key findings:

- Overall, NCDP performed very well in an environment that presented multiple challenges and was disrupted by internal reorganization. Fund allocation was coherent and consistent with the Prospectus.
- Lessons from the previous Tobacco Control program were well integrated and contributed to a mostly smooth and efficient transitioning to NCDP.
- Choices were made to strengthen NCDP's position by narrowing the Program's focus. Rationale for these choices was coherent, efficient and appropriate even if stronger in some areas than others.
- Efforts have been made to develop partnerships internally and externally; these need further strengthening and institutional support.

The external evaluation team was asked to assess how the Program performed in implementing its prospectus and to validate the coherence, appropriateness of its decisions, and effectiveness in adopting and/or evolving its strategies. To assess the evolution and implementation coherence, the evaluators reviewed the Prospectus itself and examined the stated goals, outcomes, and programming strategy against the Final Prospectus Report written by the Program. The evaluators also used existing literature related to the global discourse on NCDs, evolution of the WHO Framework Convention on Tobacco Control (FCTC) and the WHO Global Action Plan for NCDs, and their combined expertise in NCD risk factor control. Information gathered from the on-line survey, interviews and informal discussions with the NCDP team past and present was also used.

**Program design:** The NCDP Program developed its Prospectus while global negotiations on NCD were taking place prior to the first United Nations General Assembly (UNGA) High-Level-Meeting on NCD (held in September 2011), which defined the frame and targets for the next 25 years. The Program was simultaneously charged with building a reputation in a new field, issuing calls and funding relevant research, influencing an emerging policy agenda, consolidating experience and lessons from RITC, and building partnerships and attempting to rally others funders to the vision of supporting international NCD risk factor research.

The situation in which Program found itself presented multiple challenges: designing a new program for an emerging global field; trying to achieve multiple and different level goals; ascertaining and mobilizing capacity for research in low and middle income countries (LMICs), and maintaining its original commitment to tobacco control. The Program faced research challenges because there was not a large known group of capable researchers on some of the thematic areas in most regions of the world, data challenges because there is a scarcity of surveillance data and other quantitative data that would allow more rigorous research design, and political challenges because the projects were building a knowledge base that could challenge strong commercial interests.

Given this context, the NCDP program designed its Prospectus with vision and allowing for adaptation of their strategies to the outcomes of the UN Summit and needs of the field. Overall, the design of the Prospectus was based on a solid understanding of gaps in the NCD field. The Program team judiciously used the experience from RITC; engaged in a thoughtful reflection to define a new program flexible enough to be adapted to changes in the field; set ambitious goals in a new context, and showed good and relevant identification and anticipation of risks.

**Program evolution and implementation:** In assessing the evolution and implementation of the

Program, several significant enabling and disrupting conditions are apparent. Enabling conditions include the experience, lessons and network from the original tobacco control (RITC) program, and the impetus of the UN High Level Meeting to propel the NCD agenda forward. Disruptors included the need to transition from RITC to NCDP, entailing some change of identity and program restructuring, which was a concern to some external audiences, and loss of two senior staff. Significant movements of funds from and to the Program budget created both costs and opportunities, but also required management attention. Specifically, mandated financial contributions to other Centre priorities (such as Ebola), allocating funds to increase donor partnerships, earmarking parallel funding through the Canadian Institutes for Health Research to the Global Alliance for Chronic Disease's (GACD) call focused on diabetes (which did not generate projects fitting with the NCDP prospectus) -- all affected funds available for programming in the 2nd and 4th year of implementation of the Prospectus.

**Coherence:** While the NCDP prospectus was aligned with the priorities of the UN Global Action Plan focusing on best-buys to modify the four major NCD risk factors, three important changes during implementation affected, both negatively and positively, the coherence of programming:

**1. Changes in entry points:** The Program indicated an intention to use the same entry points used under the RITC to explore other NCD risk factors. Those entry points were: fiscal policies, production and supply issues, and commercial influence and marketing. Focusing on solutions to NCDs, the NCDP drafted and launched calls (closed and open) on tobacco, healthy diets and alcohol. In the process, the program shifted these entry points into cross cutting issues. The program rationale was that placing commercial influence as a cross cutting issue would ensure that it would be taken into account in all policy/intervention analyses for all risk factors. Further, positioning the program as looking for solutions would mitigate the risk of being perceived as working exclusively to challenge strong industry interests across all risk factors. This rationale is consistent with the Prospectus, however, the sample evaluated does not include a large portfolio related to commercial influence and marketing; therefore, the strategy might not have been successful, although in tobacco control, tobacco industry opposition is mentioned by several projects. Commercial influence is a major obstacle to adoption and implementation of policies in tobacco control as well as alcohol and healthy diets and should be maintained as an emphasis.

**2. Changes in outcomes formulation and inclusion of indicators:** The Program changed one of its outcomes from "capacity to conduct and use research" to "capacity to conduct high quality research" and "capacity to engage with policy-makers". While the Program did not envisage this as a major change but more as a refinement of their indicators, this choice appears to have focused Program's efforts and attention on making the grant portfolio more relevant, notably on expected policy influence outcomes. This was a sound approach that made a very good link from the project outset with the expected policy influence outcomes.

**3. Physical activity area dropped:** After a phase of exploration, the program decided to drop physical activity as a theme. The Program had initially focused on urban active or non-motorized transport, exploring the inter-sectoral nature of physical activity-related policies. After funding one of the first research meetings on the topic to identify researchers and gaps, the Program realized that this theme was probably too immature for project funding. The evaluators investigated the rationale for this decision and found it to be coherent and appropriate given the context of limited resources. The decision enabled the program to concentrate on other NCDP areas with potential for more significant research and policy contributions to the field.

In sum the differences between what was envisaged in the original Prospectus and what was implemented were coherent strategic choices to maintain leadership and relevance in the field. Choices that reaffirmed, dropped, or changed original intent were backed by strong scientific evidence

and thoughtful analysis or pragmatic decisions.

**Gathering information for program decisions:** The Program made coherent, efficient and appropriate choices to inform decision-making process by engaging with other stakeholders, attending (directly or through grantees) and convening international meetings (such as the Washington DC conference on active transport). Moreover Program staff undertook important research and synthesis (for example, Amanda Jones and Robert Geneau's bibliometric analysis<sup>2</sup> and the 4-page brief on fiscal policies for tobacco control) that could serve a wider audience and need to be disseminated more widely. For example, the decision to focus on fiscal policy for the tobacco grants was based on careful assessment of the field, obligations under the WHO Framework Convention on Tobacco Control (FCTC) recommendations from World Health Organization and experts, and expected population level policy outcomes.

**Allocation of funds:** NCDP program used their funds well and strategically, following their Prospectus. Looking at the NCD burden -- 80% of which is in LMICs -- and with a limited budget to cover the world, the Program wisely chose to limit its investment to where local evidence is essential to foster the development of a highly policy relevant research portfolio that can have the greatest health impact at population level.

**The strategic lessons the program drew from its implementation outlined in the FPR resonate well with our findings:** The lessons learned are aligned with the survey and interview findings and the collective experience of the evaluators, namely that there is a rising local demand for solutions-oriented research to address NCD; there is considerable work to be done to ensure that population health intervention research on low-cost solutions is accepted by the scientific community and that long term investments yields greater policy influence locally, regionally and globally.

**Effectiveness:** The panel found that since 2011, the Program developed a substantial portfolio of excellent and promising research that is clearly designed to influence policy which has already had some concrete results at national level. NCDP program-funded projects started to develop researchers' skills to use their data to get involved or impact policy decisions; fostered a growing professional network of researchers and connection between researchers and advocates, and strengthened IDRC's pioneering and forward looking position in NCD risk factors research for policy change in LMICs. Examples to support and illustrate these findings are covered under question 2 and 3.

The program was able to influence global and country policies, mostly on tobacco and emerging in NCDs, diet and alcohol and to achieve important scaling up of projects in tobacco control, The Program also revived, after a complex period, important informal collaboration, such as with the Bill and Melinda Gates Foundation partners for tobacco control in Africa, and to start developing potential partnerships, such as with Cancer Research UK, a newly created consortium research initiative, and notably with UK's DFID (awaiting formalization due to DFID's internal changes).

By choosing to focus their tobacco control activities on fiscal policy, the Program managed to make a substantial contribution to research and policy discussion. One example provided by an interviewee is the contribution NCDP made to global policy discussions by supporting economics researchers from different regions to contribute to the FCTC 5<sup>th</sup> Conference of the Parties' discussions on fiscal policies. In 2014, COP adopted FCTC Article 6 guidelines on tobacco taxation. The evaluators consider this fiscal

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<sup>2</sup> ASSESSING RESEARCH ACTIVITY ON PRIORITY INTERVENTIONS FOR NON-COMMUNICABLE DISEASE PREVENTION IN LOW- AND MIDDLE-INCOME COUNTRIES: A BIBLIOMETRIC ANALYSIS" AMANDA JONES, ROBERT GENEAU. ACCESSED VIA IDRC DASHBOARD UNDER PROGRAM OUTPUTS.

policy focus one of Program's best achievements in a challenging area of work, where local evidence is essential and systematically requested by policy makers, often reluctant to change, notably those in finance ministries.

In the field of diet and alcohol, NCDP took an exploratory approach and managed to accomplish what they set out to achieve, namely identify researchers and research areas, enabled researchers known to IDRC to expand their scope from tobacco control to other NCD risk factors, and built relationships with relevant stakeholders in the NCD risk factors areas, positioning the Program well for the future.

## Q2 FINDINGS: RESEARCH QUALITY

### Key findings

- The field of NCD prevention research is immature, creating multiple environmental risks.
- Quality of research ranged from acceptable to very good; examples of very good research were extraordinary.
- The NCDP Program was productive with examples of influential research that involved local researchers and appeared in international peer reviewed journals.
- NCDP program themes are embedded in a young and emerging research area, with diet, NCD, and alcohol themes even less developed than the tobacco field. This implies the need for concurrent research capacity strengthening. The evaluation found a strong record of capacity strengthening in the design and conduct of NCDP's research projects.
- Strategies to position research for use were rated as moderate to high, with a few exceptions.
- Research design and implementation adequately addressed considerations of gender and inclusiveness.
- A small number of closed Research Projects appeared to have no research outputs.

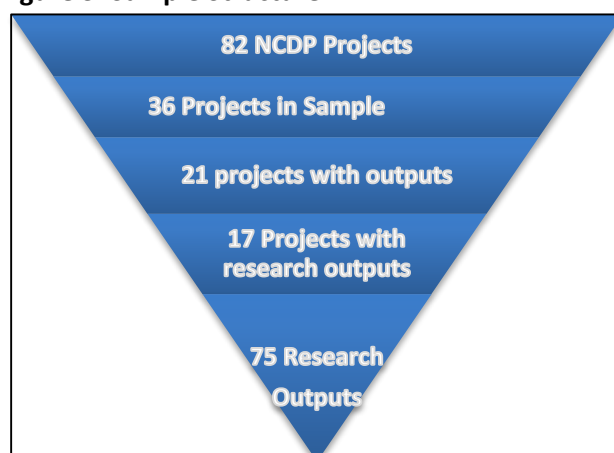
The evaluators found that the NCDP Program was productive in terms of quality and quantity of research. The Program's research outputs demonstrate an intention to influence policy, with clear successes in many countries as well as globally. Outstanding examples include the Lancet NCD Action Series articles, publications in Latin America on reducing salt and trans-fats in the diet, along with seminal work produced by a network of researchers in Latin America on tobacco fiscal policy, and tobacco taxation in China. These projects all led to publication in international peer reviewed journals, involved local researchers and the research can be easily translated and used by other researchers.

The external evaluators assessed research quality using a tool developed by IDRC with multiple evaluation dimensions, along with independent perspectives from interviewees, survey respondents, and evaluators' expert peer judgment. The main inputs used in answering this question were academic outputs from the projects in the sample (17/36 projects had a total of 75 research outputs available based on Program's documentation). These were primarily peer reviewed journal articles (39) and technical reports (36). Some of the projects lacked published journal articles due to the relative immaturity of the project. In those instances, the evaluators reviewed other project documents for indications of research quality – such as conference presentations and manuscripts in the pipeline. Beyond document review, the panel sought information from external sources about the importance to

policy development, originality, and visibility of NCDP's research outputs. Notably, there were more peer-reviewed publications in the NCD and healthy diet themes than in tobacco. However, a journal supplement on tobacco control is forthcoming. Two projects of high policy significance (106412 and 106774) could benefit from having results disseminated in a formal publication in the scientific literature (versus working papers).

**Figure 3 shows the original sample size and the number of projects without research outputs.** Some of these are early stage projects with a clear indication of research outputs underway. An example is the large project on multi-sectoral determinants of NCDs in Africa (107209), which is also relatively high risk due to the challenging nature of multi-sectoral work, and the multi-country nature. However, other mature projects that would be expected to produce valuable research outputs have not yet done so. It was not always evident why this occurred, but in some instances it appeared to be due to staff departures that left projects without close oversight (106411, 106893), changes in project personnel, or instances in which the project simply wasn't viable (106891, 106835).

**Figure 3: Sample Structure**

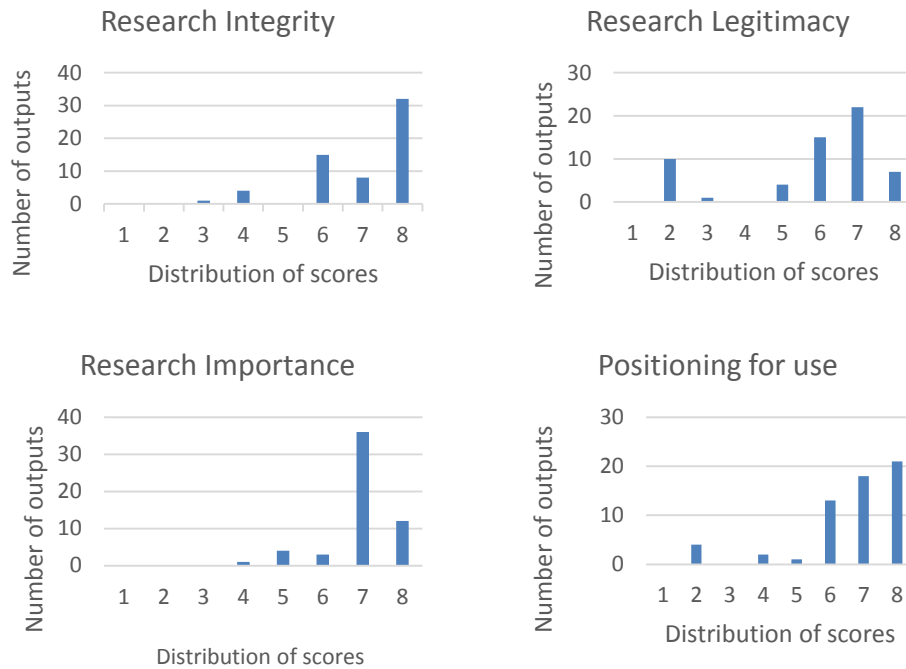


**Research Risks:** The NCDP themes are embedded in a young and emerging research area, with the diet, NCD, and alcohol themes even less developed than the tobacco field (research in tobacco control taxation, while well developed in HICs, was still emergent in LMICs included in the program). This implied the importance of research capacity strengthening and, for the most part, the Panel saw strong elements of capacity strengthening in the design and conduct of NCDP's projects. Importantly, there was a mix of risks, with particularly medium-to-high risk evident in the data

environment and low-to-medium risk in the research and political environments. This reflects the newness of some of the research topics prioritized by NCDP for which high-quality and comparable data are very rare at the country and sub-national levels. The Program took deliberate risks by supporting exploratory research using cutting-edge methods, such as the behavioral economics application to NCD risk prevention (106890), a discrete choice experiment (106887), and the strong portfolio on effects of taxes to change health-related behaviors.

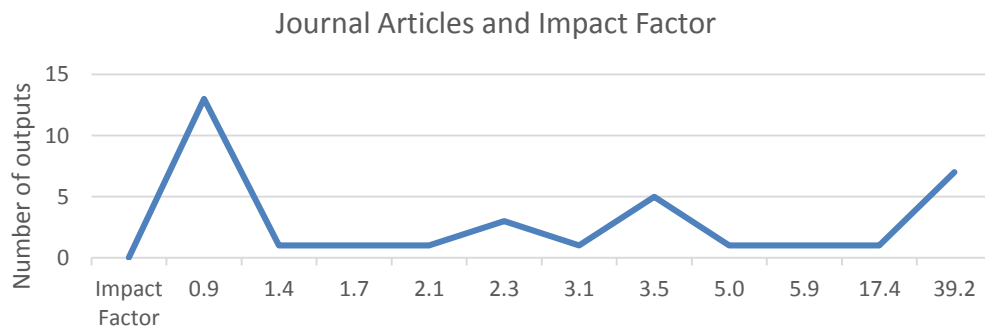
**Research Quality Dimensions:** The Panel assessed research output quality across four dimensions, which include nine sub-dimensions. Figure 4 shows the range of scores across the 17 projects and the 75 research outputs assessed. With very few exceptions, the **research integrity** (technical or scientific merit) of NCDP outputs was good to very good.

**Figure 4: Range of Research Output Performance Scores**



The NCDP projects examined produced many journal articles, often in high impact journals. For instance, as seen in Figure 5, of 35 journal articles, 20 are in journals with impact factors above 2.0, such as The Lancet, PLoS One, Social Science and Medicine, PLoS Med, and BMJ. That said, there is a good mix of peer-reviewed articles in high profile, globally impactful journals and local or regional journals. In healthy diets, for example, articles appeared in journals with impact factors ranging from 0.85 (Rev Pan Salud Publica) to 39.2 (The Lancet.) This implies the Program successfully addressed NCD and healthy diet at the country level, but with intent to learn lessons applicable to a broad geography. More research outputs are forthcoming, including manuscripts related to fiscal policy in Latin America which are being prepared as a supplement for a key regional journal.

**Figure 5: Journal Articles and Impact Factor**



With regard to **research importance**, NCDP supported research is almost uniformly of high relevance to policy at the global or national levels, and demonstrates a good degree of originality. The latter is somewhat to be expected in NCDP as a new or emerging field; and yet, it is no small feat to be both original and highly relevant to policy. This again reflects a very purposeful selection of accomplished researchers, along with thoughtful focus on the globally defined priorities of four major risk factors. An example is Impact of Tobacco Taxes and Price Policies on Price Policies in China (106839). This is one of the first studies to examine cigarette purchase behaviors and their relationship to cigarette price and consumption among adult urban Chinese smokers. The research results in the published paper provided a very clear set of policy recommendation in terms of tax structures and price levels, restriction on price discounts that would impact tobacco prices, and provided an effective policy tool to reduce consumption among low and high income smokers.

Aspects of **research legitimacy** – specifically “addressing potentially negative consequences”, “gender responsiveness”, and “inclusiveness” – could not always be scored for multiple reasons (for example, often analyses used secondary data, for which ethical review was not needed, and which did not allow gender or other marginalized populations to be distinctly observed). In a few cases, however, the projects did allow for research legitimacy analysis. For example, the study on tobacco prices and consumer behavior in China and several of the studies on tobacco taxes in Latin America specifically looked at the impact of raising taxes among those in the lower income brackets, and a few project results sorted the impact of tax policies by gender. In other cases, however, the analysis could have been stronger in drawing out such implications, a conclusion which NCDP is well aware of as it was mirrored in an internal analysis commissioned by the NCDP Program and reviewed by the evaluators.<sup>3</sup> For instance, the outputs and process of the Guatemala food packaging project (106883) are disappointing in this regard, with little attention to gender, and no follow-through on attending to the poor. More positively, several projects directly address gender and vulnerable populations with great insight and local knowledge.

The research outputs of the NCDP program were well **positioned for use** by policy actors and other audiences, through accessible and timely outreach and dissemination. Much of this is expected from the publications in high impact policy-oriented journals, but this result was also generally seen in outputs from projects with less visibility, such as those on diet published in South African journals. In this case the research team nurtured strong ties to government and other users and carefully developed research questions that fit the needs and interests of the South African environment. Similar results were seen with several reports published on innovative financing on development and tobacco control (106412).

In conclusion, the evaluation team found that the Program overall supported the production of high quality research that was well positioned for use in policy making (although use did not always ensue) and generated new knowledge that filled gaps.

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<sup>3</sup> Source: Garton, PDA Research Report: A Retrospective Analysis of NCDP project Outcomes Using NVIVO 10, 2015.

### Q3: RELEVANCE AND SIGNIFICANCE OF PROGRAM OUTCOMES

#### Key findings

- The Program achieved a high level of performance in increasing capacity to conduct high-quality research, with examples of capacity building well-calibrated to development and/or research priorities and challenges in the project operating contexts.
- The NCDP Program is a leader in promoting high-quality, pioneering research in NCDP risk factors with a focus on policy change as an outcome. Large projects demonstrated that scaling can produce positive policy outcomes – but there is also value in also supporting smaller research projects, particularly in areas where new knowledge is being developed.
- The knowledge generation goal was attained at a moderate to high level across projects reviewed. The Program was particularly successful in generating knowledge in the fiscal policy research thematic.
- There is evidence of high-level policy influence on global, regional and national levels.
- Concerns: Visibility of the program and sustained impact, including reproducibility of projects' findings that are not published in an easy to access format serve to influence policy within the context of the project/country, but dissemination of results to a wider audience was limited. IDRC is often not credited for their knowledge generation contributions.

The panel reviewed a sample of 36 projects and used interviews and the survey to verify the relevance and significance of program-level outcomes, assessing the extent to which they lead to outputs (publications, workshops, presentations), capacities in the NCDP field, and generated knowledge that influenced policy and practice.

#### Increased capacity to conduct high-quality research

The Program achieved a high level of performance in delivering this outcome, with examples of capacity building well-calibrated to development and/or research priorities and challenges in the project operating contexts. A notable aspect of NCDP research capacity-building is the Program's contribution to generating and maintaining research collaborations across teams and countries. This is exemplified in several projects which foster multi-national and multi-disciplinary research collaborations. Some project leaders are now recognized as thought leaders in the field. For example, several of the investigators from tobacco fiscal policy projects in Latin America (e.g. 106831, 106954) are now part of a research network that is a reference point for tax policy in the region. Data produced by these projects was highly relevant and significant with policy changes are already taking place as a result. In another example (107206), the network and researchers developed through the previous tobacco control projects are now researching fiscal policies and alcohol. A third example comes from the Healthy Diet theme, in which a project (106881) was carried out through a consortium of highly reputable organizations that joined together at the urging of IDRC to produce broader, more multi-disciplinary research than they would have done in isolation. This consortium continues to work together – as illustrated by their recent response to the FEH call – demonstrating the potential for greater policy impact and research productivity due to the synergy that has been created.

The Panel found several examples of the Program developing capacity for research in countries where there was little to no local research and where methodologies were developed to address data gaps. The number and quality of reports and publications confirm both high quality and high productivity (e.g. project 106837, covering 9 countries which produced 7 papers in peer-reviewed journals on taxation policy targeting specific country challenges). Capacity to conduct high quality research was also achieved by mixing international and local research teams. An example is the China tobacco taxation project (106839) where Program partnered with the Canadian lead International Tobacco Control Project (ITC) a well-known research initiative. The research results from this project are comparable with other countries around the world in both High and LMICs

### **Increased capacity of researchers to engage with policy makers**

A significant number of projects in the sample were extremely successful in increasing researchers' involvement with policymakers and with the advocacy community (see Box 1). However in some cases, while the research was relevant to policy making and provided important contributions to the policy debate, the evaluators could not find information on how results were disseminated to policy makers, despite the inclusion of policy recommendations in research outputs.

The projects with very good outcomes in this area seem to have achieved some extraordinary results. For example, project # 107358 involving 15 West Africa countries (see Box 2), project #106954, tobacco taxes in Brazil, Mexico and Uruguay, #106832, tobacco taxes in the Philippines, and #106889, Brazilian policies on healthy diet, are all examples where linking researchers with advocates led to increased visibility of the results and heightened the engagement of researchers with policy makers. The engagement occurred through the development of policy briefs and direct dialogue with legislators.

Program-funded researchers also used research results to participate in international policy fora, for example, project #106412 in which project representatives participated in working group discussions of funding mechanisms for public health and alternative livelihoods to tobacco growers, and the previously mentioned participation in FCTC discussion on tobacco tax policies. Projects that did not achieve their goal in this area appear to have had difficulties with access to data or policy makers. The NCDP Program recognized this weakness and has taken measures to ensure that a feasibility component be included in projects that propose using government data.

#### **Box 1: Project 106887 Community Kitchens in Peru: An Example of Policy Influence**

One example of developing researcher skills to engage in policy processes is the Peruvian research group funded to study salt reduction. IDRC NCDP support empowered them and increased their skills in two ways, leading to greater impact of the project. First, the group recently submitted a large grant proposal on mental health implementation science to the U.S. National Institutes of Health. Based on their learning from the IDRC NCDP grant, they engaged with policy experts early in their proposal development through the Mental Health Institute in Peru. They felt the experience from IDRC provided them with a greater arsenal to accommodate policy issues. Second, on a local level, in addition to conducting their research trial on salt reduction, the Peruvian project staff worked with local municipal officials and with local bakeries to reduce salt in bread. They expressed that the project offered them the flexibility to incorporate other skills and to work toward other outcomes, beyond the research trial.

The panel also found evidence of cases in which NCDP-supported work had influence, but this was not attributed to IDRC, as was the case in the Philippines. The Philippines was recognized by WHO in July 2015 as a model for fiscal policy in tobacco. An NCDP funded project had been working in this area before other funders, and additional research, entered the scene. While the IDRC-funded research did not influence the policy implementation directly (the law moved faster than expected) or by itself, it played a role in informing policy makers of outcomes of legislation early on and in preventing weakening of the policy. This lack of recognition of IDRC's role in this case and in others was conveyed through the interviews, surveys and documented in other NCDP program level external evaluations. The positive and negative implications of this is addressed further on.

### **Knowledge Generation**

The Knowledge Generation goal was attained at a moderate to high level across projects reviewed. NCDP supported the development of new evidence on NCD prevention interventions and was particularly strong in generating knowledge across several countries and /or that could be replicated by other LMICs. It is clear that the Program was filling a gap by funding research and further expecting such knowledge to provide input in policy development. However, several projects in the sample were still open at the time of this evaluation and it remains to be seen what new knowledge will be generated. Some of the research outputs reviewed provide a wealth of new and provoking knowledge (e.g. 106412 and 106893). It is unclear how the technical and research reports of these projects will be disseminated in a manner that will provide higher visibility within the scientific community. The data on impact of taxes and tobacco in several Latin America countries are pivotal for policymaking and for academia. The panel was made aware that peer-reviewed publications are under way. One key informant specifically mentioned the knowledge contribution from IDRC-funded projects as extremely impactful, acknowledging IDRC as a "serious funder that generates a professional cadre of researchers who will focus on disease prevention" and as "funding research that others are not financing" providing key, useful information for policy debate.

The sample reviewed by the panel suggests that the Program was highly successful in generating knowledge in fiscal policy research thematic. While not all projects generated the same high caliber of data, enough did to justify fiscal policy as an area of Program focus and as key to informing research and policy. This area also offers significant options to ensure the research addresses gender and income inequalities in health. While it may not have been an explicit focus of all the projects, it is clear that several results were positioned taking into account the impact of tobacco tax on low income populations and in most cases, women.

Projects had the added benefit of producing local or regional data that are important in policymaking and advocacy, even if the findings were not always surprising. Several of the projects in the sample provided these data (e.g. projects analyzing fiscal policies in Latin America, West Africa and several Eastern European countries; healthy diet projects in Peru, Guatemala, Brazil, and other Latin American countries). One project on options for tobacco control funding was particularly innovative and significant (106412-005). It produced excellent data, on the "feasibility and acceptability of available alternative mechanisms for sustainable and increased financing of FCTC-related tobacco-control interventions" and produced a number of policy briefs that are informing the discussion on tobacco control and health financing in international fora. However, these results are not easily accessible to the research and policy community at large and should be prepared for wider dissemination as a policy and

advocacy tool to enlarge the tobacco control donor community.

Reducing Harmful Use of Alcohol was uncharted territory for the Program. As this is a new area of Program focus it is too early to discuss outcomes, however, one project (107206) looking at the impact of price, taxes and advertising policies on alcohol use in 4 Latin America countries, seems to be making progress in developing methodology and strategies to focus on alcohol taxes and impacts on public health. This project is a good example of how NCDP supported researchers are successfully applying lessons from tobacco control to other risk factors, including engagement with policy makers. The Healthy Diets thematic is represented in the NCDP portfolio with many projects from South America where, on the whole, the program is making progress in demonstrating the feasibility and positioning for use of research in this new field, with broad applicability of most findings across countries and regions. The next stage should dig deeper into country and even locally specific conditions, as diet is so context-determined.

There are a few areas of weakness to note, although the Panel did not view them as major. First, IDRC is often not credited for their knowledge generation contributions. In many projects, this is evidenced by the lack of acknowledgment of IDRC funding. In addition, awareness of IDRC's role in supporting key research is low among other research funders, suggesting that several of the indicators established by the NCDP team were not adequate to monitor effective outreach and dissemination. A contrary view was offered by one interviewee – a research funder in the NCD field – who commented that IDRC shows humility by remaining in the background and “letting the research speak for itself.” This funder felt the research results might have stronger impact for that reason, as it is not seen as promoting the funding institution's agenda.

Second, there were many more published research outputs in the field of NCDs and diet than in tobacco, but the evaluators were told that 8-10 manuscripts with research outputs on tobacco are in development. Additionally, there were few outputs focused on the pro-poor or multi-sectoral approaches, in spite of the aim to have those approaches cut across all projects. These weaknesses reflect data challenges in doing pro-poor analysis, especially with secondary data, and methodological challenges in doing multi-sectoral work. Neither of these challenges is unique to IDRC's NCDP portfolio.

### **Policy influence**

There was a high level of achievement in the area of policy influence. The evaluators found enough evidence to state that the tobacco fiscal policies projects almost uniformly informed policy making or, at a minimum, influenced the policy debate. There are clear examples of policy influence on NCDs in South Africa (106882), India (106947) and Argentina (106881) from projects with earlier starting dates, and with high potential in southern and eastern Africa (107209). Policy influencing goals were clearly articulated in a vast majority of the projects in the sample, even when researchers faced little or no political will. A few of the tobacco-related fiscal policy projects could be included in this category, taking place in indifferent or hostile environments, but overcoming barriers and producing data to generate, if not political will, higher political awareness. Project 107965-Beyond the UN Summit had a major influence on the NCD global agenda although this was not well documented by the Program.

Several projects excelled in creating a network of researchers and advocates within and between countries, and policy leaders were engaged in a few cases, with some success (Chile, Philippines

and Brazil. Despite political opposition, Argentina is a good example of influencing taxes for healthy diets). A significant number of projects developed policy briefs as outputs that can be used to continue to engage with policymakers and influence policy outcomes.

At the global level, NCDP programming has been very successful in raising global awareness of NCDs through very high profile journal articles and series (106881, 106947, 107965, 107262) demonstrating the magnitude of the NCD problem, and the complexities of policy approaches. The researchers funded by NCDP were generally stars who have defined and advanced the global NCD agenda. Stakeholders recognize the reputation of IDRC as a significant supporter of research in LMICs, and one of the few international research funding agencies willing to fund new researchers and new areas of research in these countries. However, the Panel found that a more specific “branding” of IDRC projects would raise awareness of the relevance and significance of the Program’s policy outcomes. The Panel believes the Program’s accomplishments are more significant than what is generally attributed to it.

**Box 2: Project 107358: Tobacco Taxes in West Africa - Multiple Outcome Achievement**

This project exemplifies NCDP’s positive outcomes on all fronts. Targeting 15 countries in West Africa this project achieved original high quality research that addresses the impact of taxation on low income youth and women, while developing methodology for comparative analysis, and generating evidence now being used to revise a directive from a regional economic entity that previously blocked countries from implementing fiscal policy obligations under the WHO FCTC.

Under this project, the NCDP Program interacted and supported the project team by building capacity of researchers to engage with policy makers. This involved working with policymakers in the early stages of project development and implementation to increase their engagement and maximize utilization of research findings. The panel believes this experience should be documented and published as a model for researcher policy maker engagement. Building on existing relationships, NCDP called upon international tax experts and advocates in the region, establishing bridges between the project team and country and regional level policymakers in economic entities.

This is a considerable achievement since tobacco taxes had not been a focus of Ministries of Finance and their knowledge of tobacco control and fiscal policy obligations under the WHO FCTC, at least for countries in this project, was almost null. The project generated much needed data to back up taxation and price increases and the highlighted the need to refine tobacco tax structures in countries. Senegal and Gambia have already implemented tax increases as a consequence of this project. The overall result is that policy makers/finance ministry officials in 15 Western African countries, plus representative of 2 major economic and political regional communities are now integrated into a network of policymakers and acting as researchers and advocates. Representatives from all 15 countries and economic regional entities have been able to exchange information and make decisions on fiscal policy, such as a revised WAEMU directive.

#### **Q4: KEY ISSUES FOR IDRC'S BOARD OF GOVERNORS AND SENIOR MANAGEMENT**

The issues that the panel would like to bring to the attention of the Board of Governors and Senior Management pertain mainly to capitalizing on the contributions the NCDP Program has made to NCD prevention in Low and Middle Income countries, and how IDRC can expand on those accomplishments as part of its strategic objectives in the 2015-2020 period. The panel believes that with greater attention to the points raised below IDRC would be extremely well positioned to expand its impact by continuing to build the leaders of tomorrow, positioning itself as the partner of choice and scaling up proven initiatives.

##### **Capitalize on partnership opportunities**

IDRC has successfully pioneered and taken the lead in numerous NCDP research areas of importance to the lives and well-being of people in developing countries. Its investments have been instrumental in galvanizing the attention of other funders who now have a better understanding of the importance of NCD prevention. This offers future opportunities for IDRC to retain its leadership in this field, strengthening and expanding partnerships with interested agencies and funders. For example, NCDs and tobacco control were central topics at the recent Financing for Development Conference in Addis Ababa, and NCD prevention is a desired dimension of Universal Health Coverage (UHC) packages that countries are formulating as part of the Sustainable Development Goals.

##### **Build Leaders**

Through the NCDP Program, IDRC has made important contributions to putting NCD prevention on the political agenda of a number of LMICs. In the midst of significant structural programmatic changes, the NCDP Program managed to build a large network of LMIC researchers and is engaging with multiple stakeholders and collaborators. Many in this network are now capable of producing high quality research and are increasingly skilled at positioning and using this research for policy change. IDRC is well-positioned to continue to lead in the field of NCDP and could now energize this network of experienced researchers to communicate the relevance of this field more broadly to other research communities. Increased support to the development of strategic network partnerships and enhanced use of connections existing in other IDRC programs such as the Think Tank Initiative and the former EcoHealth Program could build NCDP research leadership, moving it to a new level and in exciting new directions.

##### **Strengthen the Program**

The evaluation team found that the NCDP Program's internal processes served them well, enabling expeditious program development and grant-making and allowing for adaptation to environmental changes. The Program and grantees worked well and closely together to ensure success and meet local needs. The Program could, however, benefit from more outreach and transparency in decision making, program development, and other key milestones in strategy implementation. Broadening the base of external advisors will capture a broader range of experience and expertise in Program actions, and strengthen relationships of all sorts. The creation of an external advisory committee is another possible mechanism for greater input to Program's decisions, which would simultaneously strengthen partnerships that could become long-lasting alliances for the Program. These benefits must be balanced against the risk of adding to the duties of an extremely busy staff.

## **Communicate, Synthesize and Share Results**

Recognition of IDRC's niche in the NCDP area could be much larger and more impactful with greater emphasis on synthesis, strategic communication and dissemination of research results for more systematic attribution of research and policy findings to IDRC's investments. As the field of NCD prevention is still relatively new for donors and for developing countries, there are many opportunities to showcase IDRC's contributions and insert the topic into key discussions in high level discussion milieus.

The Panel found that the Program is often too "humble, a fact which hampers the recognition and visibility that its contributions to the field deserve. While letting the research "speak for itself" is a valid approach in some situations, it could hinder recognition of IDRC's leadership. The evaluators found that overall IDRC has a very good reputation, with clear praise for the NCDP Program and staff contributions. IDRC could have an important agenda-setting role in the global NCD discourse despite its small size relative to other programs. Given the paucity of funders for policy-relevant NCD research in LMICs, IDRC's almost unique positioning in funding NCD prevention research for policy change carries with it the potential to help advance and energize the global NCD prevention network of researchers, funders, and policy workers.

The Program has not yet synthesized and generalized its major findings and lessons. Such an effort would provide a publishable, knowledge-contributing product that would solidify and share NCDP learning. Well-documented lessons and solutions would also widen opportunities for country-level impacts and would bolster partnership discussions with new funders using evidence-based arguments.

## **ANNEX A: LIST OF ACRONYMS**

CIHR	Canadian Institutes of Health Research
CRES	Consortium pour la recherche économique et sociale
DFID	Department for International Development
ECOWAS	Economic Community of West African States
ERP	External Review Panel
FCTC	Framework Convention On Tobacco Control
FPR	Final Prospectus Report
GACD	Global Alliance for Chronic Disease (GACD)
IDRC	International Development Research Centre
LAC	Latin America and the Caribbean s
LMIC	Low and Middle Income Countries
NCD	Non-Communicable Disease
NCDP	Non-Communicable Disease Prevention
OECD	Organization for Economic Cooperation and Development
PAD	Project Approval Document
PAHO	Pan-American Health Organization
PO	Program Officer
PSED	Policy, Strategy and Evaluation Division
RITC	Research for International Tobacco Control
RQ+	Research Quality Plus
WAEMU	West African Economic Monetary Union
WHO	World Health Organization

## ANNEX B: LIST OF PROJECTS IN SAMPLE

	Project number	Project title	Project Status (as of March 2015)	Research Project (RP)/ Research Support Project (RSP)	Project budget	Year of approval
1.	106387	ATSA Communication Strategy	Closed	RSP	\$148,010	2011
2.	106390	ATSA Dissemination Strategy	Closed	RSP	\$123,000	2011
3.	106411	Options for diversification in tobacco farming, bidi rolling and tendu leaf plucking (India)	Closed	RP	\$200,500	2012
4.	106412	Expanding fiscal policies for global and national tobacco control	Open	RP	\$472,250	2011
5.	106538	Atelier méthodologique sur la taxation des produits du tabac en Afrique de l'Ouest	Closed	RSP	\$89,100	2011
6.	106774	Actions sur la taxation des produits du tabac en Afrique de l'Ouest	Closed	RP	\$476,150	2012
7.	106831	Impact of tobacco tax increases in seven Latin American countries	Closed	RP	\$123,600	2012
8.	106832	Revenue and health impacts of restructuring tobacco excise tax in the Philippines	Closed	RP	\$90,200	2012
9.	106835	Barriers and opportunities to access international resources for tobacco control in Bolivia	Closed	RP	\$61,800	2013
10.	106837	Impact of tobacco taxes and price increases in Ukraine, Russia, and Belarus	Closed	RP	\$57,300	2012
11.	106839	Impact of tobacco tax and price policies on tobacco use in China	Open	RP	\$101,400	2013
12.	106841	Raising tobacco taxes in selected countries of Central America	Closed	RP	\$128,000	2012
13.	106842	Assessment of tobacco control measures and smuggling on demand in Panama	Closed	RP	\$79,800	2012

14.	106881	Assessing the impact of current national policies to reduce salt and trans-fatty acids in Argentina	Open	RP	\$431,600	2012
15.	106882	The economic and health impacts of legislative fiscal policies to improve nutrition in South Africa	Open	RP	\$265,800	2012
16.	106883	Influence of food packaging on children's energy-dense snack food preferences in Guatemala	Closed	RP	\$116,300	2012
17.	106887	Delivering healthy diets to low income families through community kitchens (Peru)	Open	RP	\$302,700	2012
18.	106889	The effectiveness of Brazilian public policies that address unhealthy diets	Open	RP	\$234,600	2013
19.	106890	Research partnerships for child nutrition in Africa	Closed	RSP	\$35,900	2013
20.	106891	Diet-related policy options in Pakistan to promote the intake of healthy foods	Closed	RP	\$27,000	2013
21.	106892	Refocusing urban planning policies to improve physical activity and healthy eating in Vietnam	Closed	RSP	\$25,200	2012
22.	106893	Testing interventions to influence dietary decisions among black women in South Africa	Closed	RP	\$37,100	2013
23.	106947	Comparison of fiscal and regulatory policies to prevent non-communicable diseases in India	Open	RP	\$139,600	2013
24.	106954	Tobacco Taxes and Tobacco Control Policies in Brazil, Mexico and Uruguay	Closed	RP	\$221,500	2013
25.	106965	Beyond the UN meeting: meeting the commitments on non-communicable diseases	Open	RSP	\$106,900	2012
26.	107198	Evaluating alcohol control policies in South Africa	Open	RP	\$407,100	2013
27.	107199	The International Alcohol Control Study in Vietnam	Open	RP	\$369,900	2013

28.	107201	Alcohol control and harm reduction policies in Lebanon	Open	RP	\$260,800	2013
29.	107202	Evaluating the effectiveness of the Western Cape Liquor Act in Khayelitsha	Open	RP	\$287,300	2013
30.	107204	Studying alcohol pricing and taxation policies in India	Open	RP	\$235,300	2014
31.	107205	Evaluating alcohol control policies in Peru and St. Kitts and Nevis	Open	RP	\$498,700	2013
32.	107206	The impact of price, tax and advertising policies on alcohol use in Argentina, Bolivia, Chile and Peru	Open	RP	\$251,500	2013
33.	107209	Multi-sectoral action for non-communicable disease prevention in Sub-Saharan Africa	Open	RP	\$1,702,000	2013
34.	107262	Population-wide dietary salt reduction: Evidence from the Americas	Closed	RSP	\$50,600	2013
35.	107358	Synthèse des données probantes pour une réforme des politiques de taxation des produits du tabac en Afrique de l'Ouest	Open	RP	\$378,400	2014
36.	107518	Situation analysis of alcohol control policy in five African countries	Open	RP	\$547,730	2014

## **ANNEX C: DOCUMENTS REVIEWED**

### **Project Approval Documents (PAD) in sample**

106387, 106390, 106411, 106412, 106538, 106774, 106831, 106832, 106835, 106837, 106839, 106841, 106842, 106881, 106882, 106883, 106887, 106889, 106890, 106891, 106892, 106893, 106947, 106954, 106965, 107198, 107199, 107201, 107202, 107204, 107205, 107206, 107209, 107262, 107358, 107518

### **Interim Technical Reports**

106411, 106412, 106774, 106832, 106835, 106837, 106839, 106841, 106842, 106883, 106954, 107204

### **Final Technical Reports**

106411, 106774, 106831, 106832, 106835, 106837, 106841, 106842, 106883, 106891, 106893, 106954

### **Project Completion Reports**

106411, 106774, 106831, 106841, 106883, 106954

### **NCDP Program Documents (Internal & Public)**

- NCDP Final Prospectus Report (February 2015)
- NCDP Outcome Table (Kelly Garton)
- Book: Alternative Livelihoods to Tobacco Farming
- NCDP Program outputs in Dashboard
- Call for Concept Notes: Promoting healthy diets
- Call for Concept Notes: Reducing the harmful use of alcohol in low- and middle-income countries
- Call for Concept Notes: Expanding fiscal policies for global and national tobacco control
- NCDP Call for Concept Notes Results – Alcohol, 2012
- NCDP Call for Concept Notes Results – Tobacco, 2012
- NCDP Call for Concept Notes Results – Healthy Diets, 2012

### **Internal and External resources on evaluation and strategy**

- Scope of Work for External Program Reviews at IDRC, 2014
- Towards Research Excellence For Development: The Research Quality Plus (RQ+) Assessment Instrument, IDRC, 2014
- GSJ External Review Report
- SIG External Review Report

## ANNEX D: RESEARCH OUTPUTS ASSESSED WITH RQ+ (JOURNAL ARTICLES)

	Project no.	Title	Author(s)	Journal	Journal Impact Factor
1.	106837	Impact of sharp changes of tobacco products affordability on smoking prevalence in various social and income groups in Ukraine in 2008-2012	Konstantin Krasovsky	Tobacco Induced Diseases, 2013	1.39
2.	106837	Tobacco tax yardstick: does it work?	Konstantin Krasovsky	Respiratory Medicine, 2013	3.086
3.	106837	Shift to cheaper cigarette brands	Tatiana Andreeva	ISRN Public Health	
4.	106837	Dynamics of smoking prevalence and tobacco products market in Belarus	Konstantin Krasovsky	Tobacco Control and Public Health in Eastern Europe, 2012	
5.	106837	Tobacco Taxation Policy in Three Baltic Countries After the EU Accession	Konstantin Krasovsky	Tobacco Control and Public Health in Eastern Europe, 2012	
6.	106837	Impact of cigarette taxation policy on excise revenues and cigarette consumption in Uzbekistan	Shukhrat U. Shukurov, Konstantin S. Krasovsky	Tobacco Control and Public Health in Eastern Europe, 2013	
7.	106839	Chinese smokers' cigarette purchase behaviours, cigarette prices and consumption: findings from the ITC China Survey	Jidong Huang et al	Tobacco Control, 2013	5.933
8.	106881	Conocimientos, percepciones y comportamientos relacionados con el consumo de sal, la salud y el etiquetado nutricional en Argentina, Costa Rica y Ecuador	Germana Sanchez et al	Rev Panam Salud Publica, 2012	.85
9.	106881	Relación costo-utilidad de la disminución del consumo de sal y su efecto en la incidencia de enfermedades cardiovasculares en Argentina	Daniel Ferrante et al	Rev Panam Salud Publica, 2012	.85
10.	106881	Projected Impact of a Sodium Consumption Reduction Initiative in Argentina: An Analysis from the CVD Policy Model – Argentina	Jonatan Konfino, et al.	PLOS One, 2013	3.53
11.	106882	Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis	Maria A Cabrera Escobar et al	BMC Public Health 2013	2.26
12.	106882	The Potential Impact of a 20% Tax on Sugar-Sweetened Beverages on Obesity	Mercy Manyema et al	PLOS One, 2014	3.53

		in South African Adults: A Mathematical Model			
13.	106882	Socioeconomic Inequalities in Adult Obesity Prevalence in South Africa: A Decomposition Analysis	Olufunke Alaba and Lumbwe Chola	International Journal of Environmental Research and Public Health, 2014	2.063
14.	106883	Child-oriented marketing techniques in snack food packages in Guatemala	Violeta Chacon, et al.	BMC Public Health, 2013	2.26
15.	106883	Effects of licensed characters on children's taste and snack preferences in Guatemala, a low/middle income country	Paola Letona, et al.	International Journal of Obesity, 2014	5.004
16.	106883	Snack food advertising in stores around public schools in Guatemala	Violeta Chacon, et al.	Critical Public Health, 2014	1.712
17.	106883	A qualitative study of children's snack food packaging perceptions and preferences	P Letona, V Chacon, C Roberto, J Barnoya	BMC Public Health 2014,	2.26
18.	106947	Dietary Salt Reduction and Cardiovascular Disease Rates in India: A Mathematical Model	Sanjay Basu et al	PLOS One, 2012	3.53
19.	106947	The Effect of Tobacco Control Measures during a Period of Rising Cardiovascular Disease Risk in India: A Mathematical Model of Myocardial Infarction and Stroke	Sanjay Basu et al	PLOS One, 2013	3.53
20.	106947	Palm oil taxes and cardiovascular Disease mortality in India: economic-epidemiologic model	Sanjay Basu et al	BMJ, 2013	17.445
21.	106947	Averting Obesity and Type 2 Diabetes in India through Sugar-Sweetened Beverage Taxation: An Economic-Epidemiologic Modeling Study	Sanjay Basu et al	PLOS One, 2014	3.53
22.	106965	Embedding non-communicable diseases in the post-2015 development agenda	George Alleyne et al	The Lancet, 2013	39.207
23.	106965	Country actions to meet UN commitments on non-communicable diseases: a stepwise approach	Ruth Bonita et al	The Lancet, 2013	39.207
24.	106965	Inequalities in non-communicable diseases and effective responses	Mariachiara Di Cesare et al	The Lancet, 2013	39.207
25.	106965	Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries	Rob Moodie et al	The Lancet, 2013	39.207
26.	106965	Promotion of access to essential	Hans V	The Lancet, 2013	39.207

		medicines for non-communicable diseases: practical implications of the UN political declaration	Hogerzei et al		
27.	106965	Non-communicable diseases: 2015 to 2025	--	The Lancet, 2013	39.207
28.	106965	Improving responsiveness of health systems to non-communicable diseases	Rifat Atun et al	The Lancet, 2013	39.207
29.	107262	Efforts to reduce dietary salt in the Americas	Norm R. C. Campbel et al	Rev Panam Salud Publica, 2012	.85
30.	107262	Reduction of sodium intake in the Americas: a public health imperative	Simón Barquera et al	Rev Panam Salud Publica, 2012	.85
31.	107262	Conocimientos, percepciones y comportamientos relacionados con el consumo de sal, la salud y el etiquetado nutricional en Argentina, Costa Rica y Ecuador	Germana Sánchez et al	Rev Panam Salud Publica, 2012	.85
32.	107262	Consumer attitudes, knowledge, and behavior related to salt consumption in sentinel countries of the Americas	Rafael Moreira Claro et al	Rev Panam Salud Publica, 2012	.85
33.	107262	Relación costo-utilidad de la disminución del consumo de sal y su efecto en la incidencia de enfermedades cardiovasculares en Argentina	Daniel Ferrante et al	Rev Panam Salud Publica, 2012	.85
34.	107262	Need for coordinated programs to improve global health by optimizing salt and iodine intake	Norm R. C. Campbel et al	Rev Panam Salud Publica, 2012	.85
35.	107262	Iniciativas desenvolvidas no Brasil para a redução do teor de sódio em alimentos processados	Eduardo Augusto Fernandes Nilson et al	Rev Panam Salud Publica, 2012	.85
36.	107262	Reducing salt intake to prevent hypertension and cardiovascular disease	Feng J. He et al	Rev Panam Salud Publica, 2012	.85
37.	107262	Progress toward sodium reduction in the United States	Jessica Levings et al	Rev Panam Salud Publica, 2012	.85
38.	107262	Systematic review of studies comparing 24-hour and spot urine collections for estimating population salt intake	Chen Ji et al	Rev Panam Salud Publica, 2012	.85
39.	107262	Avances en la reducción del consumo de sal y sodio en Costa Rica	Adriana Blanco-Metzler et al	Rev Panam Salud Publica, 2012	.85

## ANNEX E: RESEARCH OUTPUTS ASSESSED WITH RQ+ (ALL EXCEPT JOURNAL ARTICLES)

	Project no	Output title
1.	106411	Options for Diversification from Tobacco Farming, Bidi Rolling and Tendu Leaf Plucking in India: The Economic Feasibilities and Challenges
2.	106412	Financing mechanisms for treaty implementation analytical note FCTC_2012 draft
3.		Fiscal Policies and Tobacco Control in India: An Empirical Study of India's Fiscal Policies Against Tobacco
4.		Financial Resources for Implementation of Tobacco Control Measures: Potential of Innovative Financing
5.	106774	Benin Country Report_SynthesisAnalysisReport_2013-09
6.		Burkina Faso Country Report_SynthesisAnalysisReport_2013-07
7.		Cape Verde Country Report_SynthesisAnalysisReport_2013-08
8.		Cote d'Ivoire CountryReport_SynthesisAnalysisReport_2013-09
9.		Gambia Country Report_SynthesisAnalysisReport_2013_07
10.		Ghana Conférence Régionale_Presentation_2012-11-26
11.		Guinee Bissau Country Report_SynthesisAnalysisReport_2013-05
12.		Guinee Country Report SynthesisAnalysisReport_2012-04
13.		Liberia Conférence Régionale_Presentation_2012-11-26
14.		Mali Country Report_SynthesisAnalysisReport_2013-08
15.		Niger Country Report_SynthesisAnalysisReport_2013-0
16.		Nigeria Conférence Régionale_Presentation_2012-11-26
17.		Senegal Country Report_SynthesisAnalysisReport_2013-04
18.		Sierra Leone Country Report_SynthesisAnalysisReport_2013-08
19.		Etat Des Lieux Synthese Regionale Rapports Pays_SynthesisAnalysisReport_2012-11
20.	106831	Report: Impact of Tobacco Tax Increases in seven Latin America Countries
21.	106832	Primer New Evidence Higher Cigarette Taxes_MediaArticle_2014-04-03
22.	106837	Excise Policy Belarus: Synthesis Analysis Report

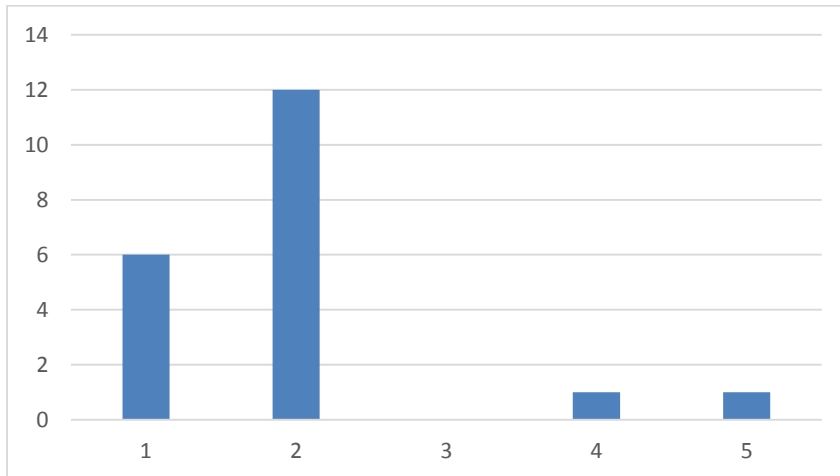
23.		Impact Excise Rates Changes Cigarette Market Revenues Georgia_ SynthesisAnalysisReport_2013
24.	106841	El modelo econométrico y estimaciones de elasticidades precio e ingreso en la demanda de cigarrillos en El Salvador
25.	106842	Análisis de la demanda de tabaco en Panamá y el control del efecto asequibilidad con medidas fiscales y control del contrabando
26.	106881	Mapping of Civil Society Initiatives to Reduce Salt Intake_ SynthesisandAnalysisReport_20
27.		Analisis niveles de grasas trans en los alimentos industrializados en Argentina SynthesisandAnalysisReport_2013-14
28.		Contenido de sodio en los alimentos procesados de Argentina synthesis and analysis report_2013
29.	106883	Técnicas De Publicidad Utilizadas En Los Empaques De Alimentos Y Su Influencia En Los Niños Guatemaltecos
30.	106887	Evaluating consumer preferences for healthy eating from Community Kitchens in low-income urban areas: A discrete choice experiment of Comedores Populares in Peru
31.		Adopting healthy eating habits in Peru's community kitchens: The Comedores Populares experience
32.		Reducing salt in bread: a quasi-experimental feasibility study in a bakery in Lima, Peru
33.	106954	Brazil Dissemination Report_SynthesisAnalysisReport_2013-09
34.		Uruguay Dissemination Report_SynthesisAnalysisReport_2013-09-04
35.		Mexico Dissemination Report_SynthesisAnalysisReport_2013
36.	107202	Summary Report Meeting Shebeen Owners_ProjectBrief_Oct2013

## ANNEX F: SUMMARY OF SURVEY RESULTS

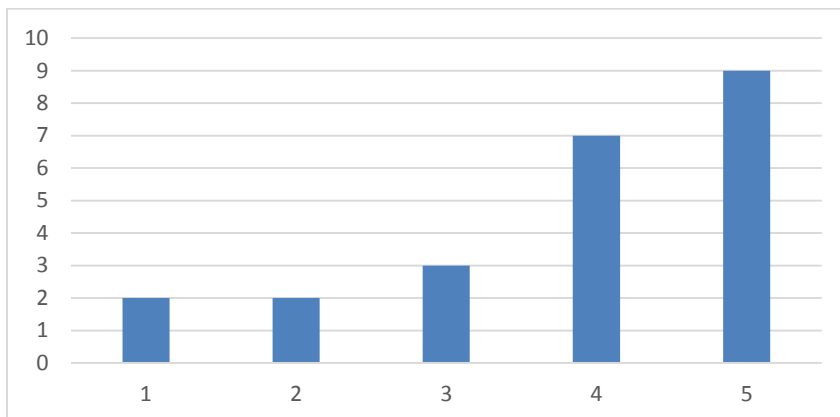
Q1: Background Information about Respondents

Q2: Please indicate how you are involved in or aware of NCDP: (see Figure 2)

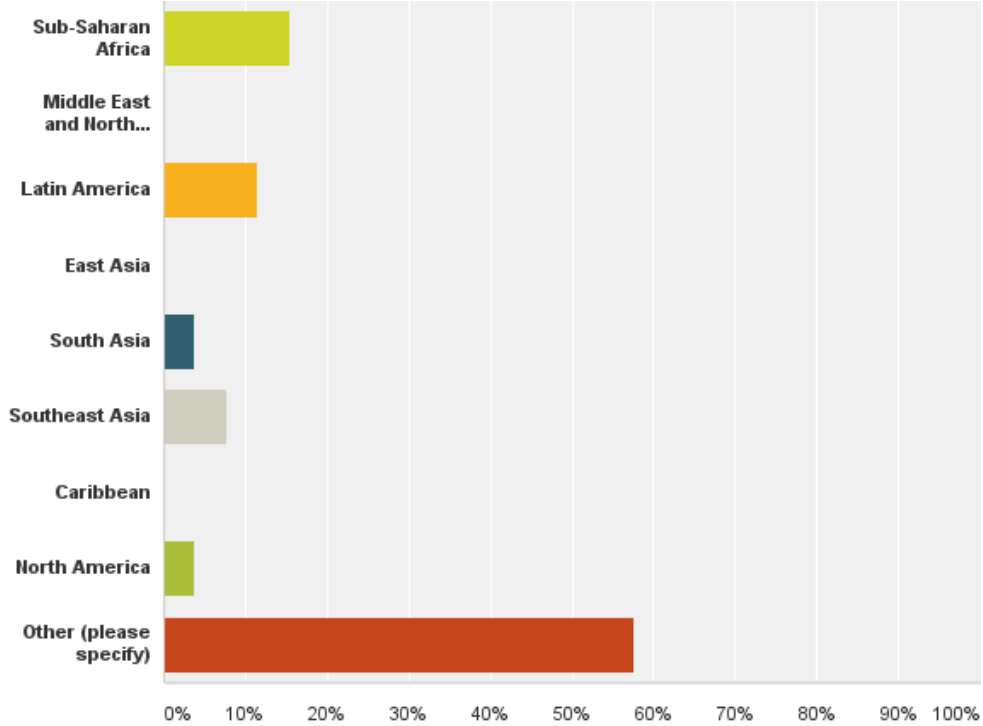
Q3: Please indicate how much of your time is spent on IDRC-funded NCDP projects: Scale of 1-5, with 1 = none and 5 = all (n=27)



Q 4: Please indicate how much of your time is spent on other NCD projects: Scale of 1-5, with 1 = none and 5 = all

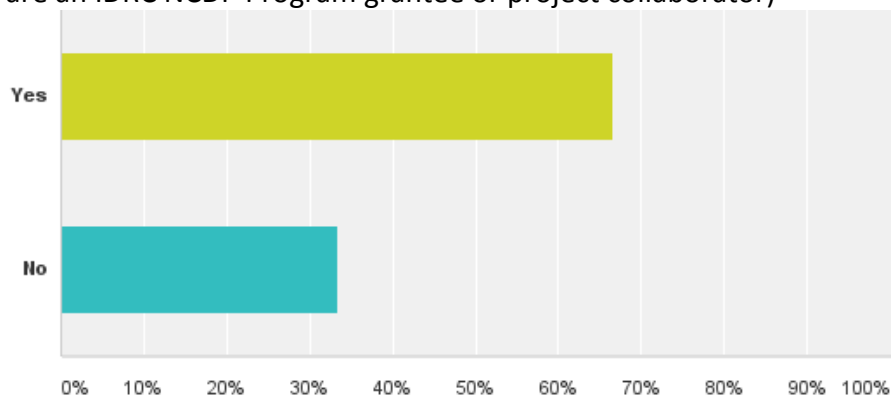


Q5: Where do you carry out most of your NCDP-related work? (check all that apply) (n=26)

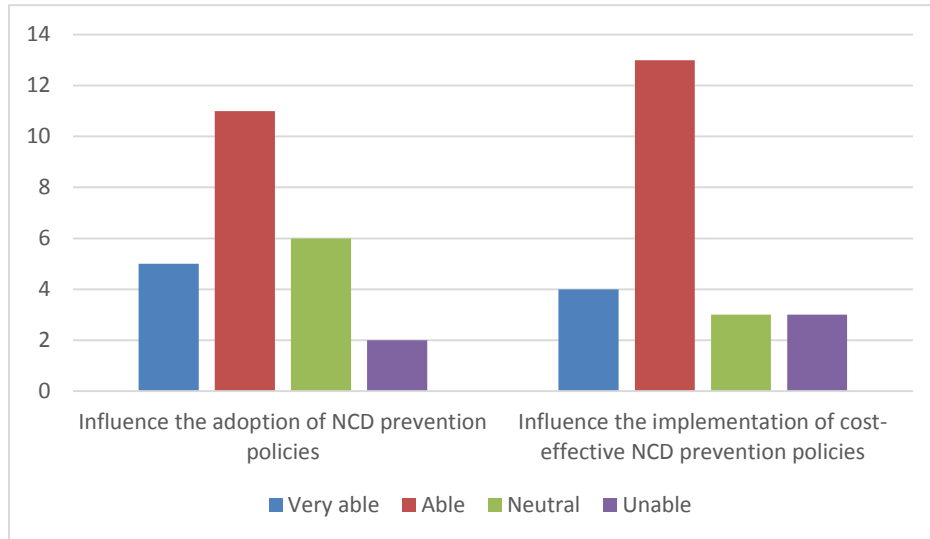


Other: Global, East Europe, Europe, Central Asia, UK, Oceania.

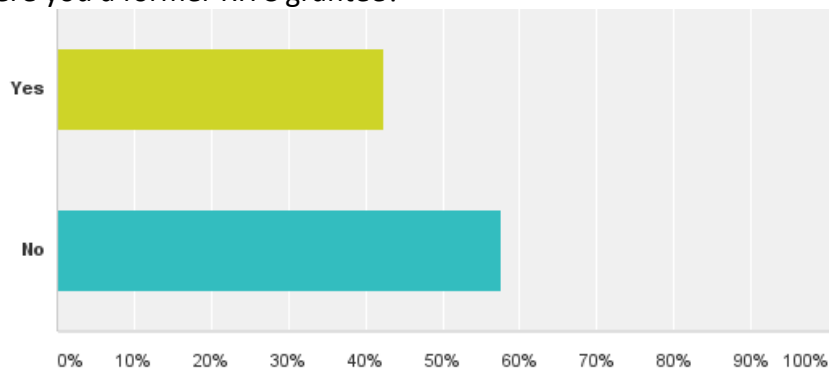
Q6: Do you know of other research projects funded by IDRC's NCDP? (complete this question only if you are an IDRC NCDP Program grantee or project collaborator)



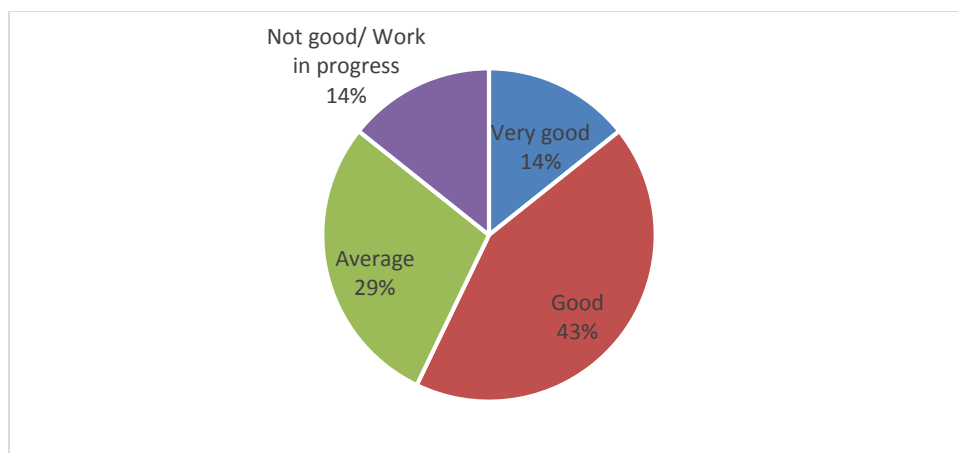
Q7: How would you rate the ability of the NCDP Program to influence the following:



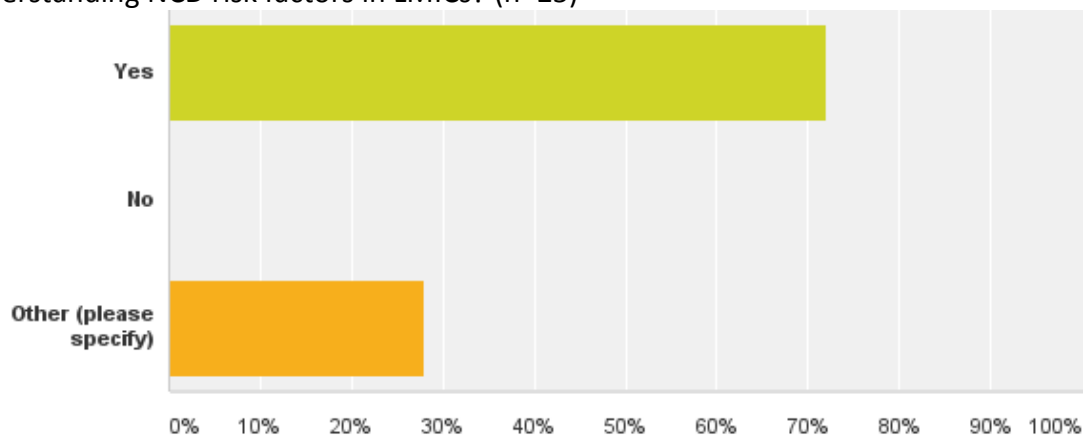
Q8: IDRC's NCDP Program builds upon the earlier IDRC program on tobacco control research (RITC). Were you a former RITC grantee?



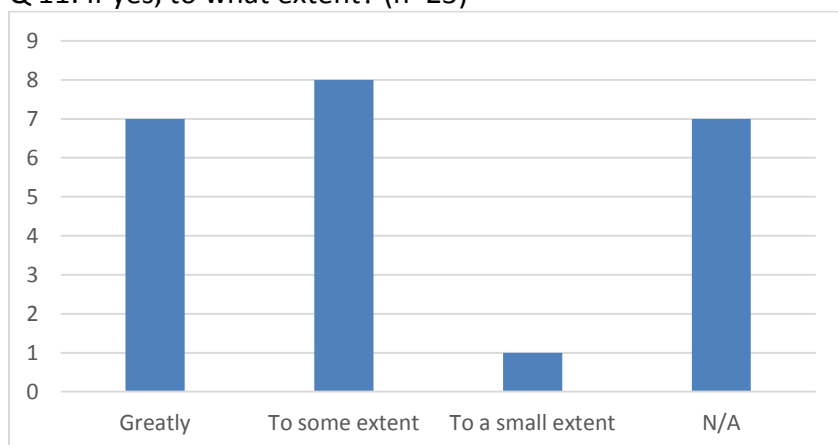
Q9: How would you assess the changes from IDRC's RITC to NCDP program? (n=21)



Q10: The NCDP Program expanded research funding to include major topics where learning from tobacco might also apply to other NCD risks: fiscal policies, tobacco growing, production, distribution, and sale, and marketing. Has IDRC's funding in these areas contributed to understanding NCD risk factors in LMICs? (n=25)

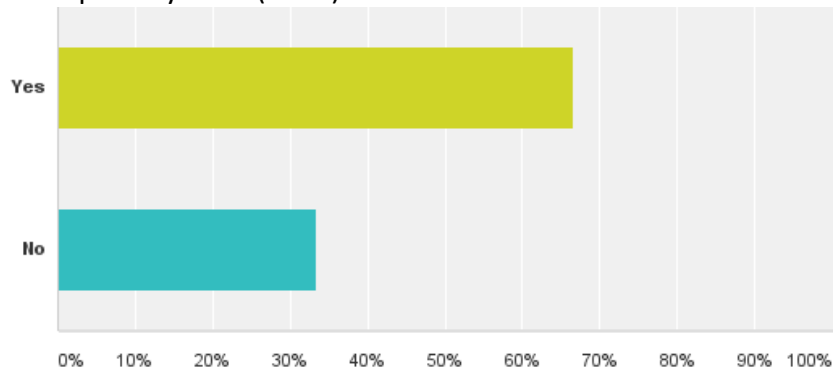


Q 11: If yes, to what extent? (n=23)

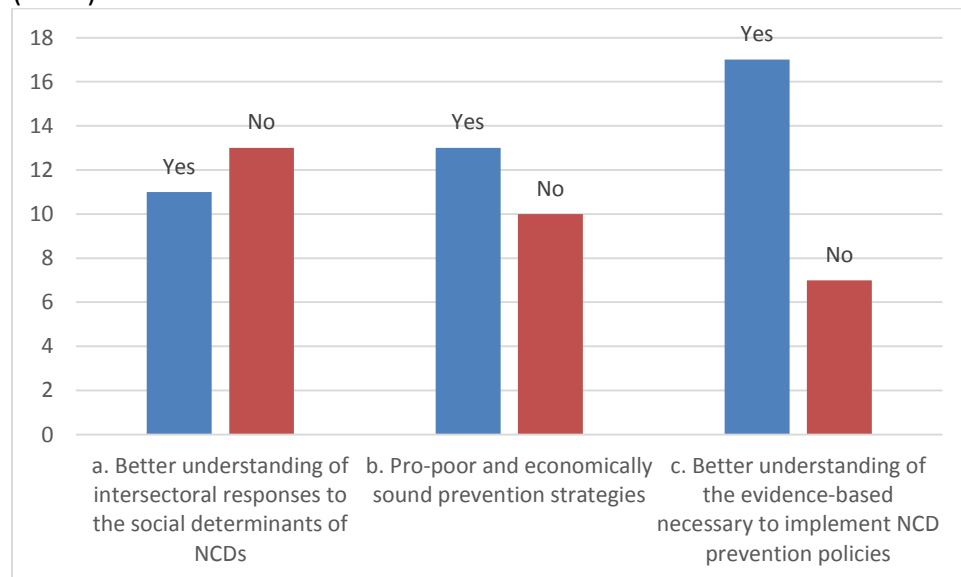


Q 12: The NCDP Program strategy indicates a move from funding small projects towards

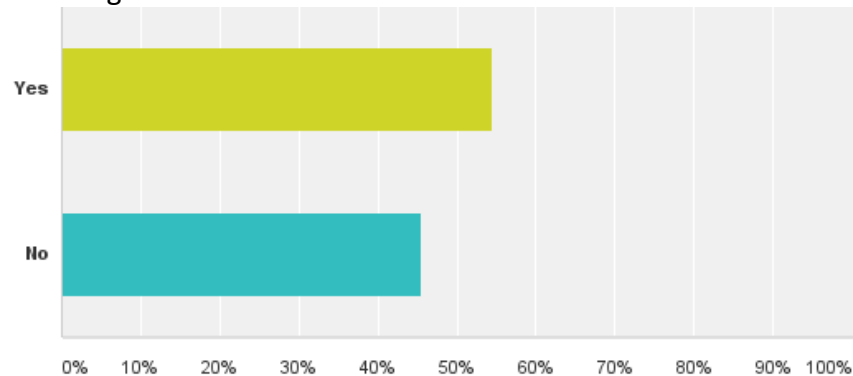
funding larger, “umbrella” or multi-country, projects. Do you think this strategy has been achieved in the past 4 years? (n=18)



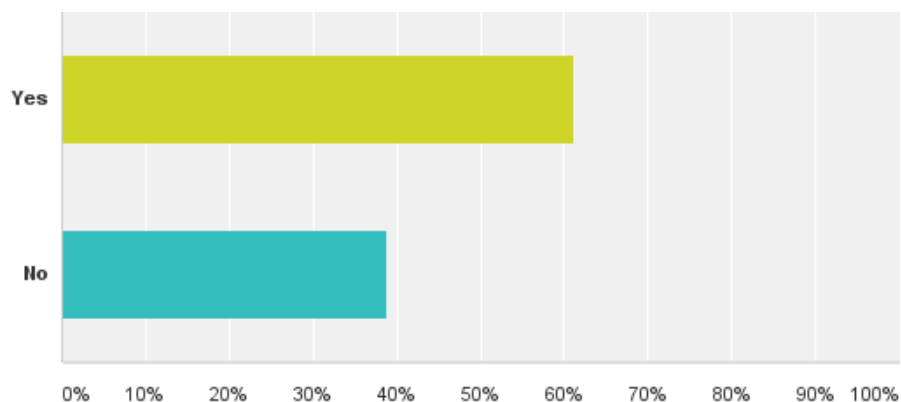
Q13: Are you aware of specific ways in which the NCDP funded research is contributing to: (n=24)



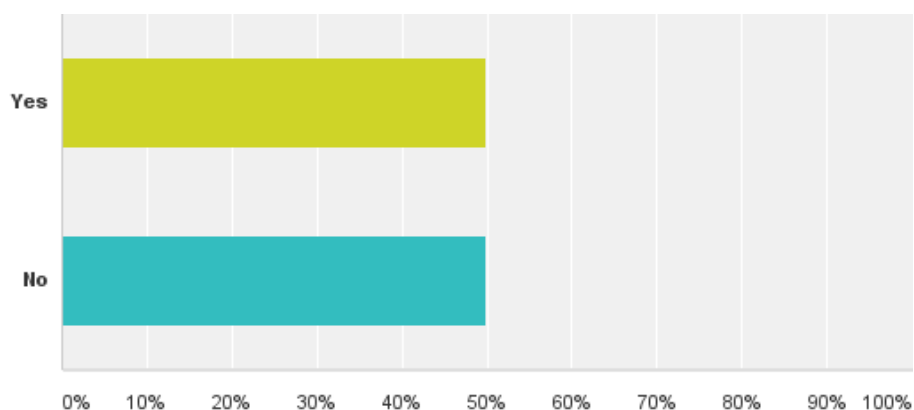
Q 14: Do you suggest any changes to how IDRC’s NCDP funds research in order to better achieve its stated goals?



Q 15: Does IDRC's NCDP Program pursue a clearly articulated focus in its grant-making? (n=18)



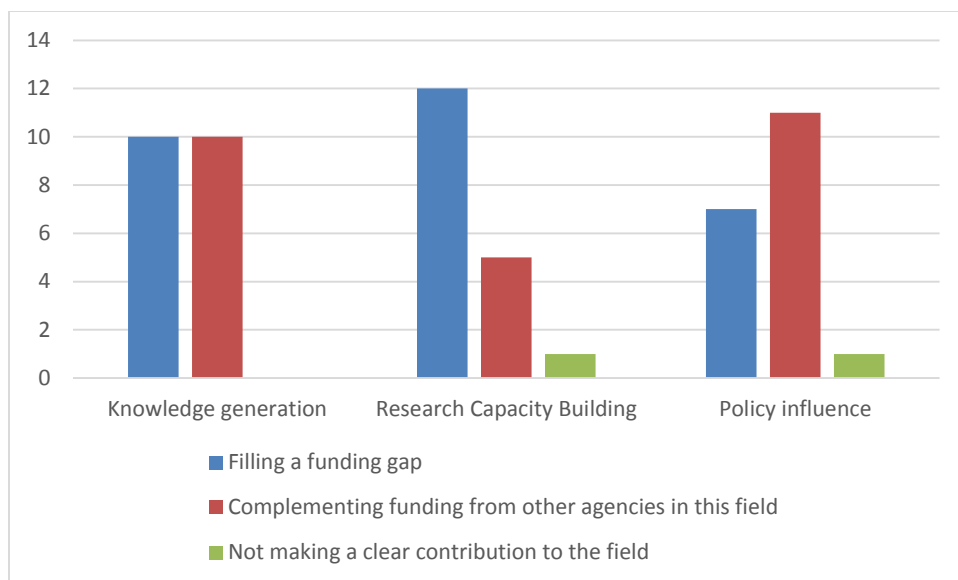
Q16: Do you know of any agencies that have a similar goal to support research in LMICs designed to influence adoption and implementation of cost effective NCD prevention policies? (n=24)



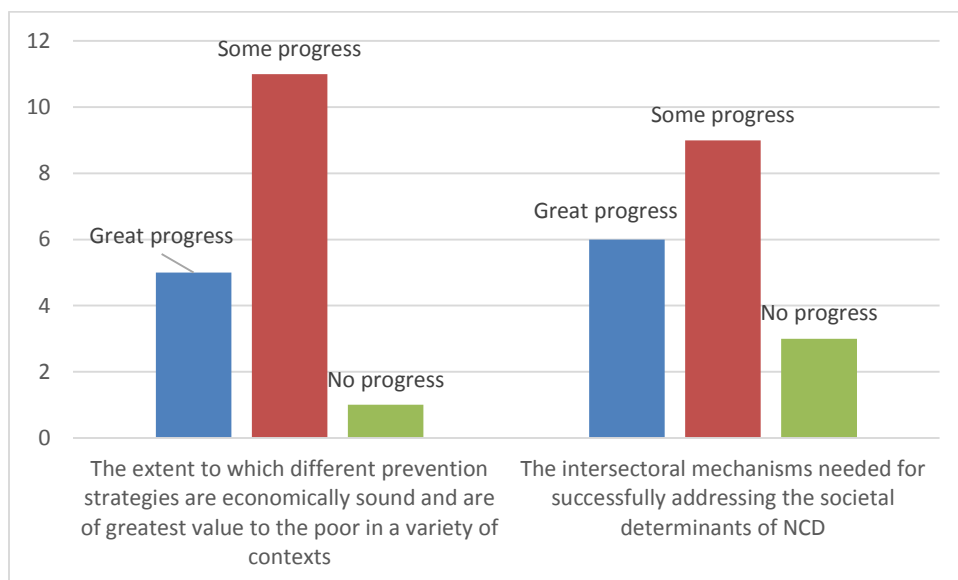
If yes, please indicate which ones and if possible what they fund? (n=13)

GACD, NIH, Bloomberg Foundation, Cancer Research UK, NCI US, HealthBridge, Johns Hopkins International Global Tobacco Control, University of Cape Town, SEATCA, Union tobacco control funding, Control for Tobacco Free Kids, Bill & Melinda Gates Foundation, World Health Organisation, American Cancer Society.

Q17: How does IDRC's NCDP compare to other funders in this field in the following categories? (n=24)



Q18: Please assess the progress IDRC's NCDP program has made in generating evidence on:  
(n=23)



## **ANNEX G: SHORT BIOGRAPHIES OF EXTERNAL REVIEW PANEL MEMBERS**

**Rachel A. Nugent**, Ph.D. is the DCPN Principal Investigator and DCP3 Series Editor for the following volumes: Cardio-metabolic and Respiratory Disease; Environmental Health and Injury Prevention; AIDS, STIs, TB and Malaria; and Disease Control Priorities. Rachel is also a Clinical Associate Professor in the Department of Global Health at the University of Washington and Director of the Disease Control Priorities Network. She joined the UW in April 2011. She was formerly Deputy Director of Global Health at the Center for Global Development, Director of Health and Economics at the Population Reference Bureau, Program Director of Health and Economics Programs at the Fogarty International Center of NIH, and senior economist at the Food and Agriculture Organization of the United Nations.

From 1991-1997, she was associate professor and department chair (1993-97) in economics at Pacific Lutheran University. She has advised the World Health Organization, the U.S.

Government, and non-profit organizations on the economics and policy environment of NCDs. She was a member of the Institute of Medicine Committee on the Cardiovascular Disease Epidemic in Developing Countries, the World Economic Forum Global Agenda Council on Chronic Diseases and Well-Being, and a contributor to the Disease Control Priorities Project in Developing Countries, published in 2006. Her recent research includes tracking donor funding on NCDs and the linkages between agriculture and NCDs. She received her M.Phil. and Ph.D. degrees in economics from the George Washington University in Washington, DC, USA.

**Dr. Stella Aguinaga Bialous**, is a nurse and a native of Brazil. She is an Associate Professor in Residence of the School of Nursing of the University of California San Francisco and the current President of the International Society of Nurses in Cancer Care. Dr. Bialous is a senior consultant of the WHO Tobacco Free Initiative and several other governmental and academic institutions. She is internationally recognized as an expert on tobacco industry monitoring and developing policies to address tobacco industry interference with public health. Additionally, Dr. Bialous is also involved in capacity building of nurses in tobacco control. She has published extensively on both tobacco control and nursing and tobacco.

**Sylviane Ratte**, a French national, is a public health consultant with twenty years of experience in tobacco, cancer and NCDs control. She has held positions at national, European and international level in both government and non-governmental structures. Her focus has been on prevention policy and program (legislative and fiscal policy, communication, public information, and advocacy). She has acted as consultant to the International Union against tuberculosis and lung disease (the Union), Bloomberg Philanthropies, Gates Foundation, World Health Organization, and Bath University, UK. She has developed, implemented and evaluated projects in France, UK, Finland, Poland, Turkey, Indonesia, and several African francophone and Anglophone countries. She heads Control 4 Health (C4H), a public health consultancy firm.

## **ANNEX H: TERMS OF REFERENCE FOR THE EXTERNAL PROGRAM REVIEW PANEL**

The terms of reference for the panelists asks that they judge the performance (i.e., strengths/weaknesses) of the program. For the questions below, the panel is asked to provide a broad analysis of the performance area and to give an overall ranking using the terms and performance rating rubrics.

The panel examines performance in terms of the following:

- a. How did the program perform in implementing its prospectus?

Validate the coherence, effectiveness, and appropriateness of:

- i. The choices made and priorities set by the program to adopt and/or evolve its strategies from what was outlined originally in the prospectus (the panel is not being asked to evaluate the original content of the prospectus that was approved by IDRC's Board of Governors).
- ii. Taking into account the context, and the risks and expectations involved, was the strategy adopted, adapted, and implemented in a way that was modest/ambitious/balanced?
- iii. The strategic lessons the program drew from its experience.

- b. Overall, was the quality of the research supported by the program acceptable?

Assess the main research outputs produced by a sample of completed projects in order to judge the overall research quality and the significance of the research findings to the field of study/research area. Take into account:

- i. Methodological and scientific standards;
- ii. The context in which the research was conducted and disseminated;
- iii. The intended purpose of the research;
- iv. iv. Potential for application to policy and/or practice;
- v. Any other influential factors.

- c. To what extent are the program outcomes relevant and significant?

Verify the contributions of the outcomes reported in the final prospectus report according to grantees, research users, and other influential stakeholders. Take into account:

- i. The nature of the field of study;
- ii. The maturity of the program;
- iii. The financial/human resources available;
- iv. The research priorities and challenges in the contexts in which the program works;
- v. Any other influential factors.

Document any important outcomes (positive/negative, intended/unintended, emergent) that were not noted in the final prospectus report.

- d. What are the key issues for IDRC's Board of Governors and senior management?

IDRC's Board of Governors, the Centre's international governing body, meets three times per

year to set IDRC's strategic direction, oversee the Centre's activities, and approve budgets. Only a small number of significant issues for consideration should be noted in this section. These issues may particularly relate to niche, relevance, and gaps in outcomes that could have been expected, whether problems stemmed from theory or implementation failures, issues for future programming, and emerging research or program performance questions. Any issues the panel raises in this section must be linked to the findings and have evidence to substantiate them. If the panel wishes to bring any issues (particularly significant operational issues) to the attention of management or the program that fall outside of the scope of the external program review, they should write a management memorandum in a separate annex.

### **Timeline and milestones for the external program review panel**

To conduct the review, the panelists will be allotted up to 25 days each (75 days in total) over a five to six month period. See Annex 1 for an indicative timeline of the external program review process based on a 10-month cycle that lists major milestones and culminates in the presentation of the external program review to IDRC's Board of Governors.

As the manager of the external program reviews, PSED ensures consistency in the timing and high-level approach of the external review panels. Broadly, all panels will follow the approach and meet the milestones described below.

- i. Initial document review and introductory teleconference: After contracts are signed, each panelist receives a targeted set of key documents from the evaluation manager. Included in this set of documents will be IDRC's Strategic Plan, the program's prospectus, the Research Quality plus Assessment Instrument, and the Scope of Work of external reviews at IDRC. The evaluation manager will coordinate a teleconference to explain and walk the panelists through this initial stage-setting group of documents.
- ii. Two-day orientation and planning workshop: The evaluation manager will coordinate a 2-day workshop at IDRC headquarters in Ottawa during which the panelists will meet one another, receive further orientation to the external review, meet users of the reviews, and plan their evaluation. This workshop also provides an opportunity for the program to present the Final Prospectus Report. Following the presentation, the panel can raise initial questions and ensure members understand the report and ideas therein. The panel may later select some or all of the program team as part of their sample of key informants/survey respondents. This meeting is not a replacement for data gathering from the program team. During the workshop, the panel may ask to meet a second time with program staff to ask additional clarification (e.g., an overview of the project portfolio) as they develop their workplan.
- iii. Workplan: Early on, the panel develops a workplan dividing the various tasks to be performed by the individual panelists and an evaluation framework setting out definitions and criteria for assessment. This workplan is submitted to the evaluation manager for approval.
- iv. Document review, data collection, and analysis: As this is a review that looks beyond individual projects to focus on how the program as a whole is performing, the panel draws from both program- and project-level data sources and seeks to triangulate data from multiple sources. The panel determines the most appropriate framework and

methods to answer the questions in the terms of reference. This usually includes, but need not be limited to, document reviews, key informant interviews, bibliometric reviews, and surveys. Field work (i.e., travel to projects) should not be necessary.

Panelists are free to divide the tasks required to complete the work in whatever way they see fit. The evaluation manager can assist the panel in offering frameworks, discussing sampling strategies to assess research quality and outcomes, and guiding the panel in understanding IDRC and its evaluation needs.

Based on the outcomes outlined in the final prospectus report and in the dashboard the panel will devise a data collection and analysis strategy for the review. In the past, the outcomes to be verified have been divided between the panelists; however, task division decisions rests with the panel.

Panelists are asked to use the provided Research Quality + Framework when determining whether the quality of the research supported by the program was acceptable.

The panel may ask for additional documents and may identify further key informants. The panelists ensure that the perspectives of those affected by the research and those not directly involved in the projects are captured (for example, those of additional researchers and research users). A panelist may want further data on an outcome she or he considers important.

To preserve its independence, the panel, within the limits set by budget and timeframe, determines the nature and scope of data collection necessary to complete its work successfully. Field work (i.e., travel to projects) should not be necessary.

In order to ensure that there is no duplication between panelists' work, the evaluation manager will encourage members to establish a communications plan at the outset of the review. At minimum, the panel should arrange monthly teleconferences. Experience from past external program reviews indicates that panelists should expect heavier demands of time at the outset as they get to know one another and the program, define the evaluation framework and design, and divide the work.

- v. Five-day draft findings meeting in Ottawa: This meeting is convened towards the end of the external review, after the panel has devoted three to four months to the document review, data collection, and data analysis.

This meeting offers a chance for the panelists to work together in person; and to share draft preliminary findings with the evaluation manager as well as representatives of the program being evaluated.

The evaluation manager will chair the presentation of draft findings to the program, during which the panel shares preliminary findings and obtains feedback. This primary purpose of this important interaction is to request clarifications and further factual information, and to catch and note any factual errors.

A sample agenda of the five-day meeting could include:

Day 1: Panelists work together to review their data and analysis, consolidate their findings, and prepare for the presentation of these findings first to the evaluation manager and then subsequently to program team. The panel may also meet with the program team to go over remaining questions and gather additional data. The evaluation manager will be available during this day for clarifications on any IDRC issues.

Day 2: The panel presents its draft findings to the evaluation manager and other PSED staff.

Day 3: The panel presents its draft findings to the program team and to the director of the program area. This represents an important opportunity for the panel to request clarifications and further factual information, and to catch and correct any factual errors.

Days 4 and 5: The panel further analyzes and discusses the findings and evidence amongst themselves to arrive at conclusions and draft the external program review report. The panel has the opportunity to partially draft its report (12-15 pages) during this face-to-face meeting, taking into account the documentation reviewed, the interviews, any other data collection, and the meetings with the program and evaluation manager.

- vi. External program review report preparation and presentation to program: The panel submits a draft external program review report to the evaluation manager within two weeks from the presentation of the preliminary findings. It should be noted that this draft report, and the subsequent final report, must include executive summaries not surpassing two pages. The evaluation manager shares the report with the program, the director of the program area, and the vice-president of Programs.

The evaluation manager reviews the draft to ensure the terms of the contract have been fulfilled. The program and the director of the program area review the draft for factual errors and submit any errors to the evaluation manager. The evaluation manager prepares a consolidated response to the panelists on any outstanding issues and submits this consolidated response in a timely fashion to the panel. The panel takes these comments into consideration in drafting the final 12-15 page report and writes a brief on how it has addressed comments (i.e., whether they were accepted or rejected).

Upon reception and review of the final external program review report, the program has an option of writing a memo capturing any agreement, disagreement, or concerns with the review. In the memo, the program can comment on how it intends to address the issues raised in the review. The program memo is sent to the director of the program area who weighs these considerations and who is responsible for constructing a management response to IDRC's Board of Governors.

PSED assesses the quality of the panel's external program review report and reports this information to Senior Management Committee and the Board of Governors. The Centre assesses the quality of evaluation reports based on the degree to which the report demonstrates that the evaluation has fulfilled the purpose for which it was conducted using four internationally-recognized program standards: utility, feasibility, accuracy, and propriety.

This ensures that evaluations serve the information needs of intended users and are owned by stakeholders (utility); are realistic, prudent, diplomatic, and frugal (feasibility); reveal and convey technically adequate information about the features that determine worth or merit of the program being evaluated (accuracy); and are conducted legally, ethically, and with due regard to the welfare of those involved in the evaluation as well as those affected by its results (propriety).