

MAKING RESEARCH MATTER IN GOVERNANCE, EQUITY, AND HEALTH

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Governance, Equity, and Health (GEH) is IDRC's newest programme initiative, launched in 2002. In a strategic partnership with the Swiss Agency for Development and Cooperation (SDC), GEH seeks to strengthen health systems, support broader citizen participation and increase the effectiveness of **research-to-policy-to-practice linkages** in promoting the dual goals of health and social equity. GEH focuses on the interplay between governance and public health, linking the technical with the political, the economic with the social. GEH examines health systems through a governance lens, focuses on the challenges of governance as they play out in the health sector and hopes to extend lessons to sectors beyond health itself.

The initiative now supports a range of research projects and networks in sub-Saharan Africa (SSA) and Latin America and the Caribbean (LAC). At the country level, the IDRC and SDC intend that GEH research should strengthen and monitor the capacity of governments to ensure the equitable delivery of effective public health and health care services, particularly to marginalized and deprived populations. More broadly, GEH hopes to contribute to a **shift in thinking and practice** so that political and governance challenges, equity concerns and technical health and health policy questions are increasingly seen as interconnected.

Within GEH, three key mechanisms strengthen the links between the generation and utilization of knowledge related to governance, equity and health:

1. Identification, development, and selection of research projects, teams and networks;
2. Technical support, monitoring, networking, and synthesis by IDRC professional staff;
3. "GEH Research Matters", a dynamic, responsive, independent "knowledge translation" instrument within GEH. It will complement project- and network-level "closing the loop" activities as a meta-project dedicated to pulling together, synthesizing and disseminating lessons learned from GEH and from other efforts in the health and governance area.

The core elements of the first two mechanisms are common to all IDRC programmes. The third is a new initiative proposed by the SDC-IDRC partnership in GEH.

Project identification and development in GEH

The themes and topics addressed by GEH reflect widespread and significant development challenges. GEH focuses on a practical understanding of the dynamics impeding more effective and equitable service provision and civic engagement, primarily through identifying and testing mechanisms to overcome some of these barriers. At the level of the individual project as well as the programme as a whole, therefore, both the topic of research and the approach to research - including the composition of the research team as

well as the methodologies employed - facilitate “closing the loop” between the generation and utilization of knowledge.

In addition, GEH seeks, wherever possible, to link individual research projects to larger development programmes, whether indigenous or donor-supported.

In practice, this means both that research teams are actively supported to build these linkages, and that development programmes and their managers, stakeholders, beneficiaries and indeed critics, are actively encouraged (through informal as well as formal channels) to propose questions or ideas which can be developed into research projects with the support of the GEH team.

Finally, GEH invests significant resources in those dimensions of networks and projects that are necessary for effective engagement with the policy process, including influencing the social and political environments in which policy is developed and implemented - or not. Concretely, this reflects, on the one hand, our decision to support individual projects which can contribute to such policy influence through the topic, composition of the team, and methodologies of research and dissemination as discussed above and in the next section. Beyond this, however, it means supporting successful institutions or networks to take their and others’ research results to the next step through adequately funding coordination, networking, rapid synthesis or exploratory work in response to decision makers’ queries or communities’ demands, media contacts, and facilitating electronic or face-to-face meetings between researchers, stakeholders, and decision makers such as ministries or donors.

Dissemination without an active research programme becomes stale and formulaic; research without an active coordination, communication and advocacy programme becomes invisible and, at worst, irrelevant.

Technical support and synthesis by IDRC staff

Typically, proposals are received as an inquiry or letter of intent, either in response to a posted competitive Request for Proposals (RfP), or in response to an invitation by IDRC staff through field missions or correspondence. In the competitive RfP process, letters of intent are reviewed by an expert panel and successful teams invited to submit a full proposal, either directly or subsequent to a Concepts and Methods Training Workshop. In the open process, letters of intent are reviewed within the team and, if the general idea falls within the scope of GEH programming, an interactive proposal development process begins. This process may involve visits by IDRC staff or by outside experts from the South or from the North; library support; funding for workshops to consult and build partnerships with local and regional stakeholders; active networking support to build South-South and South-North partnerships; funding and expert technical support for study design workshops; training in participatory research and support for exploratory work to build teams which are both interdisciplinary and participatory (involving communities, service providers, local or national governments, the private sector, and other development partners as indicated). Concurrently, IDRC staff may be actively seeking co-funders, as well as opportunities to build linkages between the proposed work

and other development and research programmes in the region. The end of this proposal development process is a final research proposal which is again reviewed within the team and, where indicated, by external reviewers, and a final decision is taken on full, partial, conditional, or no funding of the proposed work. It is important to emphasize that while we hope to be able to fund such a project in the end, IDRC considers the investment in proposal development itself to be a significant contribution to capacity building for applied, relevant, rigorous and usable research.

In addition to working directly with research teams and supporting networking and development programme linkages related to individual projects or networks, GEH team members themselves contribute substantial intellectual effort to understanding and communicating the relationships among governance, equity and health specifically and between research and development more generally. Team members present at a variety of fora, from ministerial briefings to development working groups and conferences to academic meetings. They work with IDRC researchers to prepare papers both for scholarly publication (essential for the research to be scientifically credible) and for targeted presentation and discussion in the fora essential for the research to be useful and used. These fora include community meetings, preparation of White Papers based on the research, media and popular presentations (in collaboration with IDRC's Communications Division as well as with local media, some of whom may be involved with research teams as co-investigators), presentations, recommendations and follow-up with relevant ministries (notably Health, Local Development, Decentralization, and Finance), and others.

Research Matters (RM)¹

Within this GEH framework, Research Matters was launched in May 2003 to support the effective exchange and translation of research results into policy and practice. RM was created to pull together lessons and experiences of GEH projects and networks to inform and stimulate a broader **policy dialogue**. It also seeks to consolidate, amplify and extend the impact of GEH projects, situating GEH experience and partners in relation to other research and development evidence and actors engaging in governance, equity and health work.

The **aim** of RM is to **increase policy dialogue and promote policy change and implementation towards a GEH vision**, through increasing the policy and practice applicability and utilization of research.

Its **specific objectives** are

- **to consolidate** existing evidence as well as help **identify key gaps** in evidence on GEH themes,

¹ The remainder of this section, on Research Matters, is the text of the RM proposal developed jointly by the RM team and GEH team members: Sandy Campbell, Nadia Isler, Martha Melesse, Marianne Villaret, Pio Wennubst, and Christina Zarowsky

- to enable research teams and research users to **interact** more effectively in order to increase the **applicability** and **utilization** of GEH research at national, international and global levels
- to support targeted and problem-oriented **transfer of GEH and related evidence to policy makers and other research users** at country, regional, and global levels, both proactively and in response to demand

Its concrete work is in the **interface** between individual research projects or programmes, policy debates and practice at local, national, regional and global levels.

RM complements, builds on, and informs the programming of GEH, beginning where individual GEH projects normally leave off, and in turn suggesting new approaches or areas of research to GEH but without itself undertaking new research. It brings together the common threads among projects, and links GEH projects and the GEH programme's findings and partners to a broad range of research users.

The added value of RM

Many programmes and initiatives currently synthesize and disseminate health research findings, with the ultimate aim of influencing policy.² While RM may eventually link with these organizations, its uniqueness lies in three areas:

- it addresses **GEH issues**, linking political with technical analysis to address governance and equity challenges of health systems and civic engagement. Most existing health research syntheses are largely quantitative and biomedical, or at most clinical and epidemiological, and do not address the social, economic, political and cultural dimensions affecting the implementation of all health interventions;
- it works directly in the South, **builds on work led by the South** and by existing networks and institutions, and facilitates more effective engagement by Southern researchers and research users on issues of national and global importance;
- in addition to producing synthesis documents tailored for a range of audiences, **RM helps to bring this evidence directly into the policy making and implementation world**, including through face-to-face interactions between researchers and research users.

² Examples include: Eldis/HSRC Health Systems Resource Guide, the Alliance for Health Policy and Systems Research (AHPSR), the Global Health Council, the Global Health Policy Research Network, the Council on Health Research for Development (COHRED), and, more specifically, the International HIV Treatment Access Coalition (ITAC).

A niche within the complex, long-term challenge of making research matter

While it seeks to respond to the demands and priorities of a range of research users (including development partners at bilateral and multilateral levels, decision makers, practitioners, communities, activists, NGOs, the private sector and the media) and to support research users' capacity to use research, RM's starting point is with research teams and their research-user partners, building links with others from this core. Over time, it is expected that these links will result in spontaneous, mutually beneficial and fruitful interactions among research teams, between research teams and potential research users, and between policy and practice actors and research teams – a diverse and multi-layered community of practice. RM will **support**, **facilitate**, and at times **initiate** such linkages, in interaction with GEH and SDC programme staff. Over the next two to three years, RM, GEH and SDC staff should become less visible as catalysts for these kinds of interactions.

In order for research **to make a difference** in the long run and for researchers to be able to identify and seize specific opportunities to **inform and influence policy and practice** agendas, research teams need to:

- know how to identify and respond to priorities and opportunities
- know how to draw on other research teams' findings and resources
- know how to communicate their findings and approaches in a variety of ways to a variety of potential research users
- have the resources to exploit opportunities to “make research matter” on specific issues as the opportunities arise.

This knowledge is the result of **capacity building** over a long term.

Conversely, research users need to:

- have access to research and researchers
- be able to interpret research
- have the capacity and resources to apply research
- be able to influence a research agenda

There are many examples of successful research to policy linkages, in many fields. However, these individual cases are frequently invisible or not available to others who might benefit from these experiences. Beyond capacity and resources to respond to discrete **windows of opportunity**, RM will build integrated bodies of evidence and experience—over time and across specific individual contexts.

As its timeframe and resources are limited, RM cannot pretend to make a significant contribution to the full range of capacity building that is needed to promote even a “GEH agenda”, let alone a broader health and equity agenda. What it seeks to do is to make a real and visible—though modest—difference in a few specific areas of thinking and

practice, in a relatively short timeframe. Implemented in the tradition of problem-based learning—which maintains that effective and long-lasting learning of general concepts and skills occurs best when it is organized around solving specific problems—RM will investigate several complex and contested themes. These **focus themes** will be entry-points for most RM action and support, becoming hubs of specific knowledge translation and capacity building.

Research Matters' **strategy** is to help to consolidate evidence and move it into practice through balancing **three approaches**:

- exploring focus themes
- responding to windows of opportunity
- supporting a community of practice

The **modalities** through which the strategy is pursued across the three approaches are:

- reflecting on research and policy needs
- consolidating the evidence
- strengthening know-how
- advancing the evidence and agenda.

Each of the modalities is relevant to each of the three approaches. RM's concrete activities are organized around consolidating evidence and enabling research-policy-practice interactions which attempt to move specific thematic agendas forward, while recognizing that the activities and interactions supported by RM may manifest their impact in unforeseen ways, in timelines that are not readily predictable. In addition, RM will consolidate the thematic evidence as well as the experience and knowledge gained through the processes supported by RM in an accessible and user-friendly database.

Focus Theme Approach

A focus theme is the **leading thread** that allows GEH partners and RM to consolidate and highlight results, and to develop other activities. In the absence of this leading thread, RM with its modest resources is likely to be pulled in too many directions and hence reinforce the current picture of many disparate and invisible pilot projects and experiences.

The **focus theme approach** allows RM to continue supporting a community of practice and responding to windows of opportunities, while also building a more comprehensive body of evidence, experience, and action around issues where GEH partners have something to offer *and* where a GEH lens can **contribute to reshaping policy debates**, practice, and further research. As with its other work, in the focus theme RM will document, consolidate, analyze and disseminate specific experiences in **implementing**

mechanisms that facilitate direct research/evidence-policy links at the country and regional level, and in donor policy and practice.³

In practice, exploring a focus theme means that over a period of one to two years

- the GEH community of practice is mobilized, and strategic partners are engaged
- existing and ongoing research and development experience are analyzed and consolidated around the theme *and in relation to practical opportunities to influence policy and practice*
- linkages with research users are actively promoted by RM together with GEH partners
- research-to-policy-to-practice activities (including skills development where necessary) are supported around a set of interconnected “hot” issues relevant across contexts, levels, and types of stakeholders
- the process and lessons learned—including successes, failures, and surprises—are systematically documented
- interim products and processes, as well as the overall outcomes over one to two years, are synthesized, collected in an accessible and user-friendly RM database, and disseminated.

Focus Themes 2004

For 2004, RM will pursue two separate focus themes, which, while independent and with different geographic foci, will also intersect. The first focus theme is “Strengthening Health Systems through Anti-retroviral Therapy (ART),” with particular attention to southern Africa. The second theme is “Financing for Health and Social Equity,” building in the first instance on the experience of GEH teams in West Africa and Latin America and the Caribbean.

These focus themes respond to gaps and questions that have been identified by both researchers and research users. These themes capitalize on existing GEH work, address “hot” topics in the developing world, and, by consolidating the existing evidence and lessons, further the discussion and debate on these highly contentious issues.

Focus Theme ART

How can governments and development partners scale up antiretroviral therapy from the current mosaic of small NGO and corporate pilot projects to, eventually, universal access with a public sector lead? How can the current enthusiasm and resource mobilization for antiretroviral drugs (ARVs) in Africa be channelled into strengthening public health systems? Or will the often politicized provision of ARVs overburden already fragile health systems? How can the research on the medical, health systems, social, and economic complexity of comprehensive AIDS care—including ART—best be absorbed

³ Specific examples of this process include the TEHIP experience of building District Health Teams’ capacity to collect and directly apply evidence to the planning and budgeting process; the West Africa network’s dissemination activities in encouraging governments to make concrete plans to incorporate this and other evidence in monitoring; the invitation by the South African Free State Department of Health to the GEH-supported PALSA team to support the ongoing monitoring and evaluation of ARV rollout.

by research users? What broad lessons can be drawn from efforts to scale up in particular epidemiological, socio-economic, and political contexts, while avoiding misguided “silver bullet” prescriptions not based in documented real-world experience? In what ways can RM assist in transmitting this **research and evidence** to the policy and implementation stages?

The epicentre of the AIDS pandemic is in southern Africa – South Africa alone has more people with HIV and AIDS than all of Europe and North America combined. It is here that rapid but careful action is most needed, in order to respond to the massive need for ART and comprehensive AIDS care without simultaneously setting in course a second pandemic of drug resistance and excessive diversion of human, financial, and pharmaceutical resources.

In this focus theme, RM will collaborate with **Equinet**, a Zimbabwe-based southern African health equity network and key GEH-partner, building on and complementing this regional network’s efforts at consolidating and moving the evidence for an integrated approach into policy and practice. Equinet has already established strong channels of communication with key policy and practice actors in health and finance ministries, parliaments, and civil society. Support for RM will help Equinet build a consolidated and user-friendly evidence base to support the health systems focused work—a base this network has already expressed a desire to create.

Equinet will lead the development and implementation of this theme, utilizing its already extensive body of research on the problem and its wide network of researchers and research users to consolidate, highlight and move further into practice the diverse body of existing evidence and promising avenues of inquiry. RM will play the role of supporter, facilitator and disseminator to other audiences of Equinet activities on this theme. It will facilitate interactions with other research teams working on this theme and with policy actors at regional and global levels, while also assisting the movement of evidence from researchers to research users, from one country to another, one region to another, and to other influential international agencies. In this way, RM and Equinet hope to support a bottom-up and evidence-based approach of implementing and sharing lessons learned.

Over the course of 2004, RM will deepen this ART focus theme by:

- Working actively with the coordinator of Equinet’s work in this area, based in the Ministry of Health of Malawi, consolidating the existing evidence on ARVs and AIDS inside GEH, SDC, Equinet, SADC and beyond
- Through the Malawi-based theme coordinator commissioning short papers or interviews from researchers, civil society, and government in southern Africa on their experiences, challenges, evidence and lessons
- Strengthening, interacting with, and linking the new GEH initiatives on the ARV roll-out, including the PALSA PLUS project, CIET and UWC.
- Commissioning several meta-analyses of the issue, with regional and global scopes, together with shorter summary “perspectives” representing a range of key positions or perspectives on the issue

- Facilitating exchanges between research teams addressing the challenge of strengthening health systems through—or despite—ART
- Facilitating meetings or workshops with a range of research users (governments, civil society, media, the private sector, donors), taking advantage where possible of key conferences or events in the region and globally
- Developing and producing briefing (i.e. two-page) notes for various audiences
- Supporting interaction and skills-development in relation to the media
- Assisting in the production of core documents
- Supporting training for researchers and research users in the skills needed to advance research to policy and practice in this thematic area (e.g. communication skills, policy analysis and mapping)
- Convening an end-of-year workshop bringing together the key actors, evidence and lessons RM has assembled and worked with during 2004 and charting the next steps

In examining ART, RM will ideally contribute to **changing the mindset** at the local level (e.g. health clinics, hospitals, municipal and state governments), the national and regional levels (governments, SADC), and finally at the global level itself, influencing *with evidence* key donors and multilateral agencies. At the end of 2004, Equinet and RM will have brought together a wide range of researchers and research users in the beginnings of a fluid and functioning community of practice; created a dynamic body of evidence that reinforces a changed mindset; encouraged and supported several institutional policy champions within SADC, civil society, and governments (Equinet has identified specific key targets in this regard); disseminated evidence widely; and helped to support and strengthen—through evidence *and* through supporting linkages and alliances with other like-minded partners—the position of various actors in the AIDS policy arena in Southern Africa and globally who are seeking to move beyond simply purchasing antiretroviral drugs but aiming to strengthen fragile public health systems.

Focus Theme Financing

The second focus theme of RM is “Financing for Health and Social Equity”. In contrast to the Health Systems and ART theme, this second focus theme will be much more directed by RM. It will address the key challenge—highlighted by but by no means limited to ARVs—of how to scale up health system financing which protects against both “medical” and social exclusion. What are the implications of current mechanisms and patterns of financing, at both community and national levels? Do mutuals, community financing, and public-private insurance schemes have the potential to scale up to anything approaching universal coverage, be it of emergency obstetrical services or ARVs? What can the body of research and experience in community participation and empowerment teach us about how to engage communities and the excluded in decision making, prioritizing or rationing, and monitoring the impact and effectiveness of financing models? Is there any community accountability on comprehensive health care and public health initiatives? Can either communities or governments (whether at district or national levels) recognize and address equity gaps? Do studies on diseases or systems or community participation in any way address or speak to the challenges of fair financing?

Over the course of 2004, RM will deepen this focus theme by undertaking many of the activities already outlined above on the first focus theme. As GEH has already undertaken a wide body of research on the subject, notably in West Africa and Latin America and the Caribbean—and to a certain extent in southern and eastern Africa as well—RM will begin by consolidating the existing evidence. In addition, RM will:

- Engage with the review of community financing currently being undertaken by the ILO (expected publication January 2004)
- Review the forthcoming SDC project synthesis and all past and current GEH projects in light of the types of questions asked by this focus theme.⁴
- Circulate for review and comment by GEH partners—with expertise in financing and resource allocation—documents and policy proposals from SDC, CIDA, other development partners, and governments
- Convene a series of face-to-face and electronic workshops on the issue over the next year, beginning with a review of the challenges, a synthesis of the evidence, and a movement towards identifying research-policy partnerships for concretely advancing research and policy development agendas on “Financing for Health and Social Equity”. These workshops will occur at two levels: 1) focus on national and regional agendas and opportunities, with development partners as participants/observers; and 2) focus on development cooperation agency policy development, with national and regional government and research participants and observers.
- A key moment for both themes, and for bringing forward the consolidated experience in **implementing mechanisms that facilitate direct research/evidence-policy links at the country and regional level**, will be the November 2004 Global Summit on Health Research, Mexico

At the meta-level of RM, 2004 will answer the questions: does a focus theme work? Has it met our goals? Does the focus theme or themes approach best utilize RM’s resources? And if yes, should more themes be selected for 2005 or should the same themes be investigated further? We expect that these two themes will be carried forward in 2005, but will be monitoring effectiveness as well as other opportunities.

Windows of Opportunity

Windows of opportunity may arise as RM develops its core activities around the focus themes. It is important that Research Matters keep flexible in its approach to be able to

⁴ A preliminary list includes: the West African network on public policy and exclusion—where RM will concretely document experiences and evidence while supporting teams to take regional lessons and apply them in-country; the Mexican projects on health financing, equity and decentralization; the Brazilian examination of municipal health systems and public-private insurance schemes; the PAHO-IDRC supported projects on innovative strategies in expanding social protection; MAPHealth and the Kerala Community-based Health Solidarity Scheme; Equinet’s work on resource allocation and policy analysis in budgeting, governance and community participation; and the TEHIP District Health Accounts.

respond to new opportunities. RM will provide small grants to support proposals from GEH teams (and eventually other researchers and research users) through which research on specific GEH problems can be moved further into concrete policy or practice. Keeping a door open to new opportunities is also a way of identifying topics that are high on the agenda and that could become potential focus themes for RM's future activities. Possible activities include: workshops, producing targeted synthesis documents or videos, joint activities such as priority setting or pilot projects involving researchers and research users, etc. RM expects to support 5-10 small projects of \$5000 to \$10000 each in year one.

Supporting a Community of Practice

Through a community of practice, RM will respond to and support GEH teams and, eventually, other partners working closely together, in developing more effective skills in sharing and applying evidence and experience among each other and with a range of research users including decision makers, communities, practitioners, activists, the media, and development partners. This networking and knowledge translation component of RM will underpin all of RM's activities, supporting the development of focus themes, the windows of opportunity, and above all increasing the dissemination, discussion and debate of governance, equity and health issues among researchers and a connected research-user community.

This community of practice aims to strengthen

- a) the relevance and impact of individual teams' research in their own contexts and policy environments, and
- b) the capacity of individual teams to recognize and respond to opportunities to act together to move a broader governance, equity and health agenda forward, at national, international and global levels.

This process of building a community of practice is gradual and not easily predictable. Most partners have expressed an interest in the bigger picture and want their work to contribute to solving a range of important problems. However, they are also conscious of time and resource constraints—constraints that can inhibit networking, even when it seems a good idea. The challenge for RM in this area is to support a community of practice, identify and share opportunities for networking, exchange, and adding value to a common cause among the teams, and yet respect the realities, limitations and -- most importantly -- the priorities of the individual teams.

In the first year, support for the community of practice will complement a process of engaging teams around the focus themes and therefore the dedicated budget is modest. In addition to engaging and supporting teams around the themes, this approach will enable the consolidation and dissemination of findings, methodologies and tools among GEH teams, developing an inventory of tools for GEH research in collaboration with GEH partners, and identifying possible training opportunities.