M&E for research for health



This brief presentation is an introduction to an open discussion that will take place on Thursday 8th November.

This will cover:

- The key components of the M&E system
- Frameworks for measuring return on investment an example from the Canadian Academy of Health Sciences looking specifically at impact level

Questions to consider



- What are we currently doing / What do we have?
 - Examples of best practices
 - Challenges
- What could we be doing / What do we need?
 - Recommendations
 - Feasibility

If you have examples, suggestions, frameworks, theories of change etc then please do bring them with you on Thursday.

- AM 9h00 10h00 Group session
- PM 14h00 17h00 Side session

Components of a good M&E system



7 things to look for when assessing an M&E system

- 1. It should answer three universal evaluation questions.
- Are we doing what we said we would do?
- Are we making any difference?
- Are we doing the right things?
- 2. There should be *ownership* among key stakeholders of the outputs of the M&E system.

Components of a good M&E system

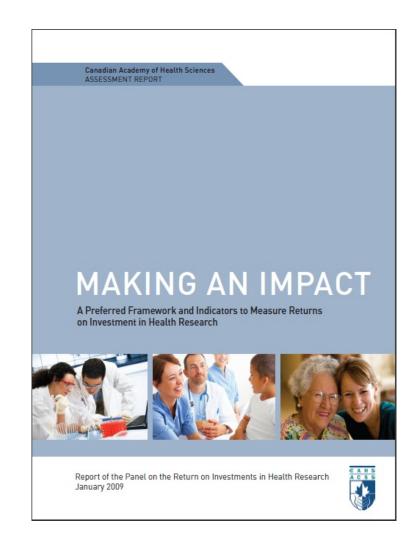


- 3. The M&E methodology is consistently used
- 4. The M&E system *makes a difference* to how things are done. There are practical and visible benefits.
- 5. These benefits outweigh the *costs*. Rewards are greater than the inputs.
- 6. The methodology is not static but is always being modified and improved.
- 7. The M&E system becomes an integral part of the organisational culture i.e. *it's the way we do things round here.*





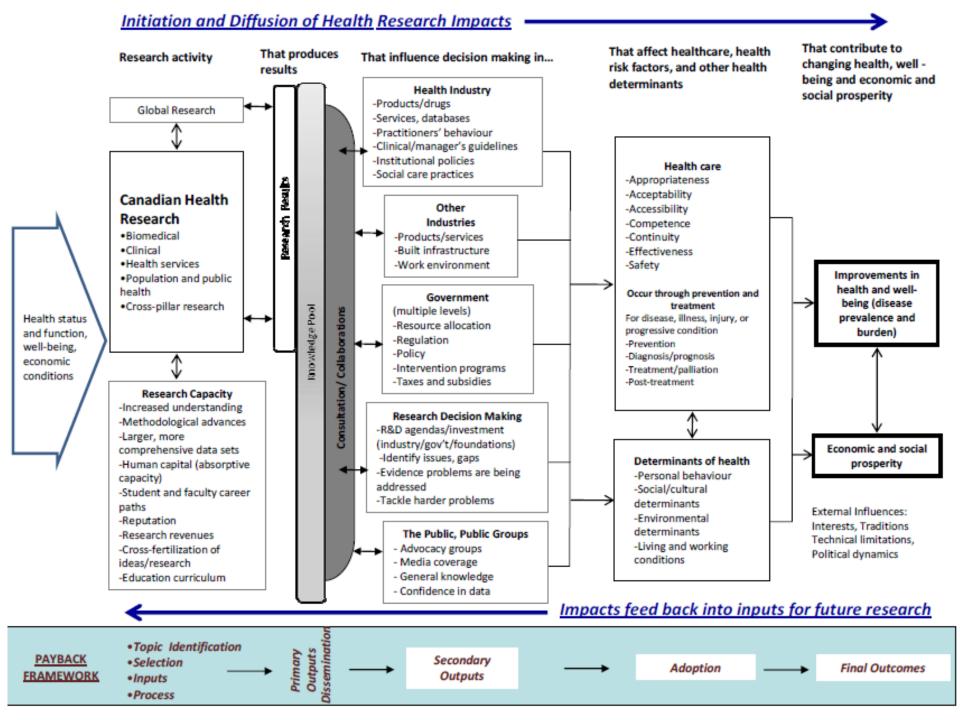
- Is there a 'best way' or are there 'best methods' to evaluate the impacts of health research
- Are their 'best metrics' that could be used to assess those impacts (or improve them)?





5 impact areas of the framework

- Advancing knowledge research quality, activity, outreach and structure
- Research capacity-building personnel, additional research funding and capacity
- Informing decision-making pathways from research to its outcomes in health, wealth and well-being. Health related,research decision-making, health-products industry decision-making, general public decision-making.
- **Health-impact** health status, determinants of health and health system changes mobile risk factors, environmental determinants, modifiable social determinants
- Broad economic and social impacts activity, commercialization, health benefit, well-being, social-benefit indicators







Advancing knowledge

- Quality and activity: relative citation impact, publications
- Outreach: Co-author analysis, field citations
- Contextual / structural: relative activity in different fields
- Aspirational indicators: Book to book citations, average number of downloads per publication,





Capacity building

- Personnel: Graduated research students in health related subjects, number of research and research related staff
- Funding levels of additional 'outside' funding
- Infrastructure grants for infrastructure, % of grants with infrastructure support
- Aspirational receptor capacity (ability of those in policy and administrative positions to take research findings on board), absorptive capacity (to take on research from outside organisation and country etc)

Types of indicators



Informing decision making Health related:

- Use of research in guidelines
- Surveying public health policy makers on what research has been used to inform their policies.
- Researcher reported use of findings outside of health.
- Research cited in ongoing education material.

Research:

- Identifying cited research in successful funding applications to identify underpinning research informing new research direction.
- Number of consultations with policy makers
- Number of requests for research for support policy, primarily systematic reviews.
- Research used in curricula.

Types of indicators



Informing decision making continued...

Products:

- Patents
- Consulting and collaboration with industry
- Use of research in industry reports in development of products

General public:

- Research cited in advocacy publications
- Public lectures given

Aspirational indicators:

- Media citation analysis
- Citations in public policy documents (grey literature)

Types of indicators



Health impacts and social impacts?

- Health status
- Determinants of health
- Well being
- Socio economic status of population

Links for these findings are **much** harder to identify. There are significant 'attribution gaps'.

Questions to consider



- What are we currently doing / What do we have?
 - Examples of best practices (eg Botswana: donor tracking)
 - Challenges
- What could we be doing / What do we need?
 - Recommendations
 - Feasibility

If you have examples, suggestions, frameworks, theories of change etc then please do bring them with you on Thursday.

- AM 9h00 10h00 Group session
- PM 14h00 17h00 Side session