



**CCGHR CCRSM**  
Canadian Coalition for Global Health Research    Coalition canadienne pour la recherche en santé mondiale

**Strategic Plan  
2010-2014**

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## 1.0 Introduction

The Canadian Coalition for Global Health Research (the CCGHR or “the Coalition”) is a network of people and institutions committed to achieving better and more equitable health outcomes worldwide. It is a Canada-based organization that builds collaborative and dynamic relationships among global health researchers domestically, internationally, and in the spaces connecting the two. Since its founding in 2003, the Coalition has linked the like-minded across borders and disciplines, in the process building a fluid and connected global health research (GHR) community better able to advance equitable solutions to priority health challenges worldwide.

With a general orientation towards the health-research challenges in low- and middle-income countries (LMICs), and guided by the overarching goal of reducing disparities in health outcomes, the Coalition focuses on:

- strengthening the capacity of global health researchers, institutions and systems;
- actively coordinating, brokering, partnering, mentoring and facilitating among global, national and local actors;
- influencing the policy process within and between high-income countries (HICs) and low- and middle-income countries (LMICs);
- strengthening a network of connected, dynamic members in Canada, LMICs and HICs;
- incubating teams (groups) pursuing a particular global health research issue and then devolving responsibilities to HIC and LMIC institutions; and
- learning lessons, thinking evaluatively, and communicating its work.

In its five years of operations, the Coalition has attracted a broad membership, with currently over 1300 members. An accepted network *and networker* between individuals, institutions, government agencies and ministries, the Coalition harnesses the talents and knowledge of a diverse array of stakeholders. Its niche, both domestically and globally, emerges through identifying, linking and coordinating Canadian inputs and expertise; matching these inputs and expertise with similar forces from LMICs and other HICs; facilitating dialogues and brokering knowledge with the intention of influencing policy; and strengthening the capacity of both researchers, institutions and systems to create, use and demand knowledge within a broader web of knowledge and experience. The Coalition has developed and launched a variety of projects at home and abroad that illustrate these principles, and is entering a new phase that will see its continued evolution into a cutting-edge “learning organization”.

### **Global Health Research**

Recognizing that “global” captures the scope and interconnectedness of any health issue – and not its location – the Coalition defines global health research as *research that prioritizes equity and improved well-being for all people worldwide. Global health research studies transnational health issues, determinants, and solutions; involves and collaborates with many disciplines within and beyond the health sciences; and is undertaken in order to inform (and be informed by) policy at the local, national and global levels.*

**Source:** adapted from the definition of “global health” found in Koplan J et al, 2009. “Towards a common definition of global health”. *The Lancet*. 373:9679.

Over the next five years, the Coalition will develop and follow an integrated and precise set of programs, with each informing the next and captured at an organizational-level for further learning, evaluation and refinement. The Coalition's activities will be grouped into the following Programs:

- Capacity Development;
- Policy Influence; and
- Networking.

Each Program will serve a Canadian and a global constituency, and will work to bring both dynamically together under the guidance of a corresponding Resource Group. A set of "supporting strategies" will thread through each of these Programs:

- *learning* – the foundation of all of the Coalition's activities.
- *partnering* – the spirit bonding the Coalition's members; and
- *communicating* – the vehicle for achieving the Coalition's core objectives.

This present Strategic Plan is the Coalition's third Strategic Plan (see Background Documents in section 12.0). It builds in many different instances upon a recently completed internal evaluation, a summary of which is also available as a Background Document.

**From individuals to institutions to systems...**

The Coalition has typically focused on the *individual* researcher and research-user (e.g. policymaker, practitioner, funder) as its prime target and member. Over the course of this Strategic Plan, the Coalition will continue this focus while also developing deeper, formal ties with *institutions* (e.g. NGOs, university departments, Ministries of Health) and contributing towards changes at the *system* level (e.g. strengthening specific capabilities of a national health research system).

## 2.0 Problem Statement

Global health research is marked by inequities. As reflected in the 10/90 dichotomy, there is a mismatch between the burden of disease and the current pattern of health research investment, with only 10% of worldwide expenditure on health research and development devoted to the problems that affect the poorest 90% of the world's population. Despite the rising prominence and accepted importance of global health research to address and close this gap, the system governing it is relatively splintered and scattered. Funding agencies and foundations pursue various uncoordinated priorities, with researchers typically responding more to those funding priorities than any identified knowledge needs. There are few incentives to create *horizontal* linkages blending disciplines, creating networks, or bringing together multiple research stakeholders – either within Canada or in the LMICs that Canada supports. Potentially valuable Canadian research inputs in LMICs remain various, unknown and invisible to each other, when – if taken together – they might achieve a much greater impact.

As with most research fields, there are some fundamental, built-in *disincentives* to knowledge sharing, brokering, networking and coordination in global health research. Researchers tend to work in scientific silos, oriented more to publication of individual

findings than to situating and coordinating their research within the broader field or in working towards its eventual application, contributing to a wide “know-do” divide. Researchers are often disinclined to share information about funders or methodologies as they may perceive fellow researchers as competitors; and they tend not to have the time, knowledge or ability to make vibrant connections with other researchers – particularly across disciplines – or with the research-users who need to understand and ultimately benefit from their work.

Moreover, scientific and funding attention tends to concentrate on the actual undertaking of research, with little focus on the wider research processes that are just as critical in advancing research as an input to health issues and problems. As abilities in this sphere are relatively limited, and less valued by funders, skills in knowledge translation, brokering, networking and facilitation tend to go untaught and unfunded, further reinforcing the age-old dilemma of results failing to achieve their anticipated societal effects. As with the “silo effect,” this too only extends the “know-do” divide, and sees knowledge continually missing opportunities to achieve a practical, real-world influence. The two-way communication that must exist between knowledge and its use (with each informing the other in a state of steady, constant evolution) fails to take root.

### **3.0 Vision and Mission**

The Canadian Coalition for Global Health Research is a network of people committed to **promoting better and more equitable health worldwide through the production and use of knowledge**. To achieve this vision, the Coalition networks, facilitates, coordinates and strengthens capacity with the ultimate aim of advancing equitable solutions to priority health challenges worldwide.

**Within Canada**, we envision a connected and vibrant global health research community in which members network, plan, produce, evaluate, exchange, and champion policy-relevant and equity-sensitive research and knowledge. Through an increased attention to knowledge translation, resource mobilization and communications, the Coalition envisions a strengthened Canadian global health research community that is better funded, routinely exchanges knowledge, builds upon this robust knowledge base, enjoys strong political and institutional support, fosters new leaders, and develops powerful, sustainable and equitable partnerships with like-minded individuals in LMICs, HICs, and in the “spaces” connecting the two.

**Globally**, we envision a strengthened health research community engaged in two-way, dynamic partnerships with the Canadian global health research community, where both draw upon and complement the others’ expertise, needs and abilities. With particular attention to LMICs and the issues of coordination, knowledge brokering, and strengthening capacity, the Coalition sees its multidisciplinary approach as a unique contribution to the development of knowledge bases, research leadership, and LMIC national health research systems.

### **4.0 Coalition Values**

- **we value equity**. In EQUINET’s useful definition, an equity focus emphasizes the fundamental differences in health status that are “unnecessary, avoidable and

unfair”.<sup>1</sup> The Coalition is dedicated to advancing knowledge-informed solutions that work to reduce disparities, redistribute social, political and economic resources, and increase individual and collective choice.

- **we value research.** Among the many global health interventions, we believe that research is a central input not only for evidence-informed decision-making, but for a fuller scientific understanding of health and society. Global health research is a critical tool for achieving fair and just health outcomes for all.
- **we value learning.** As a learning organization, we are committed to the principles of “evaluative thinking,” routinely seeking to understand, document and review our performance in order to continually improve upon it.
- **we value sustainable solutions.** We advocate for the greater use of research and science because we believe they hold the key to sustainable solutions.
- **we value locally-owned and locally-driven initiatives in the LMICs where we work.** In response to elaborated needs, we strive to strengthen national health research systems in LMICs.
- **we value leadership for change.** We bring our collective experience and knowledge and invest in leaders who can push for knowledge-informed change.
- **we value gender.** We believe that understanding and integrating gender equality issues in all aspects of our work is essential to our broader goals of reducing disparity.

#### Research and Knowledge

There are several types of knowledge, from scientific (explicit) to experience (tacit) to local (indigenous). Knowledge is always context dependent, as what is true in one environment is not necessarily true in another; the solution to any problem typically requires a combination of the different types of knowledge. Research is but one input into wider bodies and bases of knowledge, often accompanied by beliefs, values, ethics, habits, expertise and, most of all, experience.

### 5.0 Strategic Priorities

***Working within and between the global health research community in Canada and globally, the Coalition will fulfill its vision by pursuing interconnected Strategic Priorities. These Strategic Priorities will see the Coalition:***

***strengthening the capacity of global health researchers, institutions and systems.*** The Coalition will actively work to develop and strengthen the capacity of researchers, institutions and systems not only in undertaking and producing relevant research but in managing, sharing and translating it for sustained policy relevance and influence. This will include increased attention to “**catalyst competencies**,” a Coalition term for all the skills within the research process beyond those necessary to undertake the research itself.

Capacity strengthening efforts will be underpinned by the Coalition’s work in mobilizing further investments, resources and opportunities. Over the course of this new Strategic Plan, the Coalition will explore and work to open new funding opportunities for global health research within the agencies represented by Canada’s Global Health Research

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<sup>1</sup> For more on this, see [www.equinetafrica.org/workequity.php](http://www.equinetafrica.org/workequity.php)

Initiative (GHRI), among other Canadian organizations, and among non-Canadian sources, with particular attention to US- and Europe-based agencies and foundations.

**Catalyst competencies in global health research**

This term describes the skills within the research process beyond those necessary to undertake the research itself. Improved “catalyst competencies” see individuals, institutions and systems develop expertise in:

- learning, mentoring and leadership - actively reflecting upon, improving and shaping the work of individuals, institutions and systems
- knowledge translation (KT) - from synthesis and dissemination of findings to engaging research-users through dialogue and brokering
- partnering and networking - coordinating, collaborating and exchanging to help individuals, institutions and systems work together more effectively.

Catalyst competencies inform the Coalition’s “Supporting Strategies” as detailed in Section 7.0.

***developing and promoting mechanisms to influence the policy process.*** Influencing the policy process is central to all of the Coalition’s activities, and cuts across all of its activities. Given the well-established relationship between broad socio-environmental, political, structural, economic and cultural determinants of health, the Coalition considers virtually all policy areas at local, regional, national, and global levels as connected in some way to health. The Coalition works towards raising awareness and understanding of issues within a context that stretches beyond the borders of any one country. This touches upon decision-making at the global level (multilateral/bilateral agencies, organizations, foundations), the national level (of both HICs and LMICs), and in particular within Canada (with an emphasis on federal departments, agencies and political decision-making that shape Canada’s health and foreign policy, on federal and provincial health research funders that shape global health research opportunities and priorities, and on universities).

***coordinating, brokering, facilitating and partnering among global, national and local researchers, institutions and systems.*** Pro-active and intentional, the Coalition will focus on improved coordination among the multitude of actors in global health and global health research, in HICs, LMICs, and the spaces connecting the two. In LMICs, past coordination has seen the Coalition knitting together various Canadian inputs (from Canadian government agencies to Canadian universities), with its skills in facilitation and networking bringing together other non-Canadian actors (from bilateral development agencies to Ministries of Health). Coordination is much more than connecting organizations and individuals but rather a process of improved interaction, engagement, and systems development designed to sustain a more cohesive interaction of global health actors. Additionally the Coalition will promote, demonstrate, pursue and encourage respectful and equitable partnerships, while also opening dialogue among multiple stakeholders through its strong and internationally-recognized facilitation methods.

**6.0 Programs**

In recognition of past achievements, current opportunities and the above Strategic Priorities, the Coalition has developed three broad Programs for 2010-2014. Each Program will serve a Canadian and a global constituency, bringing both dynamically together; as “cross-cutters,” each serves and strengthens the Strategic Priorities; and each will benefit from Resource Groups (RGs) offering multi-disciplinary support. For more details on each

Program, see the respective *Discussion Paper* as part of the Background Documents (see section 12.0). For more details on the Resource Groups, see section 8.0.

### **6.1 The Capacity Development Programs**

This set of Programs covers all of the Coalition's activities designed to develop, build and strengthen the capacity of researchers, institutions and systems to undertake, manage, translate and ultimately use research. This Program focuses on young researchers, on developing new leaders for health research systems, and on developing "catalyst competencies". Activities that fall under this Program include:

*The Summer Institute for new Global Health Researchers Program.* Now in its sixth year, this "flagship" activity is hosted in Canada or in an LMIC, bringing together new and experienced global health researchers to strengthen partnerships, build capacity in translating research into action, and to nurture the next generation of global health researchers. Participants come in pairs who are working on their own research projects, including a new researcher from Canada and a new researcher from an LMIC. While each Summer Institute is unique, all of the Summer Institutes are problem-based and interactive. The format is based on the principle that the best ways to promote learning are to connect people with a range of individuals with diverse experiences and from different disciplinary backgrounds, and to provide opportunities for participants to spend time with their research partners to apply what they've learned to their own research projects.

*The Annual Global Health Research Learning Forum.* This event (formerly known as the Continuing Education Day in Global Health Research) provides an innovative platform bringing together members of the global health community to reflect, inspire, build linkages, and strengthen capacities in global health research. Objectives of every Learning Forum include: building capacity in global health research competencies; showcasing new global health research and researchers; encouraging and inspiring the next generation of global health researchers; providing opportunities for mentorship; and providing opportunities for networking and partnership building.

*Country Partnerships Program.* This program will see the Coalition develop specific facilitation, coordination and brokering initiatives in four partner LMICs, with particular relevance for strengthening in-country institutions and national health research systems. In each of Bolivia, Mali, Mongolia and Zambia, the Coalition will build on its previous "Country Focus Strategy" by:

- facilitating dialogue and partnership through supporting and convening country-led, multi-stakeholder processes;
- providing coordination support and building bridges between Canadian stakeholders, researchers, agencies and their partner LMICs; and
- developing various modules and activities to strengthen individuals, institutions and systems in "catalyst competencies".

It is expected that over the course of this Strategic Plan additional programming will develop in all of the four partner LMICs, with strong knowledge-sharing modalities and mechanisms to exchange experiences and practices between these countries and

beyond.<sup>2</sup> The Coalition will work with and support partners in each of these countries to develop the Coalition's niche, and to create pathways between actors in these partner LMICs and in Canada. Lastly, this area of focus will see new partnerships between the Coalition and Canadian universities, with the latter potentially leading and managing some or all of the Coalition's programming in partner LMICs.

#### **National Health Research Systems**

The National Health Research System (NHRS) is a primary unit of focus for the Coalition's work in LMICs. An NHRS has been defined as "a system for planning, coordinating, monitoring and managing health research resources and activities; and for promoting research for effective and equitable national health development". It is an essential mechanism for integrating and coordinating "the objectives, structures, stakeholders, processes, cultures and outcomes of health research towards the development of equity in health and in the national health system".

*Source: International Workshop on National Health Research Systems (2001 : Cha-am, Thailand) National health research systems: report of an international workshop. WHO: 2001.*

In addition to these core capacity development activities, the Coalition over 2010-2014 will also focus on developing:

- *Fellowship programs with like-minded organizations in LMICs.* One example is the recently developed Zambia Fellowship Program, where the Coalition will work to strengthen health research leadership and specific knowledge translation skills over three years.
- *A leadership development program.* This will build directly on the accomplishments of Summer Institute Alumni, further developing their leadership skills to work for change in the global health research system. A leadership development program would be an 18-month program including proposed "individual" activities and a proposed "team" system-change project, with one example being a 5-10 year research capacity strengthening plan for a designated LMIC.
- *A mentorship program.* This will feature a small team of "expert" mentors/facilitators, the current mentoring modules, and special events – including a proposed Winter Institute and a series of university-based workshops.
- *Facilitation of collaborative training and research projects.* This will include the co-development of grant applications to fund Canada-LMIC research projects, as well as continued development of the Coalition's Knowledge Dossiers.

## **6.2 The Policy Influence Program**

Recognizing the complexity and non-linearity of the research and policy interface, the Policy Influence Program aims to influence the policies of multilaterals, bilaterals, national governments, and various actors within Canada by creating greater support for global health research; enhancing an understanding of Canada's role in GHR; increasing opportunities for researchers to move or translate their work into action; and examining the context and levers for effecting policy influence. The goals of this Program will be achieved

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<sup>2</sup> As reflected in the "Emerging Theme Groups" (see section 8.0), the concept of "incubation" will apply here as well, recognizing that over 2010-2014 strong opportunities may arise in other countries.

through a focus on three core areas: Knowledge Translation, Brokering, and Communication.

*knowledge translation.* While KT has emerged as a principal tool in closing the gap between research and policy, this focus of this Program will advance training and learning within the Coalition and among its members with respect to: different methods and strategies for fusing the research and policy processes; engaging in direct policy influence; attempts at policy influence undertaken by other program areas of the Coalition (e.g. the Country Partnerships Program). In focusing on the connections between research and policy, the Program's KT focus seeks to understand *what works, for whom, and under what circumstances*. As such, it will bring in lessons from other organizations and agencies, systematizing and sharing learning across the Coalition's network. Additionally, these learnings will be incorporated into other program areas of the Coalition (e.g. as part of the Summer Institute curriculum).

*knowledge brokering.* This component will see the Coalition bringing together central actors on a policy issue or dynamic, including funders, government ministries, communities and researchers. Within Canada, there is particular scope for knowledge brokering in influencing universities, departments and faculty (for instance in developing graduate programs in GHR or in enhancing the interest and understanding of Canada's role in fostering greater global health equity). Within LMICs – or in the spaces connecting LMICs and HICs – convening actors and holding dialogues can be instrumental in infusing the policy process with research outcomes and processes. In addition, knowledge brokering – building relationships – is a vital way for the Coalition to raise awareness about the role of GHR broadly.

*communication.* This area will be the largest and strongest area of the Policy Influence Program. It will develop clear, contextual and stakeholder-informed communication strategies, tools and products. It will work to identify those with an interest in global health issues and facilitate communication with and among these key stakeholders, also identifying relevant committees, hearings, policy levers and other contexts central to receiving and broadcasting the Coalition's message. The Program will then use various communications products (e.g. policy briefs, decision-support syntheses) to share GHR processes with a wide audience.

Initial activities of this Program will include preparing and/or synthesizing an environmental scan of global health research in Canada, identifying policy targets annually (eg. the G8 meeting in Canada, June 2010), creating learning materials on policy processes and capturing existing Coalition approaches to policy dialogue and change.

### **6.3 The Networking Program**

As an organization, the Coalition's fundamental strength arises from its network of people, institutions and ideas. From 2003-09, the Coalition built a network of over 1300 individuals in Canada, LMICs and other HICs. The Coalition will continue to strengthen this network – as both a means and an end – making it the primary vehicle driving the organization's spirit of innovation and learning. The network will:

- represent the mandate of the Coalition (in terms of sectors, professions, regions, individual/institutional affiliation);

- be composed of dynamic members collectively able to push the boundaries of global health research and contribute to the state-of-the-art in their field; and
- be marked by new collaborations and partnerships designed to advance equity-centred approaches and influence policy.

Over 2010-2014, the Coalition will analyze its membership, attract and support an “ideal” mix of members (e.g. moving beyond health researchers and professionals), identify the services and programs that would enhance the participation of existing members, and continually draw upon the network as a significant niche and global asset.<sup>3</sup> Developing and strengthening the network will involve:

*creating innovative knowledge management practices.* Using cutting-edge information and communications technology – such as the creation of an online social networking community – Coalition members will have new tools to exchange knowledge, contribute to the Coalition’s knowledge base, make new contacts, create new partnerships with like-minded individuals and institutions, and ultimately undertake and support more informed, policy-relevant research. The Coalition’s network will not only improve knowledge flows among its members, it will also work to create spaces and opportunities for policy influence, particularly through increased dialogue and deliberation among key research-users. The network will also connect the silos of the many different disciplines within and beyond health research through the active encouragement of multidisciplinary approaches.

*providing a range of incentives to ensure dynamic participation.* Possible future services include: mentorship and leadership partnering and training; the opening of new funding sources; publication in a Coalition-produced or -supported peer-reviewed journal; avenues to publication in other journals; access to journals (akin to HINARI); access to grant money (via contacts, via direct Coalition capacity building work); capacity strengthening and training; access to a Coalition-specific knowledge and information base; cultivating contacts through an extensive membership contacts database; and networking on specific issues and opportunities.

A dynamic network will allow the Coalition to become a vibrant and unified voice in global health research – in Canada and beyond. The network will, in turn, serve the larger research, policy and development communities through the pairing of expertise, the enhanced movement of innovative knowledge, the outright brokering of knowledge and policy processes, and the creation of multidisciplinary solutions. It will contribute to the coordination of Canadian development inputs in health research and health more broadly. The network will also connect all other aspects of the Coalition’s work, threading through the four LMIC focus countries, identifying possible mentors, fellows and leaders, and isolating strong new possibilities for collaboration and partnering (especially as represented in the *Emerging Theme Groups* detailed under section 9.0 below).

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<sup>3</sup> Questions to guide a membership analysis and inform a membership strategy include: Does the Coalition have the people it requires to accomplish its networking objectives and overall vision? What is the full extent of the global health research community and are they represented in the Coalition? Is it time to foster new members who will assist in meeting the Coalition’s objectives?

## 7.0 Supporting Strategies

In support of the Strategic Priorities and the individual Programs, the Coalition focuses on three “supporting strategies” that cut across every activity: learning, partnering and communicating.

### 7.1 Learning

The Coalition is committed to becoming a robust “learning organization” that fosters leadership from within, creates “feedback loops” to evaluate and modify its performance, and develops this ethos with its various partners around the world.<sup>4</sup> Over 2010-2014, the Coalition will incorporate routine “evaluative thinking” techniques into its operations that will see the Coalition continually learning from its actions and experience to shape its future actions. At an organizational level, the Coalition will promote a spirit of learning and creativity among its staff and volunteers (e.g. Program co-chairs); routinely experiment with new approaches to ensure a steady flow of new ideas within the organization; encourage evidence-informed risk-taking; develop tools to capture and qualitatively evaluate activities, projects and approaches; and enthusiastically learn and borrow from the experiences of others. Through these modalities, the Coalition will arrive at a comprehensive understanding of how it has succeeded, or how sub-optimal performance might serve to adjust future activities.

#### Evaluative Thinking

A relatively new term, “evaluative thinking” is an ongoing process of questioning, reflecting, learning and modifying performance, where individuals and organizations learn to extend what’s working well and learn to fix what’s working poorly. “Evaluative thinking is an inherently reflective process, a means of resolving the ‘creative tension’ between current and desired levels of performance. It allows us to define the lessons we want to learn, to determine the means for capturing those lessons, and to design systems to apply them in improving our performance. By going beyond the more time- and activity-bound processes of monitoring and evaluation, ET is learning for change. It is learning to inform and shape action.”

Source: *The Research Matters Knowledge Translation Toolkit*. Available at: <http://tinyurl.com/dgh8kt>

Vitaly, the Coalition will work to export this strategy and approach to its partners and across its network, believing that a spirit of integrated and evolving learning organizations (and individuals) only strengthens the Coalition’s vision of better and more equitable health worldwide through the production and use of knowledge.

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<sup>4</sup> Bowen, Rose and Ware (2006) define learning organizations as having “a core set of conditions and processes that support the ability of an organization to value, acquire and use information and tacit knowledge acquired from employees and stakeholders to successfully plan, implement, and evaluate strategies to achieve performance goals”. For more see, Bowen GL, Rose R, Ware W. 2006. “The reliability and validity of the School Success Profile Learning Organization Measure”. *Evaluation and Program Planning*, 29.

### **Learning with the “Coalition style”**

Now globally recognized at meetings, workshops and conferences, the “Coalition style” has evolved since 2003 as an innovative set of adult-learning principles based on mutual respect and understanding. The “Coalition style” believes that learning is most effective when:

- the learning challenge is relevant or similar to the learner’s actual situation (“problem-based learning”);
- the learning challenge builds upon what the learner already knows or can figure out using existing problem-solving skills (a “learning by doing” approach);
- the proposed learning objectives are discussed, negotiated and mutually agreed upon by the learner and the teacher or mentor;
- the learning environment is intellectually stimulating, interactive, and dynamic.

## **7.2 Partnering**

Forming, facilitating or strengthening mutually-beneficial and collaborative partnerships between and amongst Canadian, HIC and LMIC-based like-minded institutions is a primary outcome of the Coalition’s work. Working through these partnerships is another way by which the Coalition will achieve its goals, including strengthening capacities for global health research, coordinating, brokering and facilitating, and influencing policy.

The Coalition will explore two different types of partnership:

- Formal partnerships between CCGHR and Canada-, LMIC-, or HIC-based organizations as a key vehicle for delivering its programming. In particular, partner LMIC organizations will be a key means for focusing much of the Coalition’s international work. This also serves to enhance the institutional capacity of LMIC-based organizations, especially in “catalyst competencies,” including organizational management skills and evaluative thinking.
- Facilitating partnerships among like-minded organizations in Canada, LMICs and other HICs to pursue equitable and mutually-beneficial collaboration. This may also include direct Coalition support in strengthening the partnering skills of these organizations, from outright brokering of arrangements to promoting best practice in partnering (for instance by showcasing partnerships from other contexts).

The Coalition will continue to deepen its relationships with Canadian funding agencies, with the particular goals of channeling more funds to health research, to coordinating funding approaches to health research, to influencing policies and programmatic directions that shape the health research environment. Lastly, as part of its brokering capacity, the Coalition will work to promote an ethic of partnering and partnership among other organizations.

## **7.3 Communicating**

As a support to – and frequent illustration of – its networking and learning strategies, the Coalition will use communications as a principal means to achieving its core goals. Over 2010-2014, the Coalition will:

- design a comprehensive communications strategy, and assist its partners and members in designing their own;
- actively collect, collate and disseminate its “lessons learned” and best practices in the hopes of refining future activity, informing and influencing the global health research community, and attracting like-minded individuals and organizations;

- develop an identifiable public “brand” in Canada whereby the Coalition is seen in both HICs and LMICs as a global leader in its field;
- use cutting-edge information and communications technologies to create and facilitate dialogue and networking among general or particular communities of practice;
- collaboratively create, communicate and disseminate information related to research processes, partnerships, brokering, networking, and strengthening capacity, with the ultimate aim of influencing policy;
- collaboratively create dissemination-worthy “policy products” (including policy briefs, syntheses, and analysis); and
- develop a range of publication incentives and avenues for Coalition members.

Recognizing the centrality of communications, the Coalition will focus on four different levels: communications between and among individuals and institutions (i.e. as a networking tool); communications between the Coalition and Canadian stakeholders (i.e. as a public relations tool); communications between Canada and the global community (i.e. as a way to unify and present Canada’s expertise, difference and contribution to the field); and communications between LMICs and the global community (i.e. as a way to highlight and package Coalition-supported processes in-country).

### **8.0 Resource Groups**

**Resource Groups** (RGs) will link directly to the three Programs. They will provide critical support to the Programs, particularly in identifying and pursuing new, cutting-edge themes and topics. Beyond contributing this spirit of innovation to each Program, RGs will assist where relevant with Program planning and implementation. They will function as a formal advisory sub-committee within a given Program, with specific terms of reference and a clear governance structure. As in the Coalition’s previous Task Group model, they will be led by two volunteer co-chairs, typically those seeking wider experience in global health research and/or its catalyst competencies; they will liaise directly with the co-chairs of the Program to which their RG is attached. Each RG will now have a discretionary budget for developing specific activities that further the mandate of the Program and the RG, and for hiring-in specific expertise when required. They will also provide occasional support to other Programs when opportunities arise.

Roles of the RGs will include:

- providing advice, guidance and consultation to Program Areas;
- developing funded projects that further the aims of the Programs;
- providing input, strategic direction and support for Coalition services (such as workshops at the Summer Institute and Global Health Research Learning Forum);
- developing products (to be made available as web-based resources); and
- identifying innovative mechanisms to support processes across the Coalition (such as Canadian students interning in LMIC institutions and LMIC students in Canadian institutions).

Proposed RGs over 2010-2014 include:

- Learning, Mentoring & Leadership (attached to the Capacity Development Program);
- Knowledge Translation (attached to the Policy Influence Program);
- Partnering & Networking (attached to the Networking Program); and

- Equity. While not attached to a particular Program, this RG will build on the Coalition’s body of work related to indigenous health.

A concept note on Resource Groups can be found in the Background Documents (see section 12.0).

### 9.0 Emerging Theme Groups

**Emerging Theme Groups** (ETGs) will be the Coalition’s central means for incubating important and “hot” new issues. After 1-3 years, they will be spun off to another institution (e.g. a university) or receive stand-alone project funding. Where the RGs represent the core competencies of the Coalition (and alignment with Programs and supporting strategies), ETGs represent particular niches where the Coalition can help to catalyze attention and support. *The Coalition will not manage or oversee the operation of ETGs.* As RGs link to specific Programs, the ETGs will connect with the Networking Program.

Once an emerging theme has been identified, its leaders will engage in discussion with the Coalition Secretariat to see how the theme might tap into existing Coalition strengths and plans. Each ETG will develop a specific two-year plan where the Coalition will help the ETG find its footing – for instance, featuring them at the Learning Forum, connecting them to similar LMIC groups (especially in the four LMIC partner countries), alert them to funding opportunities, and encourage them to find ‘dyads’ to apply to the Summer Institute. They will not receive any discretionary funding from the Coalition.

Potential ETGs include: Global Mental Health; The Innovations Agenda; Equity Research Methods; Global Child Health; and Tobacco Control.

A concept note on Emerging Theme Groups can be found in the Background Documents (see section 12.0).

<b>Strategic Priorities</b>	strengthening capacity of researchers, institutions, systems.	developing, promoting mechanisms to influence the policy process	coordinating, brokering, facilitating, partnering among researchers, institutions, systems
<b>Programs</b>	Capacity Development	Policy Influence	Networking
<b>Supporting Strategies</b>	Learning	Communicating	Partnering
<b>Resource Groups</b>	Learning, Mentoring and Leadership	Knowledge Translation	Partnering & Networking
<b>Emerging Theme Groups (*proposed*)</b>	<i>as a result of the above activities, ETGs may incubate any range of issues, groups or themes. Possibilities include: Global Mental Health; Global Child Health; and Tobacco Control.</i>		

## **10.0 Evaluation**

### *10.1 Internal Evaluation*

In 2008, the Coalition commissioned an informal, qualitative and non-binding internal evaluation of its past activities to take “snapshots” of itself in action; to inform the development of this Strategic Plan; and to assist in the development of a new Resource Mobilization strategy. The report is available as a Background Document (see section 12.0), as is the Board-sanctioned analysis of its findings, which stressed attention to greater precision and programmatic integration; a more formalized decision-making structure; and more comprehensive communications efforts.

### *10.2 Evaluation plans*

At the organizational (e.g. Secretariat) level, the Coalition will implement a program of “evaluative thinking” that will allow it to reflect upon the lessons of its activities; to create and disseminate those lessons for a wider audience; and to encourage Secretariat staff to reflect upon their own performance, and the Coalition’s more broadly. At the program-area level, the Coalition will develop a structured approach for RGs and others to develop regular and appropriate evaluative thinking techniques sensitive to context and opportunity. Such techniques could include:

- After Action Review: encouraging stakeholders immediately after a particular event to reflect upon what did and did not work.
- Horizontal Evaluation: encouraging exchange among programs and activities to benefit from the experience and expertise of like-minded organizations and individuals.

These activities will allow the Coalition to:

- create “feedback loops” that inform, energize and modify current directions;
- allow goals to evolve and emerge;
- infuse the spirit of evaluation – reflection, learning, change – into everything it does.

The Coalition will hire external evaluators in Year Three (i.e. 2012) to provide a formal mixed-method review of the Coalition’s activities, with the ultimate aim of informing and refining the Coalition’s performance. In anticipation of that evaluation, the below table matches the Coalition’s strategic priorities (as in section 5.0) with some anticipated 5-year outcomes upon successful achievement of the overall aims and goals as established in this Strategic Plan.

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<b>Anticipated Outcomes by 2014</b>	
<b>Strategic Priority</b>	<b>Outcomes</b>
strengthening capacity of researchers, institutions, systems.	<ul style="list-style-type: none"> <li>• stronger cadre of global health researchers (in Canada, LMICs and other HICs), particularly in “catalyst competencies”;</li> <li>• range of new funding opportunities opened;</li> <li>• strong and interconnected LMIC programming that gradually expands to other countries and contexts;</li> <li>• devolution of key Coalition activities and responsibilities to LMIC and/or Canada-based partners;</li> <li>• the Coalition itself becomes a world-recognized learning organization.</li> </ul>
developing, promoting mechanisms to influence the policy process	<ul style="list-style-type: none"> <li>• consistent and demonstrable success of members influencing the policy process;</li> <li>• new Coalition (or Coalition-brokered) partnerships with governments, government agencies/ministries, and researchers;</li> <li>• the Coalition becomes an accepted and trustworthy “brand” on global health and global health research issues</li> <li>• development of a suite of successful and in-demand communications products</li> </ul>
coordinating, brokering, facilitating, partnering among researchers, institutions, systems	<ul style="list-style-type: none"> <li>• strengthened network able to pair expertise, store and access knowledge, broker knowledge and policy processes, create multidisciplinary teams;</li> <li>• cohesive coordination of Canadian development inputs in health research and health more broadly;</li> <li>• learning, networking, mentorship, leadership programs adopted by other organizations.</li> <li>• facilitation and brokering methodology (the “Coalition style”) published and promoted as a leading model and best practice</li> <li>• creation of innovative, multidisciplinary, multi-sectoral partnerships in Canada, LMICs and other HICs.</li> </ul>

**11.0 Communications**

As emphasized throughout this Strategic Plan, the Coalition will make communications a regular and strong vehicle in achieving its core objectives. Communications will establish the Coalition as a reliable “brand” in global health research, will make global health research issues highly visible (especially among Canadian stakeholders), will train (or facilitate the training of) network members, and will package and disseminate key “lessons learned” from across the Coalition’s programming. This will include a range of different approaches, practices and products, including:

- development of a communications strategy, including membership analysis, context analysis, and direct evaluation of previous communications tools.
- creation of ICT “spaces” for dialogue and development of the Coalition’s network. This will include specific attention to creating a social-networking online platform.

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- creation of a knowledge base and clearinghouse as the foundation for the Coalition's proposed social networking platform. The Coalition will also assist partners in the development of their own knowledge management and communications techniques.
- creation of specific "policy products" that aim to influence key actors or open policy windows.
- analysis and synthesis of various "environmental scans"
- mapping and publishing the areas of global health interests among Canadian researchers and university departments
- enhancing awareness of global health research in terms of how it affects Canada and Canadians, and of its value in Canada's overseas development efforts.
- facilitating the publication of Coalition members in peer-reviewed journals, through a unique, two-way relationship with either an established Canada-based journal or a new journal that could strongly benefit from the Coalition's network.
- providing specific training courses on communications to its members and network.
- creation of regular communications/PR products (e.g. newsletters, updates, etc.) to CCGHR membership.

### ***12.0 Background Documents***

A range of supporting background documents has informed the development of this Strategic Plan. They are available upon request (to [ccghr@ccghr.ca](mailto:ccghr@ccghr.ca)) and include:

- CCGHR Project Summaries 2003-2009
- CCGHR Strategic Plan #1 2003-2006
- CCGHR Strategic Plan #2 2007-2009
- CCGHR Internal Evaluation Findings – October 2008
- CCGHR Discussion Paper: Capacity Development Program
- CCGHR Discussion Paper: Country Partnerships Projects
- CCGHR Discussion Paper: Policy Influence Program
- CCGHR Concept Note: Strengthening the Network
- CCGHR Concept Note: Resource and Emerging Theme Groups
- CCGHR Concept Note: Online Social Networking.