Funding Opportunities and Mentorship Program for Tobacco Control Researchers
IDRC

• Mission: *Empowerment through Knowledge*

• Headquarters: Ottawa, Canada

• 6 Regional Offices, including one for Latin America and the Caribbean region (LACRO)
  – 160 ongoing research activities in LAC region
  – Investment in LAC region (2004–2007): CA$54 million (includes partnerships with other donors)
3 Programs within RHE

RHE: Research for Health Equity

GHRI: Global Health Research Initiative
GEH: Governance, Equity and Health
RITC: Research for International Tobacco Control
Canada's Global Health Research Initiative:
A Partnership in Response to the Challenges of Global Health
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- Strengthening global health research
- Informing policy for health, development and research
- Sharing information between partners
- Fostering excellence
Latin American Locations of Teasdale-Corti Team Grants

- Honduras
- Mexico
- Chile
- Brazil
- Guatemala and Peru
Global Health Leadership Awards in Latin America

**Vilma Espinoza, Honduras** - Strengthening Capacities in Research Ethics in Honduras

**Diego Ivan Lucumi Cuesta, Colombia** - Bridging the gap between evidence and action: Capacity building and advocacy project to face the chronic disease epidemic in Colombia

**Fadya Orozco, Ecuador** - Social control, human rights and governance: A health promotion approach to the reduction of health risks associated with pesticide use in Carchi, Ecuador

**Andres Pichon Rivière, Argentina** - Improving Equity and Efficiency of Health Systems in Latin America

**Tomas Pantoja, Chile** - Producing and using evidence in Latin America health policymaking

**Raul Mejia, Argentina** – Argentine Tobacco Control Research Program
Knowledge Transfer & Exchange
Rolling Grants

• This program is currently under development;

• Envisaged as small ($50,000) grants available only to research users currently working with a funded GHRI project;

• Objective of program is to strengthen research users role in knowledge transfer and exchange.
Governance, Equity and Health

Making research matter for health equity
GEH: Research on and for development challenges

- Systematic health and social disparities: health equity within and across countries
- Governance: how power is exercised, how decisions are taken, how citizens have their say; research as public space and accountability
- Health policy and health systems: forests and trees
- Context matters
Governance, Equity and Health

- Strengthening Health Systems
- Promoting Civic Engagement
- Making Research Matter
GEH Phase II: Entrypoints

- **GOVERNANCE** of plural health systems, emphasis on stewardship role of the state and active civic engagement

- **HEALTH SYSTEMS**: tools and evidence to *integrate interventions* and support equitable and effective *systems* performance

- **FINANCING** approaches for effective, efficient, equitable and sustainable public health services
Making Research Matter

• Promoting the skills of researchers to influence donor funding

• Enhancing the abilities of decision-makers to incorporate and appreciate the role of research in the policy process.

• Strengthening the knowledge brokering and uptake capacities of national and regional institutions (e.g., Ministries of Health and Finance and dedicated KT bodies).

• Producing, supporting, facilitating direct dissemination, translation, synthesis and management of health systems research and knowledge.
Research for International Tobacco Control (RITC)

Tobacco - a Development Issue
Funding Streams for 2008-10

• **Core Themes** – primary focus on:
  – Health Policy and Systems Interventions for Tobacco Control
  – Tobacco Farming: Health Livelihoods, Economics and Environment

• **Other thematic areas:**
  – Globalization, Trade and Tobacco
  – Poverty and Tobacco
  – Alternative Forms of Tobacco Use

[www.idrc.ca/tobacco/ev-83333-201-1-Do_Topic.html](http://www.idrc.ca/tobacco/ev-83333-201-1-Do_Topic.html)
Funding Streams for 2008-10

- **Support for Implementing the FCTC:**
  - Competitive grants – small and medium
  - Rapid response mechanism
- **Special Initiatives:**
  - Exploration on gendered aspects of tobacco use and production
  - Africa Tobacco Situational Analysis
Mentorship Program for Tobacco Control Researchers

- Launched as a pilot program in 2006
- 7 trainees identified: 3 from LAC
- Responded to expressed need of tobacco control researchers in low/middle-income countries
- Funded by IDRC and Health Canada
- Developed in close partnership with the Canadian Coalition for Global Health Research and with input from our mentorship trainees
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Mentorship trainees’ input

• All of them have worked in some type of mentor capacity, but all want to improve their mentorship ability
• They need support and resources to be effective mentors to new researchers
• All want to be engaged in action-oriented mentorship training
• New mentors are not always sure of the best way to guide and represent the interests of their mentees.
Mentorship for Tobacco Control: Perspectives from LAC

• Anecdotal evidence from LAC suggests that the idea of a « role model » is familiar, but the broad concept of mentoring is not.

• Mentorship is generally not practiced. When it does happen, it is mostly by chance rather than through a formal process.

• Tendency to perpetuate an apprenticeship model of training for health professionals rather than formal mentoring to build research capacity.
Mentorship for Tobacco Control: Perspectives from LAC

- Health research typically given low priority within the health system in LAC countries.
- In the absence of a research culture and lack of obvious career paths in research generally, or tobacco control specifically, it is difficult to find and encourage potential mentees.
- While many professional, national and regional health research organizations exist, their efforts are uncoordinated.
Mentorship for Tobacco Control: Perspectives from LAC

- Mentors in Guatemala, Argentina, and Trinidad are confronted by environments in which research is not seen as valuable:
  - Young Argentine physicians are expected to work in clinical settings without pay and without dedicated time for research.
  - Tobacco control research in Guatemala is almost non-existent and finding a pool of potential researchers is a challenge.
  - Trinidad is taking steps to coordinate its research efforts but tobacco control remains a low priority.
Pilot Mentorship Program for Tobacco Control Researchers

• Aims:
  – To enhance the capacity of a selected group of RITC-supported researchers to be tobacco control champions in their respective countries and regions, and
  – through their role as mentors, to inspire a younger generation of potential researchers to become involved in tobacco control
Elements of Mentorship Capacity

RESEARCH
- Research design
- Proposal dev.
- Funding
- Project implementation & management
- Dissemination
- Publication
- Research to action

RESEARCH ENVIRONMENT
- Research culture (eg., use of evidence
- Institutional capacity
- National capacity
- Global networks

RESEARCHER
- Career dev.
- Motivation
- Continuing education
Key Components of the Program

- 2 Mentorship Training Workshops in Niagara Falls and Buenos Aires to enhance understanding of elements of effective mentoring
- Development of Personal Mentorship Improvement Plans
- Mentorship/research grants allocated and implemented
- Development of Research-To-Action Plans
- Leadership Institute in Trinidad (March 2008)
Mentors’ perspectives on this experience

• Gained a reinforced recognition of mentorship as a viable strategy for building the tobacco control research community in their countries and institutions

• Strengthened their existing capacities to make successful mentorships happen: as better communicators, negotiators and facilitators of learning

• All expected to continue as mentors, and intended to try to institutionalize the arrangement in some way in their home institutions
Mentees’ perspectives on this experience

• They now see themselves as potential future leaders in health research:
  – “The program has been critical to my own development as a health professional, since I lacked formal experience in research – such training was not offered in medical school.”

• Gained enhanced knowledge, skills and self-confidence as researchers:
  – “It helped me accomplish my mid-term objective of combining good clinical training with specialized tools for research.”
Mentees’ perspectives on this experience

• Starting to build their own networks of research contacts

• Strengthened their commitment to pursuing careers in research generally, and tobacco control specifically:
  – “I am clear now that I want to do work in tobacco control; to continue to be involved in research, but also to do more in terms of policy because that is more relevant to solving the health-related problems in the country.”
For more information:

http://www.idrc.ca/ritc
www.idrc.ca/ghri
www.idrc.ca/geh