



Programme for Research &
Capacity Building in Sexual &
Reproductive Health & HIV
in Developing Countries

Welcome

This is the research newsletter of the **Programme for Research and Capacity Building in Sexual & Reproductive Health and HIV in Developing Countries**. This Programme is a five-year research programme consortium (RPC) with core funding from the UK Government Department for International Development (DFID). It is coordinated by the London School of Hygiene and Tropical Medicine (LSHTM) and is a collaboration with the following partner institutions:

- National Institute for Medical Research (NIMR), Mwanza, Tanzania;
- Navrongo Health Research Centre (NHRC), Ghana;
- School of Medical Sciences, Kwame Nkrumah University of Science and Technology (KNUST-SMS), Kumasi, Ghana;
- Reproductive Health and HIV Research Unit (RHRU), University of the Witwatersrand, Johannesburg, South Africa;
- Social and Public Health Sciences Unit of the Medical Research Council (MRC SPHSU), Glasgow, UK;
- International Planned Parenthood Federation (IPPF);
- Population Services International (PSI).

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Strengthening Social Science Research Capacity

Introduction

There is a serious shortage of senior African social scientists to lead health-related research in Africa, despite there being many African social science graduates and decades of Northern-funded research programmes intended to develop local capacity. The shortage is particularly apparent in sexual health.

This limited capacity is problematic at several levels. Most obviously, non-local researchers, who are generally unfamiliar with local life, reliant on interpreters and prone to cultural misunderstandings, are required. Service providers and policy makers have to base decisions on more superficial analyses, and they are less likely to respond to expatriate-initiated research. Globally, it perpetuates an "intellectual division of labour whereby African...social scientists...import appropriate...theory and, at best, export empirical data" (Zeleza 2003).

Research capacity strengthening (RCS) is a key strategy to address the problem of health equity and development. It goes beyond facilitating or funding a research project to the broader objectives of nurturing the prerequisites of the research process, such as state and institutional support, specialized training, infrastructural development, networking opportunities, publications and career paths. A key observation in the current debate on RCS is that its practice has remained in the conventional development assistance mode of "supply-driven, expert-led, short-term and project-based technical cooperation" (Hauck & Land 2000) which has proven to be ineffective and to perpetuate the unequal intellectual division of labour. While there is some consensus on what are some of the failures of research cooperation, there is much less clarity on what works and on how it can be implemented. What is missing is an analysis of the actual practices of RCS by commissioning agencies in the field.

In this newsletter we present findings from two studies on social science research capacity in East Africa. The first, looking at researchers, focuses on the individualized nature of research activity in the region and the role of individual research consultancies in limiting research capacity. The second explores the role of research commissioners (e.g. donors and agencies), analysing the prevailing modes of research commissioning among bilateral, multilateral, non-governmental and philanthropic organizations, and providing a typology of such.

Daniel Wight
MRC SPHSU, Glasgow

Research consultancies and social science capacity for health research in East Africa

In order to investigate the poor capacity for health-related social science research in East Africa, the processes perpetuating it and possible ways to improve it, a small-scale exploratory study was conducted in Uganda, Tanzania and Kenya. The general findings are reported in Wight (2005). Here I focus on results relating to the individualized nature of research activity in the region and the role of individual research consultancies in shaping research capacity.¹

Methods

In 2003 and 2004, in-depth interviews were conducted with 29 leading professionals conducting, commissioning or supporting health-related social science research in East Africa: 18 were Ugandan, 4 Kenyan, 3 British, 2 North American, 1 Tanzanian and 1 Nigerian. Informal conversations were held with 5 senior and 1 junior researcher from the University of Dar es Salaam and National Institute for Medical Research, Tanzania, and 9 junior researchers from Makerere University and the MRC Programme on AIDS in Uganda. A group discussion was held with 4 of the Ugandans.

Findings

Most academic health-related social science research in Uganda was said to be run by Northerners, yet Uganda was thought to have stronger capacity than Kenya, with Tanzania third. Particular limitations identified were in qualitative research, analysis and writing skills, and health-related specialisms.

Aside from previously highlighted problems related to under-development and global economic inequalities (e.g. poor schooling, poor university facilities and teaching, Northern-funded research, the drain of senior researchers abroad), the individualized nature of university departments and lack of collegiate support were also identified as factors contributing to the lack of research capacity. This was primarily attributed to lack of resources and staff's reliance on individual research consultancies, resulting in very limited scope for analysis and writing skills to be transmitted from senior to junior staff. One head of department observed that senior staff rarely co-author papers with junior colleagues due to 'the culture of individualism'.

The predominance & problems of consultancies

Most of the research conducted by social scientists in East Africa is in the form of consultancies, taking an estimated 50% of academics' working time. Teaching takes up most of the rest, so there is little time for academic research.

Extremely low university salaries create a strong incentive for consultancies, which can pay \$100-250/day compared with a research associate's salary of \$250/month – and most researchers can avoid declaring consultancy fees for tax (30%). Financial insecurity leads researchers to take on any work available, rather than specialising, with the danger that 'no research traditions are being developed' (Faculty dean).

Writing consultancy reports provides little incentive to develop analytical skills. Reports are generally descriptive, have tight timetables with little time for peers' critical input, and have limited dissemination. Several researchers said they do not publish from consultancies because they need the funder's permission, though none knew of it being refused. The CVs of highly experienced researchers therefore often list numerous consultancy reports but very few journal publications,

¹ This article is based on a paper published in *Social Science & Medicine*: Wight D. 2008. Most of our social scientists are not institution based... they are there for hire—Research consultancies and social science capacity for health research in East Africa. *Soc Sci Med* 66: 110-6.

jeopardizing their applications for senior jobs.

Research commissioners, predominantly government departments or NGOs, usually seek a contract with individuals, or sometimes consultancy firms, but rarely with university departments. Commissioning bodies are reportedly unwilling to pay overheads to institutions, and when they do they are generally very low.

Strengthening research capacity: reducing individualism

Respondents proposed many ideas to strengthen research capacity and reduce individualism. Five senior interviewees identified the need to develop writing skills, as required to publish in international journals. Suggestions included experienced and inexperienced staff co-authoring, mentoring systems and support networks.

The potential advantages of institutional research consultancies were explored, in particular establishing a norm of significant overheads, e.g. 30%. Everyone approved in principle. Overheads could fund initiatives to strengthen institutional research capacity, facilitate a more collective approach to research, and in the longer term might mean commissioning agencies get better value.

Several objections to institutional consultancies were raised. Anticipated problems included: inefficient institutional administrations causing long delays in finalizing contracts or being paid; central university administrations appropriating funds raised through department consultancies; and having to declare fees for tax.

However, some large donors already practice policies of strengthening institutional capacity by *only* contracting research through institutions, e.g. the Carnegie and Rockefeller Foundations, the World Bank, and the Swedish and Norwegian development agencies.

Discussion

Although most respondents were Ugandan, the data from Kenya and Tanzania suggest that the findings apply across East Africa. The broader literature and contacts with researchers elsewhere suggest they are relevant to much of sub-Saharan Africa.

The individualized nature of research in East Africa, fuelled by the dominance of individually contracted consultancies, is a finding unremarked in nearly all the published literature. Such consultancies seem to stunt research capacity: reports are generally not disseminated, university departments are denied overheads, staff are diverted from teaching, supporting colleagues or publishing, and the narrow policy orientation of African social science research is exacerbated.

Given their prominence, can research consultancies be used to strengthen research capacity? It was widely accepted in principle that consultancies should be contracted with institutions, rather than individuals, with overheads of around 30%, which could then be used to fund research capacity strengthening. However, established individual consultants would probably oppose institutionalization, given very low university salaries and lack of confidence in departmental administration. Commissioning agencies were also said to prefer individual consultancies as cheaper and more straightforward.

While the underlying causes of poor research capacity require global economic reform, this study points to the importance of individually contracted research consultancies in perpetuating the problem. Although they greatly augment meagre university salaries, they also seem to divert university staff from academic research and training the next generation of researchers; to stunt the institutional capacity of university departments; to restrict the sharing of research findings; and to perpetuate donors' control of the research agenda. Commissioning bodies committed to strengthening research capacity should consider devising research contracts, and means to improve university administration, that ameliorate rather than exacerbate the problem.

Daniel Wight (MRC SPHSU, Glasgow)

Development assistance and research capacity strengthening: the commissioning of health research in East Africa

In this study we seek to address a gap in the literature by analysing the prevailing modes of research commissioning among bilateral, multilateral, non-governmental and philanthropic organizations, and providing a typology of such.ⁱⁱ This shifts the lens from the conventional focus on recipient countries and institutions to look at the policies and practices of donor and commissioning agencies and the relationship they have with key stakeholders such as local research institutions.

Methods

We undertook a situational analysis and review of prevailing commissioning practices in the area of health social science research. In-depth interviews were held with 22 commissioning agencies/organizations (3 multilateral organizations, 8 bilateral donors, 4 international NGOs, 2 philanthropic organizations, 3 medical research institutions and 2 government agencies, e.g. ministries of health

or national HIV/AIDS commissions) in Uganda, Kenya and Tanzania. Interviews were also conducted with senior managers and researchers in key research institutions, and with other researchers who have participated in research capacity strengthening (RCS) initiatives. The conceptual framework for the interviews was based on the schema outlined in Figure 1, which illustrates how RCS occurs on 3 levels: individual, institutional and systemic.

Results

Based on the interviews conducted, 9 types of commissioning among donor agencies were identified (Figure 2). In summary, the parachute model best exemplifies the conventional approach to technical assistance, closely followed by the consultancy model. The multilateral agency model and the corporate model operate along similar lines. In the twinning model, the overseas field station model and the capacity development model, the commissioning agencies identified have active policies that facilitate ownership and promote stronger research and institutional capacity development among recipients. In many respects, they offer a range of approaches that

aim to address the traditional challenges associated with capacity development. The SWAps model and the health support unit model are existing innovations in the capacity development framework but have not been applied to RCS in any specific manner.

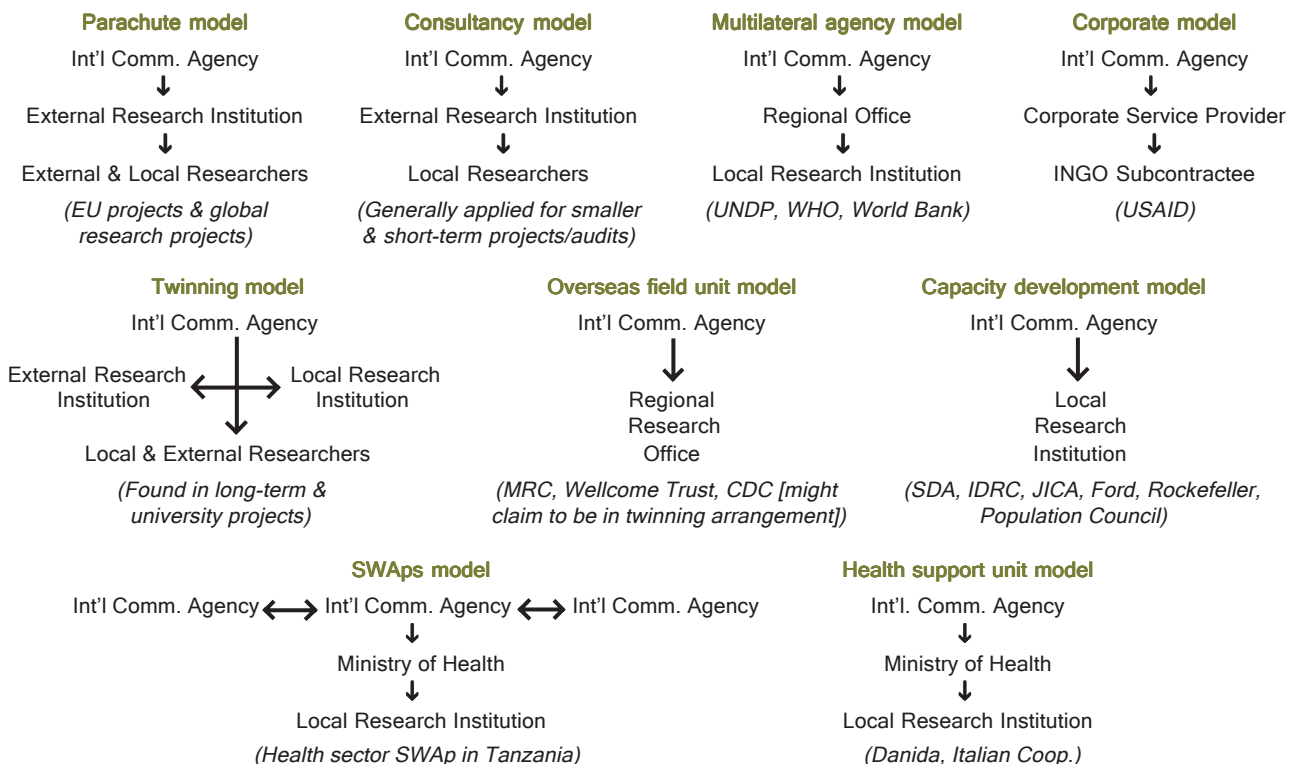
Discussion

A key finding from this study is that there is a diversity of commissioning practices with varied capacity impacts,

Figure 1. Key indicators of research capacity strengthening



Figure 2. Typology of commissioning and partnering practices



suggesting the need for greater recognition of the diversity of RCS practices and modes of commissioning. The variation in commissioning practices identified generally relates to organizational type. Crucially, the structure of the relationship between donors and recipients, as well as the governance structures of the commissioning agencies, has a critical influence on RCS.

Conventional approaches to development assistance and research cooperation, such as project-based financing under the parachute and consultancy models, predominate and have least impact in terms of RCS. It has long been argued that this mode of research cooperation is problematic (Berg 1993; Chataway *et al.* 2005; World Bank 2005).

There are few examples of RCS at the level of institutional capacity building and at the broader level of support for strengthening intellectual output and expanding the research environment. Among the African research institutions in this study, there are 3 exemplary cases of RCS – examples of relationships between recipient institutions and commissioning agencies where there is clear evidence of high-level research capabilities that can be attributed to the partnership role of a commissioning agency:

- The Ifakara Health Research and Development Centre (Dar es Salaam, Tanzania) has benefited from support from the IDRC-TEHIP project as well as direct budget support from the Swiss Development Cooperation.
- The African Population and Health Research Centre (Nairobi, Kenya) was established by the Population Council regional office in Kenya. APHRC has also benefited from direct budget support from agencies like the Rockefeller Foundation under its health equity programme.
- The Makerere University Institute of Public Health (Kampala, Uganda) is a publicly funded institution but its resources for research come largely from a variety of externally funded projects.

Sustained and long-term financial, political and intellectual support from donor agencies and external research organizations has been critical to the few successful cases of RCS. Given the dependence on external donor funding, these successes are highly vulnerable to changes in donor policies and to the exit of a major donor. This can be particularly problematic if a recipient, after benefiting from capacity strengthening, is then viewed as a competitor by a donor or commissioning agency.

The general view of the local or regional research institutions is that capacity building initiatives targeted at institutional development and wider sectoral development are rare. There is frustration with the lack of local research funding and with the politics of accessing such funds. This creates an over-dependence on external funding for health research, and the foci of donor-defined research are not always priority areas for recipient countries' institutions or researchers.

In summary, many of the local researchers and research institutions see RCS practices as piecemeal or stopgap measures at best, rarely leading to institutional building and/or the deepening of the research environment. Often, the impact is to distort the research environment in terms of research agendas and salary levels that ultimately deepen dependency on external resources, expertise and agencies. Local researchers/institutions frequently find themselves in a subordinate relationship even in cases of twinning and collaborative arrangements with external research teams (Jentsch & Pilley 2003). Furthermore, these processes lead to capacity depletion over time largely through the brain drain of frustrated local researchers. This reinforces the view that the problem

is not just a matter of finance for research but relates to the deeper challenge of fostering and sustaining research environments.

Recommendations

- 1 The donor community needs to establish clearly defined benchmarks and indicators for actual implementation and monitoring of RCS; for example, the OECD-DAC could establish a more rigorous template for assessing bilateral donors' performance in RCS.
- 2 RCS requires capable and specialized staffing in commissioning agencies. What is required often is not just partnership but also institution building and enhancement of the research environment. One solution is to outsource RCS to development research agencies that are geared up for mentoring and facilitating developing world research institutions, e.g. the IDRC.
- 3 Encouragement of greater investment by developing countries is needed, along with greater provisions for regional networking, South-South cooperation and enhanced South-North collaborations. Greater success may be achieved through collaborations among countries that have similar development problems.
- 4 Given the financial situation in many low-income countries, what is required is development assistance and research cooperation that is more predictable and consistent over a long period to facilitate strategic planning, with greater ownership and control of development assistance by developing countries. On this basis it is proposed that national health research systems should be funded under a SWAp approach, particularly among bilateral agencies.

What is called for in this list of recommendations are innovations that fit into the emerging practice of a recipient-led assistance strategy. Giving greater levels of control and authority to the recipient country and its key research institutions is untested but worthy of investment given the failure of conventional approaches to RCS.

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ⁱⁱ This article draws from a manuscript submitted to the *African Development Review* titled: 'Development assistance and research capacity strengthening: the commissioning of health research in East Africa', by Keith Nurse & Daniel Wight.