About the inception phase

The Health Research Capacity Strengthening (HRCS) initiative aims to strengthen the capacity for the generation of new health research knowledge within Kenya and Malawi, and improve its use in evidence-based decision making, policy formulation and implementation. This will be achieved by strengthening key academic research and health policy-making institutions and facilitating the collaborative engagement of national representatives.

The HRCS initiative began with an agreement in 2004 between the Wellcome Trust and the Department for International Development (DFID) to seek closer working relationships in areas of common interest in global health research. The Wellcome Trust and DFID agreed to commit £10 million each towards a joint programme of health research capacity strengthening in Africa as part of the UK Government 2004 Spending Review. A Scoping and Design mission visited the targeted countries of Kenya and Malawi in October 2005 and produced a report outlining priority activities for the initiative.

The International Development Research Centre, Canada (IDRC) has joined the initiative, given its track record in strengthening health systems in Africa, both as an implementing partner with experience in health research programmes in East Africa, and as a funder.

The aim of the inception phase is, by January 2007, to develop nationally led programmes of work for the next five years. This will be achieved by establishing and managing two national Task Forces, one in Kenya and one in Malawi, to develop specific capacity-strengthening and research activities within a framework derived from the scoping mission report. This inception phase will produce an operational plan detailing how the HRCS initiative will contribute to strengthening health research through a nationally owned strategy, as part of a longer-term vision for Malawi and Kenya.

The inception phase will last for up to nine months. The National Task Forces will work for up to the first six months of this period to deliver a proposal for planned activities. The Task Force Chairs have been recruited and Charles Mwansambo (Malawi) and Gilbert Kokwaro (Kenya) have both agreed to work on this initiative. A Secretariat to support the inception phase has been appointed, and the Task Force membership and terms of reference are under development.

The initiative reflects a period of over two years of consultation between DFID, IDRC, the Wellcome Trust and national stakeholders in Kenya and Malawi. The formal launch of the initiative was 6 July 2006 in Nairobi, at a meeting attended by the Task Force Chairs of both Kenya and Malawi along with representatives of the Steering Group.

Proposals from both Malawi and Kenya will be expected to be produced within a framework based on the scoping and design mission report, to include:

- mapping of health systems research and capacity-building activities
- identification of core institutions and key individuals
- developing a portfolio of fundable activities for the next five years
- impact assessment, evaluation, review, monitoring and priority setting for each proposed activities.
Aims and objectives of the HRCS initiative in Kenya and Malawi

Aim of the HRCS initiative
To strengthen the capacity for the generation of new scientific knowledge within Kenya and Malawi, and improve its use in evidence-based decision making, policy formulation and implementation.

The long-term vision is a framework through which the quality of interventions impacting the health of Kenyans and Malawians may be improved, through the generation and use of health research evidence.

Outputs
The key output of the inception phase will be the production of a comprehensive and costed five-year workplan documenting activities to support the above purpose. The plan will also describe robust mechanisms for monitoring and evaluation of the initiative.

The initial activities of the inception phase will build on priorities identified during the course of a Scoping and Design Mission. The key outputs and related activities identified for support during the implementation phase in both Kenya and Malawi include:

**Enhanced institutional capacity for high-quality multidisciplinary health-related research**
- Support units for research training in medical, nursing and other health-related institutions.
- Establish national small grants schemes for applied and basic health research.
- Strengthen laboratory infrastructure and training in national institutions.
- Assist with plans for a Malawi Medical Research Institute and support the outputs of the Malawi National Commission for Science and Technology.
- Support the creation of an African public health research consortium, based in Kenya.

**National health policies and programmes formulated utilising research findings**
- Develop mechanisms for consultation and commissioning regarding key health issues.
- Strengthen capacities within the Ministry of Health and other policy makers to utilise research findings.
- Strengthen monitoring and evaluation related to the Sector Wide Approach (SWAp) in health in Malawi.
- Identify recommendations in the 2005–2010 Ministry of Health National Health Sector Strategic Plan in Kenya that could be supported through the HRCS initiative.

**Scientific knowledge more effectively shared across international organisations and knowledge networks**
- Support to South–South new and existing research collaborations and information and communication technology (ICT) networks for knowledge sharing.
- Mentoring and training in grant-writing and communication skills.

**Improved regulation and coordination of the national research environment**
- Review the roles of national research institutions in the field of health research.
- Review the national bioethical review processes.

Listed activities are subject to review during the course of the inception phase

For further information please contact us by email at HRCS@idrc.or.ke