



How can Research Programme Consortia contribute to capacity development in Low and Middle Income Countries?

Capacity development is core to many Research Programme Consortia (RPC), but delivering on this goal is not straightforward. Future Health Systems (FHS) experience suggests that capacity development strategies are most easily implemented when they closely align with RPC research goals, but that RPCs should also pay close attention to how they engage with a diversity of stakeholders, and to promoting open and transparent decision-making within the consortium.



Key messages

- 1 A small grants program can yield high returns if it unleashes the energy and ideas of emerging researchers, but such programs require strong mentorship and institutional support from the researcher's organization.
- 2 Implementation research frequently has significant implications for the capacity of stakeholders involved in the work, but greater consideration should be given to anticipating and tracking this.
- 3 Institutional capacity development is difficult to accomplish within the confines of an RPC – other complementary funding vehicles are likely required to strengthen institutional capacity.
- 4 An RPC's management style can do much to provide space for distributed leadership within the consortium and to ensure locally-led decision-making. Consortium leadership should be aware of this, and seek to articulate and nurture consortium values and managerial culture that support this.
- 5 Greater thought should be given to metrics and methods for tracking the effects of capacity development, so that it is more feasible to discern effective (and ineffective) capacity development strategies.

Introduction

Capacity in low- and middle-income countries (LMICs) to conduct and apply evidence from health systems research is limited due to historically low investment in the field, fragmented funding with a predominance of very small scale grants, a lack of systematic approaches to capacity development, and limited direct investment in capacity development for health systems research. In light of this, and broader concerns about inequities in global health research capacities, the research strategy of the UK Department for International Development (DFID) has an explicit results area focussed on strengthening capacity to conduct and use research. Accordingly, DFID requires all of the RPCs that it supports to dedicate a proportion of their funding to research capacity development.

This brief reflects upon the experience of FHS, a DFID funded RPC, with research capacity development. While FHS espoused a strong commitment to capacity development and put together a package of related strategies to support research capacity development among its partner organizations, these strategies met with varying degrees of success. We consider which types of capacity development strategies may work best for RPCs and under what circumstances.

How effective were FHS capacity development strategies, and why?

FHS capacity development strategies

The second round of FHS (2010 – 2016) built upon the consortium established by its predecessor project. As such, the core partners to the consortium were already familiar to each other and understood well their relative strengths and weaknesses. By and large, the core partners were also strong institutions, with reputations for excellence within their country or region. Early planning processes within the consortium led to the identification of three consortium-wide capacity development strategies targeted at core partners, namely:

- **Skill-development workshops:** Demand-driven workshops targeted at junior- to mid-level faculty, and linked to specific needs or steps in FHS research. The topics initially identified by consortium partners included higher level qualitative research methods; paper writing; and advanced economic modelling. Skill-development workshops were intended to piggy-back on consortium annual meetings and other opportunities.
- **Small grants program:** A competitive program of small grants, open to junior researchers and graduate students in the LMIC partner institutions, which were designed to provide opportunities to undertake health systems research linked to the primary research themes of the consortium, with 3-4 grants of up to US\$10,000 available in each of two rounds.



FHS 2015

- **Mentoring:** While the RPC recognized the potential effectiveness of mentoring, it was also concerned about the feasibility of sustaining a mentoring program. Accordingly, in planning documents the RPC committed only to exploring potential mentoring models. In practice, mentoring has occurred in conjunction with the small grants program and within specific individual country teams.

▲ A young researcher grantee working with his mentor at the Young Researchers Workshop 2015.

In addition to capacity development for core partners, FHS also undertook to support capacity development among an existing consortium of seven Schools of Public Health in East Africa. The linkage of this consortium to the FHS project was new, and was intended to contribute to strengthening health systems research capacity within the East African region. Within FHS, this group became known as the Africa Hub. During the early years of the project, the Africa Hub partners conducted a full-scale capacity assessment exercise. This helped to define institutionally-specific capacity development strategies, as well as contribute to an Africa Hub-wide strategy that focussed on (i) enhancing the availability of reference resources for health systems research, (ii) a program of small grants for young researchers, and (iii) the collaborative development of teaching curricula, including a proposed regional short course on health systems research. A more rapid version of the capacity assessment was implemented again during 2015, the final year of FHS.

“The small grants program helped to identify promising young researchers with energy and ideas.”

What worked?

- The RPC experienced a strong demand for skill-development workshops and rapidly surpassed the targets set for number of people trained. The use of web-based technologies (such as webinars), as well as increasing reliance on in-country researchers for specialist training, further ramped up the number of trainings provided. Trainings covered multiple topics, including those originally planned but also sessions on systems science methods, gender analysis, social network analysis, case study research, and the process of publishing papers, among others.

- The small grants program helped to identify promising young researchers with energy and ideas, and sometimes a relatively small injection of resources enabled such individuals to build the foundations for strong careers in the field. These individuals often benefitted not only from FHS but from multiple additional sources of support such as the Emerging Voices program.
- Some of the Schools of Public Health that make up the Africa Hub reported improvements in various aspects of health systems research capacity in 2015 compared to the 2011 baseline, though overall the findings were mixed, and it is clear that in many cases FHS was not the most significant contributor to enhanced capacity. For example, the School of Public Health at the University of Nairobi demonstrated enhanced capacity across nearly all of the dimensions measured, yet the School was only inaugurated in February 2011 (it had formerly been a department) and therefore was just getting established at the time of the first assessment. The School of Public Health at the University of Rwanda also appeared to have developed its health systems research capacity during FHS, but in good part this relied on growing linkages with a variety of different partners, many of which provided larger grants than FHS.
- Several FHS core country teams focussed their work on implementation research and participatory action research. While these projects were not initially considered as capacity development strategies, in practice, and according to accounts provided by multiple stakeholders, these processes provided significant opportunities for skill-building among stakeholders such as health system managers, civil society organizations, the media and communities themselves. For example, in Uganda the research team documented how participation by health facility managers in an action research project served to enhance their skills. In India, the FHS project provided training to local media in order to promote better coverage of local health-related news stories, and this also appeared to be successful.
- While not initially identified as a capacity development strategy of the consortium, in practice the underlying values of the RPC and the way that it approached decision-making may also have been important factors contributing to capacity development. The RPC emphasized country-led decision-making, as well as open and participatory discussions of research priorities. These deliberative processes constituted a forum for capacity development, allowing researchers from different backgrounds and skill levels to both observe and participate in discussions.

What didn't work – or worked less well?

- Capacity development monitoring indicators for the RPC included outputs (such as the number of people trained) and certain impacts (such as the proportion of peer review publications led by junior researchers) but, until the final year of the project, failed to capture process indicators (such as the quality of the training provided). More information about the quality of the skills-development workshops conducted, and their impact upon trainees' competencies would have been helpful in assessing and enhancing their effectiveness.
- Initial concerns about the burden of mentoring were appropriate. On some occasions the interests of small grant recipients aligned extremely well with those of mentors and mentoring went smoothly. But this was relatively rare, and in practice, it was often difficult to create sufficiently strong incentives for mentors to provide effective ongoing support to mentees outside of their own institutions. While the RPC further formalized the model of mentoring and support in the second round of small grants, sustaining cross-institutional mentoring remained challenging.
- In some cases, despite support from country team leaders, recipients of small grants faced internal institutional constraints that made it harder to implement their research projects. For example, some grant recipients had routine research responsibilities that they were not relieved from.
- FHS investment in the Africa Hub was designed to be catalytic – supporting capacity assessments, the development of institutionally-owned capacity development strategies, and networking across institutions, as well as some small-scale projects. However, the Africa Hub struggled to find additional funding to scale up its activities and sustain them beyond the life of the project, and this was undoubtedly discouraging and made it difficult for key individuals to carve out sufficient time for FHS-related work. Final capacity assessments from the Schools of Public Health associated with the Africa Hub commonly noted that the funding environment for health systems research had not changed, which was a substantial structural barrier to enhanced capacity.
- The relationships between different stakeholders involved in the Africa Hub were also institutionally complex. For example, the FHS management team hesitated to intervene in Africa Hub decision-making, but with hindsight should occasionally have played a more proactive role. Similarly, while the coordination function for the Hub rested with Makerere University (one of the core FHS partners), it was complex for Makerere to manage a partnership of equals, providing both leadership but also a sense of joint ownership and decision-making.

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Conclusions

The easiest form of capacity development for RPCs is that related very directly to the core work of the consortium, including for example, providing research methods training related to the core work program, or supporting young researcher grants that align closely to the objectives of the consortium. While this type of capacity development is undoubtedly valuable, it is unlikely to be game-changing. Further, such strategies focus on the development of individual skills, which may not be sustained in hostile organizational environments.

The biggest investment in capacity development by FHS was in the Africa Hub. While some aspects of the Africa Hub experience, such as its failure to secure additional funding, have been disappointing, it is probably premature to draw conclusions regarding the impact of this investment. Certainly in some Schools of Public Health, perceptions of capacity to conduct and disseminate health systems research have improved considerably since the project was initiated. It remains to be seen whether these changed perceptions translate into greater ability to engage in health systems research, or whether the institutional relationships endure. Certainly, the experience that FHS had with the Africa Hub underlines the complexity of institutional capacity development, and the need for multi-faceted approaches that can address several different layers or dimensions of capacity.

In addition, as RPCs design capacity development strategies, they would be well advised to think not only about explicit capacity development strategies, but also (i) the way in which they manage core consortium business and the extent to which this creates space for distributed leadership, and model equitable and transparent decision-making; and (ii) the nature of consortium engagement with a broad array of stakeholders, and how these engagement processes may stimulate capacity development.

Finally, capacity development was a relatively subsidiary objective within the FHS results framework accounting for just 15% of overall results. Given capacity weaknesses in the field of health systems research, it is essential that opportunities for capacity development not be missed, but it is also important to be clear about what can realistically be achieved in this context. More significant capacity-focussed interventions may be necessary to achieve real impact. Greater investment in monitoring and evaluating capacity development efforts would help to assess how realistic current expectations are.

CREDITS

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