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Research Capacity Strengthening in Sexual and Reproductive Health The HRP Alliance

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From Research to Practice- Training course in Sexual and Reproductive health
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Overview

- ❑ Discourse/ approaches for Research capacity Strengthening (RCS)
- ❑ Initiatives on RCS
- ❑ The HRP Alliance- RCS at HRP

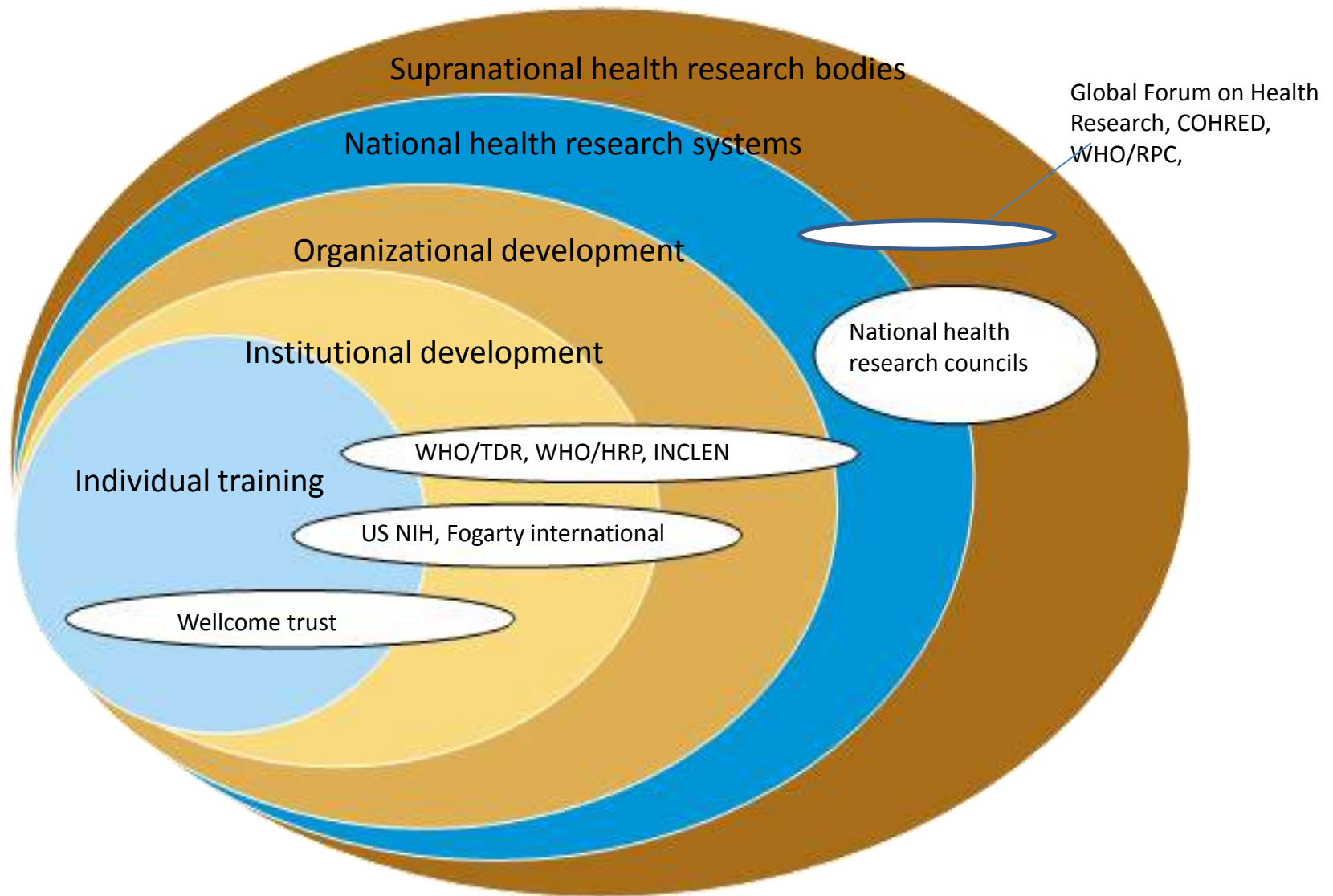
Research capacity strengthening

- RCS is an ongoing process of empowering individuals, institutions, organizations and nations to:
 - Define and prioritize problems systematically
 - Develop and scientifically evaluate appropriate solutions
 - Share and apply the knowledge generated (Lansang & Dennis 2004)
- Efforts to increase the ability of individuals and institutions to undertake high quality research and to engage with the wider community of stakeholders

Research capacity strengthening: Why?

- ❑ Great progress has been made over last 2 decades research capacity in South remains one of the worlds unmet challenges
- ❑ National wealth facilitates, but does not guarantee, national research productivity (WR 2013)
- ❑ Capacity building is key to sustainable local research and innovative capacity and research is key to development
- ❑ Public policies work best when they are designed and implemented by local actors

Efforts to Build research capacity



Research capacity strengthening: levels

- ❑ Individual
- ❑ Infrastructure
- ❑ Research Environment
- ❑ National health research system
- ❑ International health research

Components on different levels are intelinked

Individual capacity

- ❑ Research Skills –conception of research project to implementation and dissemination of research results; data collection, analysis, reporting
- ❑ Management skills- situation analysis, setting goals and objectives, action plan, risk analysis, incentives and motivation, skills to retain staff, monitoring and evaluation, fund raising, advocacy, planning, etc

Institutional capacity

- ❑ Adequate infrastructure
- ❑ Competent institutional leaders
- ❑ Funds for research
- ❑ Salaries for staff
- ❑ Access to scientific and technical information
- ❑ Engagement with research communities
- ❑ Career structure
- ❑ E learning strategies

Institutional strengthening is key to RC sustainability

Research environment

- ❑ Political will to allocate budget for research and RCS
- ❑ Evidence based practice
- ❑ Leadership and management competencies
- ❑ Strategic planning
- ❑ Research priority setting
- ❑ Knowledge management
- ❑ Advocacy, consensus building

Research capacity strengthening : approaches

- ❑ Conscious, deliberate research capacity building focused initiative – Individual training
- ❑ Learning by doing- RCS as a potential spill of research
- ❑ Partnerships – networks, coalitions, alliances
- ❑ Centre of Excellence (COE)- Mentor mentee relationship

*No efficient /effective model or mechanism exist
complimentary, diverse, context specific, multifacted
approaches*

Initiatives and Networks for Research Capacity Strengthening in Africa

- ❑ Healthy Newborn Network: <http://www.healthynewbornnetwork.org>
- ❑ African Health Research Forum and University Science, Humanities and Engineering Partnerships in Africa (USHEPiA): <http://web.uct.ac.za/misc/iapo/ushepia/bg.htm>
- ❑ European and Developing Countries Clinical Trials Partnerships (EDCTP) Networks of Excellence: <http://www.edctp.org/>
- ❑ European Union funded Network for the Co-ordination and Advancement of sub-Saharan Africa-EU Science and Technology Cooperation (CAAST-Net): <http://www.caast-net.org>
- ❑ Health Research Capacity Strengthening initiative (HRCS) a partnership between UK Department for International Development (DFID), International Development Research Centre (IDRC), Canada and the Wellcome Trust: <http://www.wellcome.ac.uk/hrcs>
- ❑ INDEPTH Network (International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries): <http://www.indepth-network.org/>
- ❑ Initiative to Strengthen Health Research Capacity in Africa: <http://ishreca.tropika.net/>

Initiatives and Networks for Research Capacity Strengthening in Africa (2)

- ❑ Malaria IPTi network (funded by the Bill & Melinda Gates Foundation, WHO, and UNICEF): <http://www.ipti-malaria.org>
- ❑ Medical Research Council (UK) and DFID African Research Leader scheme: <http://www.mrc.ac.uk/Fundingopportunities/Calls/AfricanResearchLeader/> MRC006652
- ❑ Neglected Tropical Diseases Fellowship Scheme (supported by a consortium of European foundations): <http://www.ntd-africa.net>
- ❑ Netherlands African Partnership for Capacity Development and Clinical Interventions against Poverty-related Diseases; Netherlands Organisation for Scientific Research: <http://www.nwo.nl/naccap>
- ❑ Leverhulme Royal Society Africa Awards: <http://royalsociety.org/Leverhulme-Royal-Society-Africa-Awards/>
- ❑ Wellcome Trust African Institutions Initiative: <http://www.wellcome.ac.uk/aii>

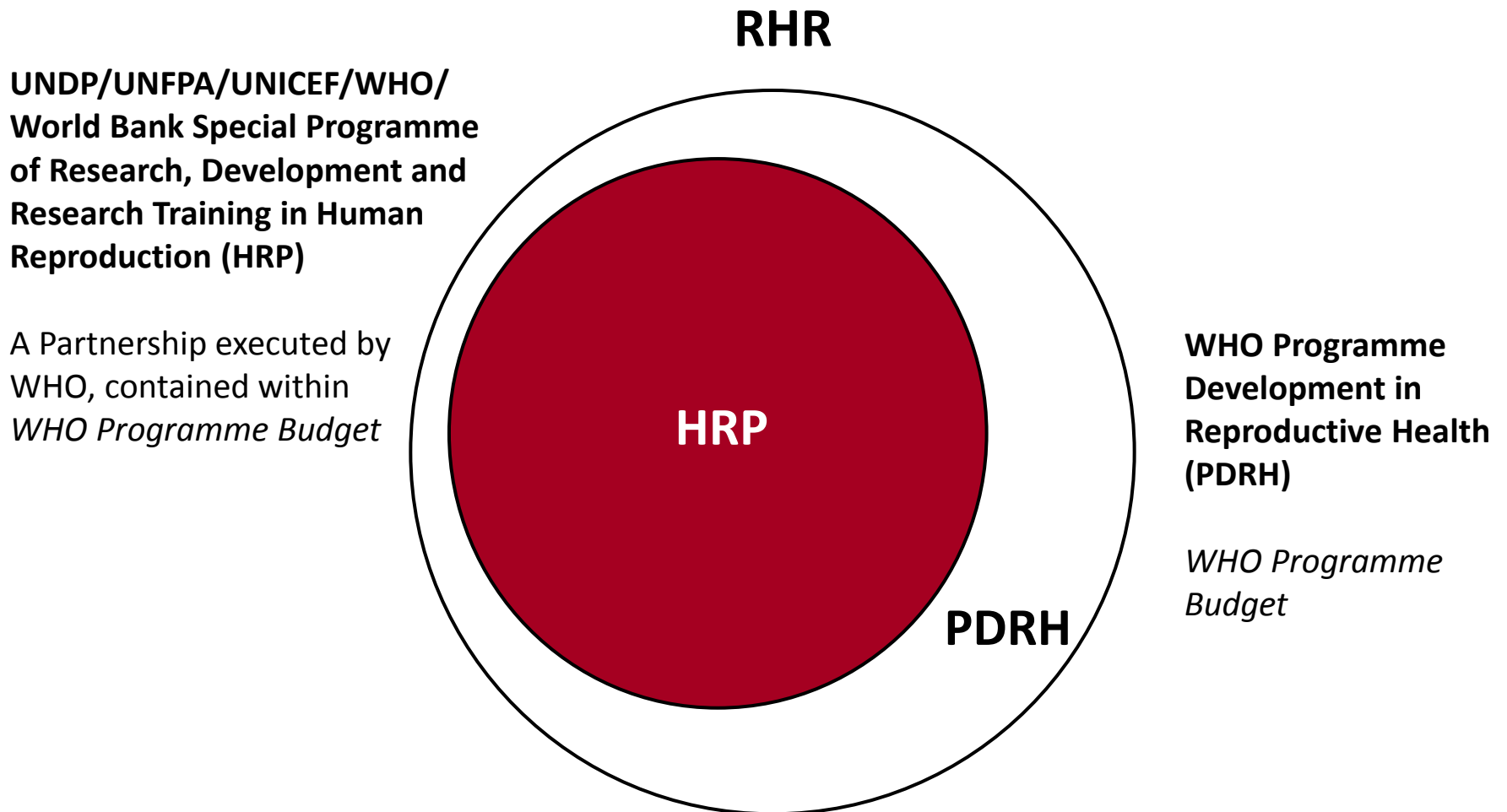
Initiatives and Networks for Research Capacity Strengthening in Asia

- ❑ Thailand International Development Cooperation Agency
<http://www.fhi360.org/services/capacity-building>
- ❑ RHIYA (Reproductive Health Initiative for Youth in Asia)
<http://www.apiahf.org/programs/hiv/capacity-for-health>
- ❑ Asia-Pacific Regional Capacity-Building for HTA Initiative (ARCH)
- ❑ Thai Health interventions and Technologies Assessment Programme (HITAP)

Research Capacity Strengthening at WHO

- ❑ Alliance for Health Policy and Systems Research (AHPSR) and its Implementation Research Platform (IRP)
- ❑ TDR (Special Programme on Tropical Disease Research)
- ❑ Special programme of research, development and research training in human reproduction (HRP)

WHO's Department of Reproductive Health and Research (RHR)



40 years of experience – RCS at HRP

- ❑ Since 1972, HRP created a network of institutions and supported their capacity to conduct SRH related research – biomedical, epidemiological, clinical and implementation
- ❑ Overall, 103 institutions in 55 LMIC have been supported through HRP grants over 40 years
- ❑ HRP budget is allocated as 2/3 research 1/3 research capacity strengthening

40 years of experience: Lessons learnt

- Planning: build on what exists, understand the context, ownership, commitment, engagement by all partners
- Implementing: clear work plans and road maps, build in accountability and sustainability from the beginning. Communication channels (formal/informal)
- Disseminating: publish research results
- Harmonization: funders, governments and other organisations
- Political will: national funding

Complimentary approaches with long term perspective

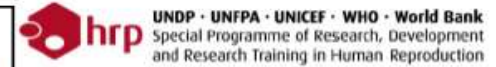
Recent developments

- ❑ In 2013, the department underwent restructuring
- ❑ Three main thematic areas were prioritized
 - Family planning / contraception
 - Maternal and perinatal health
 - Adolescent sexual and reproductive health
- ❑ RCS is carried out by each team with coordination from Director's office
- ❑ The HRP Alliance

HRP and RHR core functions

- Research
- Research capacity strengthening (HRP Alliance)
- Guidelines, norms and standards
- Global monitoring and evaluation
- Global advocacy

Organizational structure



Department of Reproductive Health and Research (RHR), including
UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development
and Research Training in Human Reproduction (HRP)

Marleen Temmerman, Director

- Global strategies, frameworks and initiatives (ICPD, MDGs, H4+)
 - Partnerships and global advocacy
 - Oversight and coordination of research, research capacity building, work with WHO
Regional and Country offices and WHO collaborating centres
 - Biostatistics and data management
-
- Programme Management, HRP Trust Fund, HRP direct administrative support

**Human Reproduction
(HRX)**

Coordinator (Vacant)

- Contraception / Family planning
- Reproductive tract and sexually transmitted infections
- Infertility
- Women's health

**Maternal and Perinatal Health and
Preventing Unsafe Abortion
(MPA)**

Metin Gülmezoglu, Coordinator

- Maternal and perinatal health
- Prevention of unsafe abortion
- Pre-conception / pre-pregnancy

**Adolescents and at-Risk Populations
(AGH)**

Lale Say, Coordinator

- Adolescent sexual and reproductive health
- Gender-based and sexual violence
- Harmful practices
- Sexual and reproductive health in emergencies, conflict, and humanitarian crises, and of other at-risk populations

RHR/HRP's mandate includes : (i) research; (ii) development of new technologies and interventions; (iii) systematic reviews and evidence synthesis; (iv) setting norms, standards and guidelines; (vi) synthesis of global indicators and (vii) national research capacity strengthening.

HRP Alliance-Objectives

- ❑ Promote collaboration and coordination on SRH research
 - globally and regionally
 - collaborative research and research capacity strengthening
- ❑ Support researchers to conduct studies based on national priorities in SRH and facilitating their participation in regional and global research
- ❑ Strengthen research capacity of institutions and individuals in developing countries
- ❑ Promote use of evidence-based SRH policies and practices through:
 - advocacy at regional and national level
 - in-country dissemination of WHO guidelines and tools.



HRP Alliance- Guiding principles

- ❑ Greater integration of HRP's research and research capacity strengthening activities
- ❑ Continue with institutional grants as a central theme
- ❑ Build, strengthen or join regional networks for greater regional integration
- ❑ Establish an HRP Alumni

1. Greater integration of HRP's research and research capacity strengthening activities

- Plan and think RCS when starting new projects
- MCS
 - > 25 peer-reviewed publications
 - > 10 Masters theses
 - 3 PhDs

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2. Continue with institutional grants as a central theme

- **Strengthening the research capacity of institutions**
 - Long-term institutional development (LID) grants
 - Research project mentoring (RPM) grants
 - Group training programme (GTP) grants for selected training programmes focusing on (a) young champions and (b) emerging concepts

- **Attracting young researchers to the field of SRH**
 - individual training programme- MSc/PhD
 - HRP Alliance Fellowships

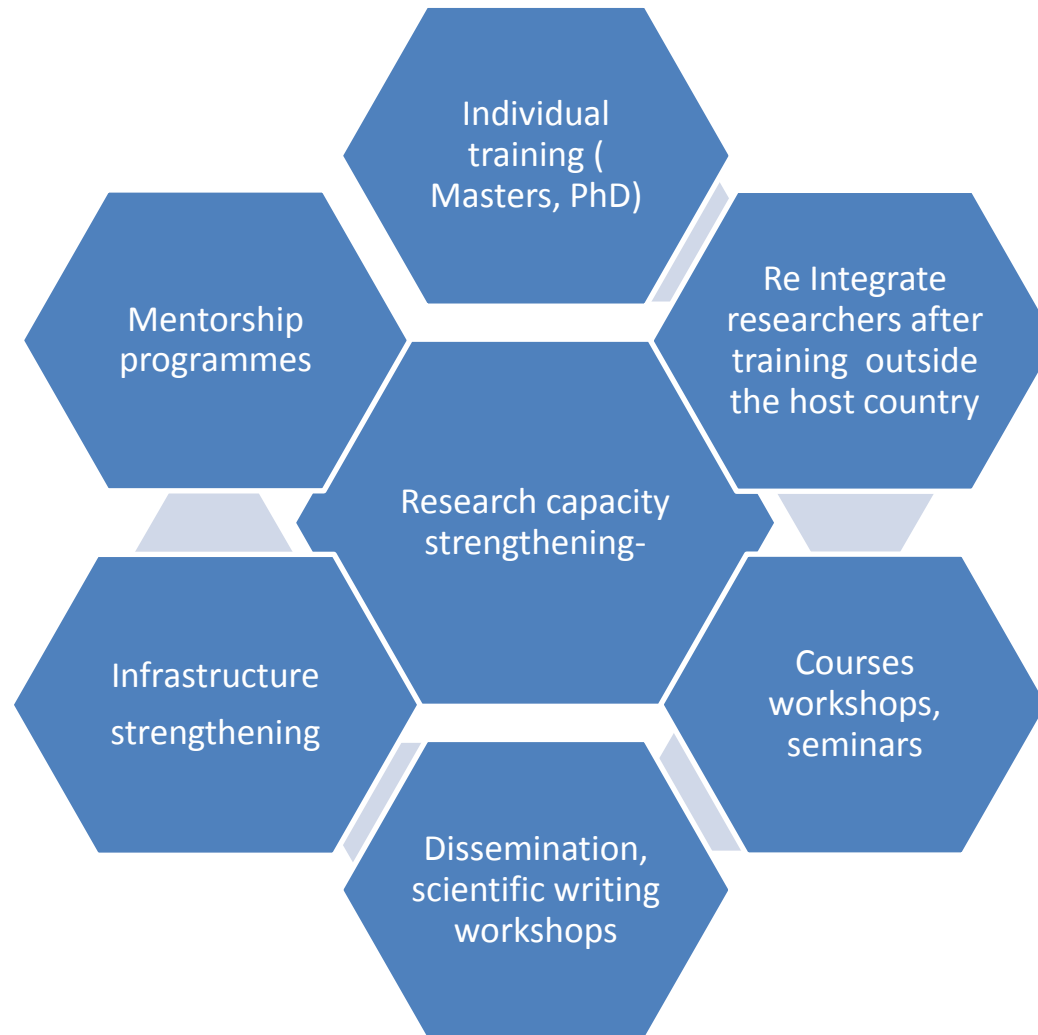
3. Build, strengthen or join regional networks for greater regional integration

- ❑ HRP, ALIRH and PLISSER relationship has to change!
- ❑ We need to develop an example, a case study for other regions
- ❑ For other regions, this has to be a long term strategy

4. Establish an HRP Alumni communicating on an e-platform

- ❑ There are many resources –individual and institutional that can support SRHR with past and present linkages with HRP but we have not established a systematic approach
- ❑ WHO Collaborating centres are often underutilized
- ❑ New communication platforms can be helpful
 - RNS researcher profile
 - ResearchGate?
 - Google Scholar?

Research capacity strengthening- modalities



RCS grants at HRP

Long term
institutional
developmental
grant (LID)

Research Project
mentoring grant
(RPM)

Research training
grants (RTG)

Re-entry
grant(REG)

Group training
programme(GTP)

Long term Institutional development (LID-1)

- ❑ Awarded to centres to strengthen the development and availability of human/material resources necessary for SRH research
 - Research training (planning, project management, data storage, management)
 - Writing publication, disseminating the findings
 - Data processing and library resources
 - Building physical infrastructure - purchase of Computer equipment, software, IT facility
 - Implementation of research projects, participation in multi site global research
 - Courses, Workshops, seminars

Long term Institutional development (LID-2)

- ❑ Awarded for 5 years, renewable once for another five years (10yrs).
- ❑ Recipients of 2 consecutive cycle are not eligible
- ❑ Discontinuation of the grant- poor performance, lack of funds
 - Ceiling of 100,000 USD
 - Grant can be used to leverage additional funding
 - Centre should be a research unit focused on RH and be part of a university, government structure or a NGO
 - Centres should have the potential to become a viable research entity , responsive to country needs.

Research Project Mentoring (RPM)

- ❑ Provided to mature centres to support research capacity of the emerging centres
- ❑ In collaboration with LID grants, before or during implementation of grant
- ❑ Mentor is identified by the grant recipient centre or WHO
- ❑ Mentor and mentee provide a joint report to HRP on the work done every year.
- ❑ Grant could cover travel, per diem for consultant to support the LID grantee

Research Training Grant (RTG)

- ❑ Assist countries to build up a critical mass of researches and technical staff in Reproductive Health
- ❑ RTGs are not awarded through calls or competitive selection process.
- ❑ Request comes from a LID grant institution or an individual
- ❑ Application for training has been endorsed by their home and host institutions
- ❑ Appraisals are submitted by the supervisor

Re-entry grants (REG)

- ❑ Re-incorporation of a training grant recipient in his/her home institution
- ❑ Trainees who have received RTGs with a duration of over 6 months are eligible to apply
- ❑ HRP-supported grant recipients/ trainees from HRP collaborating institutions
- ❑ Individual submits a research protocol that he would implement on his return
- ❑ One timer award with a ceiling of USD 20,000

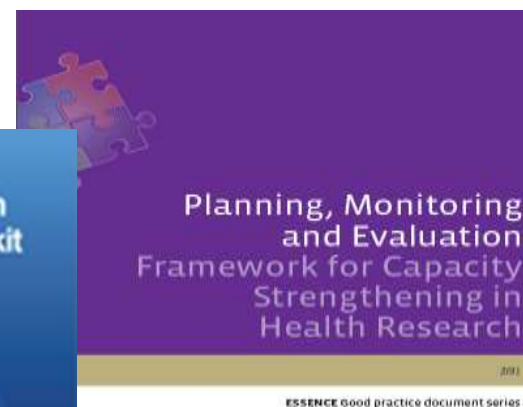
Group training programme (GTP)

- ❑ Research Methods Course in SRH, HIV and Gender-Based Violence – REPRONET (August)
- ❑ From Research to Practice: Training in Sexual and Reproductive Health Research –GFMER (6 month online)
- ❑ Research methodology course- ECRU- London (3 weeks)
- ❑ Operations research methodology course- Lithuania
- ❑ PLISSER/IBYME- America

Research capacity strengthening tools

Seven principles:

1. Network, collaborate communicate and share experiences
2. Understand the local context and evaluate research capacity
3. Ensure local ownership and active support
4. Build in monitoring, evaluation and learning from start
5. Establish robust governance and support structures and promote effective leadership
6. Embed strong support, supervision and mentorship
7. Think long term, be flexible and plan for continuity



Selective achievements

- Centre for population studies (CEPEP) Asuncion, Paraguay
 - Conducted the National -Sexual and Reproductive Health Survey (RHS). This data is the main source of information for the government, the cooperation sector, academia and NGOs.
 - Incorporating a gender violence chapter in the current survey and now actively screening all new clients arriving in the reproductive clinics to detect GBV and offer advice and help for those interested

- Cellule de Recherché en Santé Reproductive de Cote d’Ivoire (CRESAR/CI)
 - Strengthened the research team both number and skills
 - Developed partnerships not only with the national government in Reproductive health but also with the National offices of UNFPA and WHO

- Department of Medical Research, Upper Myanmar
 - Completed the research on “Male involvement in reproductive health issues of women in rural settings of Upper Myanmar “ and disseminated the research findings at Myanmar Health Research Congress in 2013
 - Developed a booklet on “Strengthening of Quality Antenatal Care Focusing on Pre-eclampsia” which is used by Maternal and Child Health Programme, MOH

Research Capacity Strengthening: 2013 outputs

- ❑ 15 institutions received long term institutional development (LID) grants in 2013. (Afghanistan, Bhutan, Bolivia, Burkina Faso, Cambodia, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Malawi, Myanmar, Paraguay, Tajikistan, South Africa, United Republic of Tanzania)
- ❑ 4 LID grantees prepared and submitted research projects to WHO for the first time (Afghanistan, Tajikistan, Cambodia, DRC)
- ❑ Individual research training grants and group training exercises continued

Conclusion

- ❑ *Strengthening research capacity in developing countries is one of the most powerful, cost effective and sustainable means of advancing health and development (The Commission on Health Research for development 1990)*
- ❑ *Strengthening research capacity is critical for organisations that aspires to advance the quality, relevance and impact of its services.*

Complimentary approaches with long term perspective