What must be done?
Capacity building for health systems research in low & middle income countries

Sara Bennett PhD
Johns Hopkins Bloomberg School of Public Health
“just build capacity”
A rising tide of political will

- Health Systems
- Research
- HSR Capacity
Mind the Gap

The situation in LMICs

• Population – 5.5 billion
• 250-300 health systems research organizations in LMICs
• 6-7,500 health systems researchers
• 40-50 institutions offering masters degree training health systems or policy

The situation in US

• Population – 310 million
• 709 research organizations that housed PIs for HSR projects
• 13,000 health services researchers
• 4,500 Masters students graduating in HSR each year

Source: Bennett et al 2010

Source: Pittman & Holve 2009
“AfHEA has around 210 individuals registered… I would say about 110 of these would describe themselves as health economists or health financing specialists”

Chris Atim

“Health systems research is done by either outside researchers or Sierra Leoneans with an MD, MPH with very limited or mostly no health systems training. I have an MSc Epidemiology and with that I am already a very "rare species".”

Heidi Jalloh Vos
Basis for argument

• Systematic review of capacity development initiatives for HSR, including papers
  – Reported implementation of a project or initiative
  – HIC or LMIC
  – Whether or not evaluated

• Inputs from background paper authors

• Deliberations at satellite session
CATALYZING POLITICAL WILL
1. Understanding of HSR

• Contextually specific nature of findings
  Limits to the transferability or generalizability of conclusions across contexts

• Complex adaptive systems
  Need for continuous learning – tipping points or unexpected consequences

• Importance of application of findings
  Close connections between policy and decision makers, and researchers
2. Building links and the advocacy base

Leaders of our research institutions

Health service providers

Health development partners

Senior policy makers
3. HSR capacity development – worthy but dull?

**Traditional approach**
- Targetted largely at university researchers
- Didactic/academic
- Short course heavy
- One size fits all

**What we should be doing**
- Enable learning across networks of actors
- Adapt approaches to different audiences
- Mix formal training with practice opportunities
- Innovative strategies: mentoring, fellowships
- Employ open-access distance learning
4. Evidence on effectiveness of CD initiatives

<table>
<thead>
<tr>
<th></th>
<th>HICs</th>
<th>LMICs</th>
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<tbody>
<tr>
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<td># articles with costs</td>
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WHAT MUST BE DONE
External Funding

“are dependent on a large part of their financing and therefore survival on external donors. The agenda of these donors therefore drives them.....It creates an unfortunate cycle where the sector sees less and less their immediate relevance as they do not appear to be providing solutions to the sector’s problems.”

Irene Agyepong
1. Remove funding obstacles

• 2% of national health spending for health research – a real commitment?

• Problems with external funding:
  – Lack of coordination and collaboration
  – Limited funding for capacity development
  – Competitive grant award disadvantages lower capacity institutions
  – Researchers are not linked to policy makers and research may not reflect priorities
  – Lack of local ownership
1. Remove funding obstacles

• Compacts between national governments and researcher funders that:-
  – Consolidate external funding resources
  – Increase internal funding resources
  – Develop & support national HSR funding organizations
  – Move towards longer term, flexible funding for research
2. Build the field

• Health systems research housed in institutes dominated by biomedical research paradigms

• Lack of appreciation for social science methods at the core of health systems research

• Need to assemble and systematize our core research methods
2. Build the field

• Through collaborative efforts that build consensus in the HSR community
  – Develop open access text books, methodological readers, course curricula
  – Develop journals, particularly regional journals that can publish HSR
3. Support capacity development initiatives

• Nationally designed, led and owned
• Work across environmental, organizational and individual levels with multiple partners
• Use creative mixes of interventions
  – Mentoring
  – Salary top-ups and incentive schemes to retain senior health systems researchers in-country
  – Partnership programs to build linkages between stakeholders in-country as well as across countries