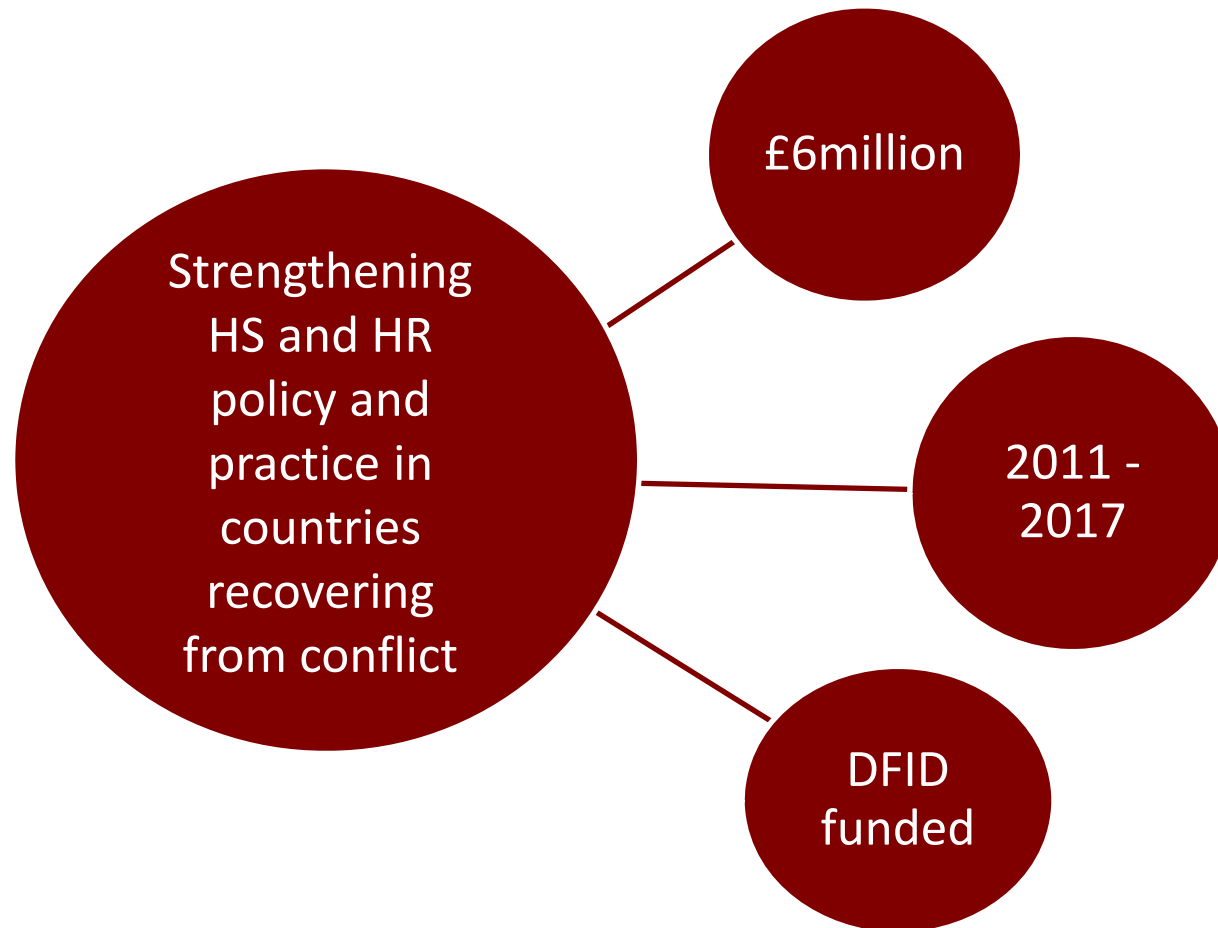# Capacity building for health systems research and knowledge translation in post conflict contexts: Strategy and indicators developed in the ReBUILD research programme

Sally Theobald, Neath Net, Freddie Ssengooba, Shungu Munyati, Joseph Edem-Hotah, Jo Raven, Helen McFarlane, Tim Martineau, Sophie Witter, Barbara McPake, Imelda Bates

What is ReBUILD?

£6million

Strengthening HS and HR policy and practice in countries recovering from conflict

2011 - 2017

DFID funded

ReBUILD partners

Cambodia (CDRI), Sierra Leone (COMAHS), Uganda (MUSPH), Zimbabwe (BRTI), UK (LSTM) and (QMU).
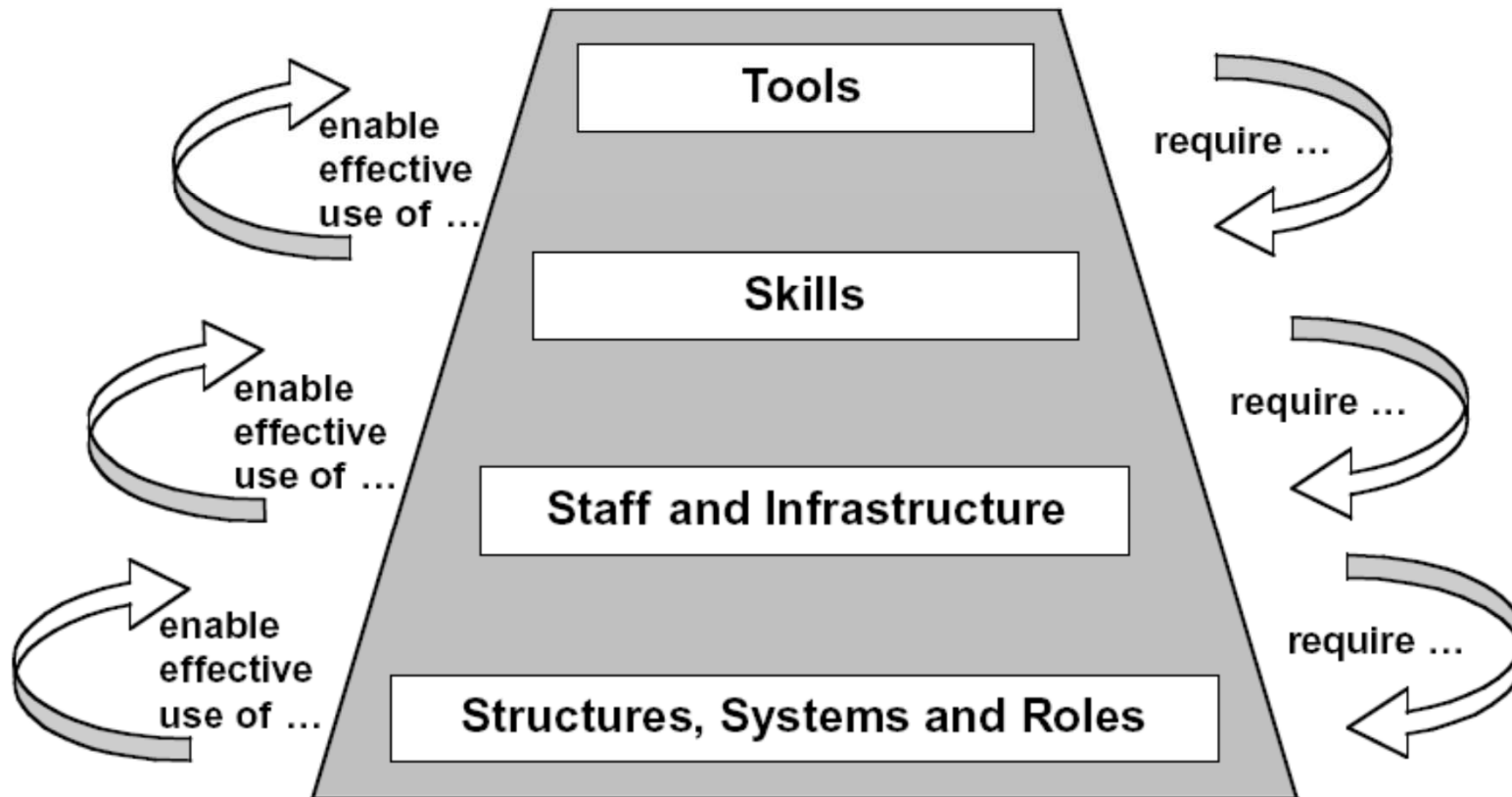
What is capacity building?

A holistic approach

Christopher Potter and Richard Brough

Capacity building in health

A look at the literature

- There is a knowledge gap on evaluating capacity development in health research.

- A recent review (Bates et al, 2011) identified 593 articles in this area, with none in the post conflict resource poor context.

- Developing and evaluating capacity building strategies in health requires **tailoring to context**.

What are the issues to consider?

Post conflict contexts

Enabling provider co-operation: the state, donors and NGOs (multiple players

Juggling technical and political barriers

Attracting back the diaspora versus working positively with current HR

Priorities in capacity building: services now *or* institutional strengthening

Capacity building aim

To embed capacity building within the core functioning of the consortium.

To develop partner, affiliate and key stakeholders' capacity to conduct and/or use quality ethical research on health systems (especially health financing and HR) in post conflict contexts.

Objectives

- To embed capacity building within the core functioning of the consortium

- To consolidate skills in research processes, techniques and topics

- To engage others in research uptake and to build influence

- To develop a supportive environment for ReBUILD at the institutional level.

Embedding our approach

3 key principles for building health research capacity in resource poor contexts

Levels	P1: Phased approach	P2: Build on what exists	P3: Partnerships
Individual	Training workshops – face to face / online	**Multi-disciplinary mentoring** Supporting consultants in core areas	Ensure partnerships and learning
Organisational	Developing and monitoring research uptake and capacity development strategies	Developing a shared resource of materials (concepts, methods and disciplines)	Strengthening partnerships Developing protocols with key policy players
Institutional	Working with policy makers from an early stage, developing receptivity to research and ability to interpret research findings	Working with and strengthening research networks **Bring post conflict focus to Masters in HSR**	Supporting partnerships with ethics committees. Fostering relationships with policy champions. **Develop new Masters in HSR**

Multi-disciplinary mentoring
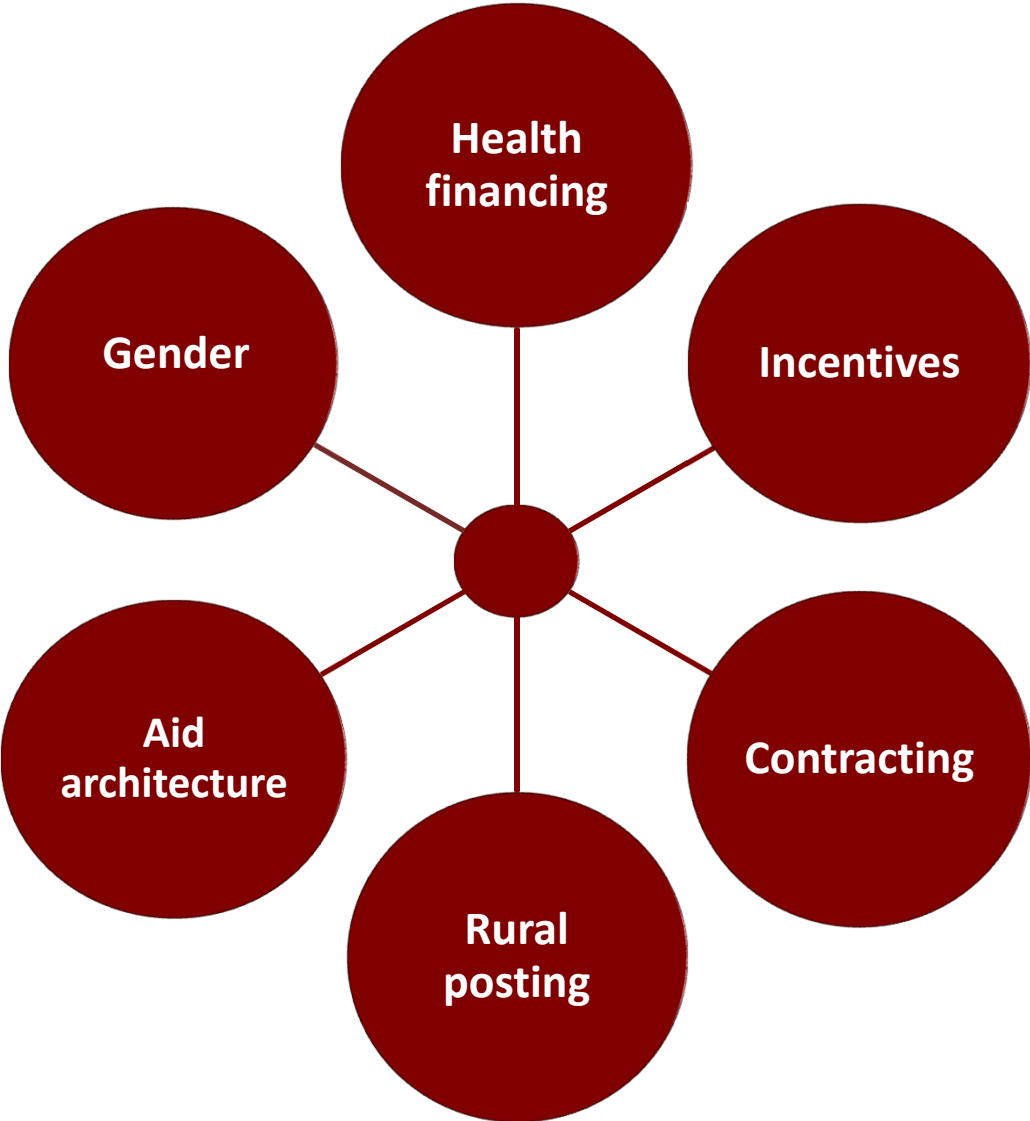
Developing new masters

1. Strengthen health systems research and teaching through improved quality assurance of Masters programme, development of new modules and fellowships for junior staff, to meet the growing demand for HSR

2. Establish a Masters in Health Systems Research and Development in post conflict settings to address the particular challenges in developing health systems following conflict and displacement

3. Build capacity among graduate health professionals, who remain in post, to support health systems delivery tailored to context

4. Robustly evaluate our approach and generate lessons for other contexts.

Into the future

- It takes 5-10 years to ensure that research capacity is **sustainable**.
- ReBUILD provides an excellent **opportunity** to build and track **progress** through time.

Thank you

I look forward to hearing your ideas and suggestions:

Sally Theobald

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