Developing health system research capacity in crisis-affected settings: why and how?

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The field of health systems research has grown rapidly since the early 2000s; this has been accompanied by significant efforts to develop capacity in the Global South to conduct such research. This capacity-building will be important for developing more research informed and responsive health systems in the Global South, yet has been largely neglected in crisis-affected settings. A recent study among global health researchers highlighted weak local research capacity as a particular problem for health systems research in crisis-affected settings.[1] This brief outlines the meaning of health system research capacity, the particular needs for such research capacity in crisis-affected settings, and key lessons for future policy, building on the broad experience of the ReBUILD Consortium and tacit knowledge of the ReBUILD partnership as well as wider literature.

What do we mean by health system research capacity?

Some frameworks for research capacity in the health sector distinguish between three levels: individual capacity, organisational capacity and the wider environment, supporting a more holistic approach to capacity strengthening (see Figure 1 as an example).[2] The inclusion of research environment is useful as it captures the need for a supportive legal and administrative framework and funds for conducting research in the Global South and draws attention to the importance of improving the profile of research and its use within government and the media.[3] A current grant on capacity strengthening for health systems research in Sierra Leone[4] incorporates activities at all three levels: on individual capacity (the recruitment, training and mentoring of four health systems research fellows); organisational capacity (fostering the strengthening of the research support function at the University and the newly established Masters in Public Health) and the wider environment (for example providing support for the Sierra Leone Ethics and Scientific Review Committee).

Key messages

- The ReBUILD experience highlights the importance of raising the profile of health system research, which is a policy-relevant but neglected and challenging area of research in crisis-affected contexts in particular
- There is a huge unmet need to build individual skills and profile, alongside raising the profile of the field within research institutions and ministries. Skills include empathetic, context-embedded approaches to the consent process and data gathering in particular, given sensitive topics addressed and sometimes the need to recollect and process traumatic events.
- It is also important not to neglect skills development relating to research uptake and strategic partnerships, such as communicating with policy-makers and users of research at different levels of the health system.
- Research management is another area with huge needs for institutional development
- In many contexts, some basic steps can be influential in starting to build a research community and culture of evidence use: for example, setting up networks of interested practitioners and researchers, starting to develop research repositories, sharing experiences, promoting a demand for research
- Even academic institutions can be poor at sharing insights and skills across teams, so encouraging a learning culture here and in the wider health system is the ultimate goal

Research capacity-building in the health sector typically comprises four components: academic training for individuals, developmental grants and mentorship, transnational partnerships between institutions, and the creation of centres of excellence in countries in

This briefing paper series has been developed by the ReBUILD Research Programme Consortium to inform a number of key issues around health systems in crisis-affected settings, and draws both on ReBUILD's own work and wider sources. The issues were identified in a research agenda-setting study carried out by the Health Systems in Fragile and Conflict Affected States Thematic Working Group of Health Systems Global.

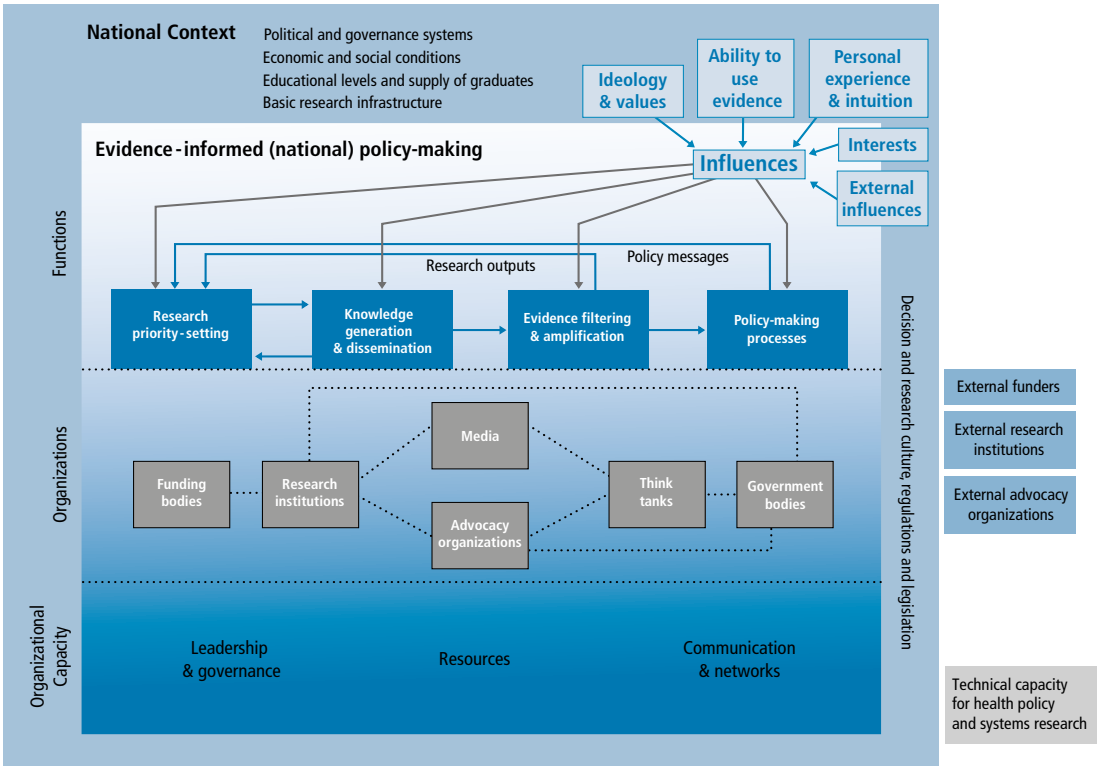

Figure 1. A conceptual framework of evidence-informed health policy-making. (Source: World Health Organization, 2007.[2] http://bit.ly/2qO2QOG)

the Global South.[3, 5] The different components are complementary and have been widely practiced, while the emergence of collaborative research networks are a more recent expansion to the model.[6]

One of the criticisms of activities to build research capacity in the Global South more generally is that they are driven and funded by governments, international agencies and research institutes that are based in the Global North.[5] Particular criticism has been reserved for approaches in which researchers in the Global South are expected to benefit simply from taking part in research that is designed, managed and published by researchers in the Global North.[7] For example, research contracts can limit the role of Global South researchers to the collection and translation of data, while allowing commissioning organisations to dictate outcomes.[8]

This has led to an emphasis on 'locally led' research capacity building.[9] Such approaches aim to meaningfully involve researchers from the Global South at all stages of the research cycle. While commendable, there remains a risk that such research may reflect the priorities of individual researchers and institutions rather than being initiated as part of a harmonised national plan.[5] Further, there are fears that a focus on supporting a small number of individuals in the Global South to lead research projects will facilitate a 'brain drain' process in which those researchers subsequently migrate to consultancy projects,[10] or to countries in the Global North.[3, 11]

What are the needs for research capacity in crisis-affected settings?

Challenges for research in crisis-affected settings include a small number of trained researchers, often clustered in one or two institutions; higher perceived risks to personal safety for those conducting research; problems with accessing some geographical areas; and rapidly changing social and political environments that complicate longitudinal work.[12] These challenges mean that it may be difficult to provide training to researchers,[13] and that the research that is conducted may only include urban areas and/or those that are government-controlled.[8]

The research environment for health systems research is also more challenging in crisis-affected settings. Governments and the international community typically focus on funding and facilitating projects to restore healthcare services rather than conducting research that might have less tangible benefits in the short-term.[14] In conflict-affected areas there may be ambiguity in legal authority for research given the overlapping presence of competing sides and international organisations, as noted for Cambodia during the early part of its recovery from conflict.[8] There may also be challenges with the availability of secondary data and both the quality and accessibility of this data. Research with staff and communities who have experienced

trauma also poses particular ethical challenges, which require careful and sensitive approaches to the consent process, methods (for example sensitive questioning in qualitative interviews or life histories) and building of trust (including the need for oral rather than written consent in some sensitive contexts).[15] Limited support for health system research may also lead to greater turn-over of research staff in some institutions. Capacity to manage research projects and to share skills and knowledge beyond the individual level within organisations is typically weak. General research orientation and skills, within academic centres but also ministries of health and other potential evidence users, are often limited. Opportunities to engage in research are few and not always meritocratic. Engaging in policy-related research which is seen as 'critical' may be even more contentious than in more stable settings.

Although it is tempting to use research findings from other Global South settings to drive policy in crisis-affected settings, there are in fact many features of the latter that mean research conducted elsewhere may be less applicable.[12] Examples include markedly different burdens of disease, contested governance structures, unstable health systems that are prone to rapid changes and a multiplicity of actors and providers (as seen for example in post-conflict northern Uganda) and thus it is important to support domestic health systems research capacity in crisis-affected settings.

While these settings provide challenges, there may also be opportunities. For example, ReBUILD's experience is that the limited investment in health system research to date in many crisis-affected settings means that researchers can rapidly progress their careers and build strong relationships with key policy-makers and practitioners, if they engage in this field and show promise.

Lessons on building capacity in these settings

Local institutes

Support for academic institutes and researchers in crisis-affected settings is perhaps the best documented area of health systems research capacity building. Several studies have reported successful stories of collaboration and exchange between universities in the Global North and those in crisis-affected settings, highlighting the importance of regular formal and informal communication, methods training, and support for publication.[16, 17]

Funding for networks of researchers and practitioners has also supported health system research capacity building in crisis-affected settings. Examples of networks include Health Systems Global's Thematic Working Group on Health Systems in Fragile and Conflict-Affected States. This networks have provided a platform for training and knowledge exchange on health systems in crisis-affected settings, including support for organising and attending dialogue events, conference workshops and journal special issues.

Longer term research consortia allow for a variety of strategies to be adopted. The ReBUILD Consortium, for example, provided methods training to support collaborators in Cambodia, Sierra Leone, Uganda and Zimbabwe, offered small grants to researchers in those countries to further their research training, and subsequently supported researchers in submitting proposals for research grants that could sustain and extend health systems research capacity in the countries.[18] Staff were mentored through each stage of the research process, including research uptake and policy influencing, which was a new domain for many researchers. Feedback from partners suggests that elements supporting 'learning by doing' was felt to be most valuable. The linked Research in Gender and Ethics: Building stronger health systems (RinGs) intiative also provided a small grant compeition which ReBUILD researchers could apply for; with dialogue across the research stages, and for many this was their first grant as principle investigator. Researchers also emphasised the importance of being supported to build networks and 'relational capital' with policy-makers at national and district level, as well as with other researchers. Some partners were supported in winning independent grants for research centres to further develop their capacity and reputation.

ReBUILD's experience suggests that supporting even a few key individuals, or one organisation or network, can make all the difference - signalling to others to contribute and invest. Long-term relationships between specific researchers and supportive research partners are important for developing capable national researchers and champions.

Operational health staff

Health workers and managers form an important part of the research environment, and interventions to support their research capacity have typically focused on individual training. Domestic programmes in Uganda and Democratic Republic of Congo have trained health managers and workers on issues such as ethics and data collection and analysis, although challenges for participation in such programmes include lack of institutional support, infrastructure and time for research.[19]

International organisations can also provide support for individual training. In Rwanda, the Human Resources for Health Program twins health workers in the country with those in the US, allowing the transfer of research skills, amongst other training areas.[20] In Timor-Leste, a project involving mental health workers included time for research skills training beyond survey work, including, for example, English and computer skills, as well as support to identify future opportunities for employment and further training.[13]

Staff in government ministries

Government can play an important role in guiding research topics to reflect the policy agenda. A national situational analysis of existing research capacity and published research can inform a strategy document that will outline government research needs and therefore drive the research agenda. For example, the Connecting health Research in Africa and Ireland Consortium (ChRAIC) provided support for the Sudanese government to develop a national knowledge synthesis report and research capacity assessment in order to then produce a set of priorities for research and training.[21]

Civil servants provide a mechanism for the use of health systems research to influence health policy-making, and dissemination events and personal connections can be useful in this regard. In Guinea Bissau local researchers suggested that this approach enabled them to explain findings to government workers and therefore promote a better understanding. However, government ministries tend to have limited resources and demand for research and so rely on commissioned reviews when necessary.[10] Helping to coordinate national research fora and repositories to raise the profile of research, the demand for it, and the effectiveness of its use may be an important role for international research partnerships to support. This can raise the profile of health system research as a field of relevance for policy-makers. It is especially important to engage with sub-national levels in health system research in particular – district health managers, for example, are key potential research partners and generally lack access to research resources, especially in severely under-funded fragile contexts.

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ReBUILD Consortium

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