



**Human Resources for Health Research:  
An African Perspective - Conference**



**Final Report and Record of Expert Consultations,  
Nairobi, July 2006**

Global Forum  
for Health Research



**COHRED**

**IDRC**

**AFRICAN HEALTH  
RESEARCH FORUM**

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## **Acknowledgements**

The HR-HR expert meeting took place in Nairobi on July 2-5 July 2006. It was the culminating point of three months' of preparatory consultations by a cross-disciplinary group of experts. They looked at how improved research skills and practices in health research can increase the effectiveness of research for health.

The HR-HR steering committee thanks all those involved in the preparation and management of the HR-HR process between February and July 2006. This includes the local organizing committee, program committee and its eight co-theme leaders who coordinated consultations on each of the four HR-HR themes.

Thanks also to the expert consultation's participants, whose input and contributions made the conference a success. We appreciate the efforts and enthusiasm of the facilitator, media coordinator.

The communications team made significant efforts to support the conference by creating the web page, arranging detailed minutes of the meeting, synthesis of consultations by the theme groups, and creation ensuring that we had a web page. In the spirit of learning and capacity building, a special feature of this meeting was the work with a team of young professionals who synthesized the discussions of the themes, a review of some of their work, a reading list on HR-HR, by theme, and professional aspirations is posted on the HR-HR web site <http://www.cohred.org/HR-HR/HRHR-Africa/africanYoung.htm>

To all the partners for taking time to start the process and making sure that it had the backing it needed to succeed. We also appreciate the initiative. Special thanks go to WHO, IOM and the government of Kenya for supporting and participating in the conference.

Thanks to Professor Mohammed Abdullah who accepted the group's nomination as conference Chair and Chair to the Local Organizing committee, and to our Chief guests, Prof. Miriam Were and Prof. Karega Mutahi for officiating the opening and closing ceremonies.

IDRC and the Research Matters programme of SDC and IDRC provided critical input to the planning of the HR-HR concept and participated in conference activities.

AMREF hosted the secretariat and assured financial management. The secretariat, led by Conference Coordinator Lillian Kamathi and Conference Secretary Naomi Kimani ensured all the logistics and coordination of the final conference report progressed as planned.

### **The HR-HR Steering Committee**

Harry Jeene - AMREF; Carel IJsselmuiden and Michael Devlin – COHRED; Antionette Ntuli – EQUINET; Mutuma Mugambi and William Macharia – AfHRF; Stephen Matlin and Kristen Bendixen - Global Forum for Health Research; Lola Dare, ACOSHED

## Acronyms

<b>ACOSHED</b>	African Council for Sustainable Health Development
<b>AfHRF</b>	African Health Research Forum
<b>AfriCLEN</b>	Africa Clinical Epidemiology Network
<b>AHSPR</b>	Alliance for Health Systems and Policy Research
<b>AKDN</b>	Aga Khan Development Network
<b>AMREF</b>	African Medical Research Foundation
<b>AU</b>	African Union
<b>AUW</b>	Ahfad University for Women
<b>CGIAR</b>	Consultative Group on International Agricultural Research
<b>CHINRI</b>	Child Health and Nutrition Research Initiative
<b>COHRED</b>	Council on Health Research for Development
<b>CORPS</b>	Community Owned Resource Persons
<b>CSE</b>	Centre for Science and Environment
<b>CSO</b>	Civil Society Organizations
<b>DFID</b>	Department for International Development
<b>ENRECA</b>	Enhancing Research Capacity in Africa
<b>EQUINET/CHESORE</b>	EQUINET in Health in East, Central and South Africa
<b>EU</b>	European Union
<b>GHWA</b>	Global Health Workforce Alliance
<b>HIS</b>	Health Information System
<b>HR</b>	Human Resource
<b>HRD</b>	Human Resource Development
<b>HRHR</b>	Human Resource for Health Research
<b>HRS</b>	Health Research Systems
<b>HS</b>	Health System
<b>IDRC</b>	International Development Research Centre
<b>INDEPTH</b>	International Network of field sites with continuous Demographic Evaluation of Population and Their Health in developing countries
<b>KEMRI</b>	Kenya Medical Research Institute
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MIM</b>	Multilateral Initiative for Malaria
<b>MOH</b>	Ministry of Health
<b>MOPH</b>	Ministry of Public Health
<b>NEPAD</b>	New Partnership for Africa's Development
<b>NHRS</b>	National Health Research Systems
<b>NGO</b>	Non-Governmental Organization
<b>PROCOSI</b>	Integrated Health Coordinating Program
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>REACH</b>	Regional East African Policy Initiative
<b>SOMANET</b>	Social Science and Medicine Africa Network
<b>UPWARD</b>	User Perspective With Agricultural Research and Development
<b>USAID</b>	United States International Development
<b>WHO</b>	World Health Organization
<b>TB</b>	Tuberculosis
<b>TDR</b>	WHO, World Bank and UNEP Programme on Tropical Disease Research

This report was compiled by HR-HR conference coordinator Lillian Kamathi and conference secretary Naomi Kimani with the rapporteurs Fred Mandi, David Njoroge, Teresia Nyokabi, and Caroline Njiinu. Theme sections were reviewed and revised by theme co-leaders. Further final editing – Michael Devlin and Harry Jeene.

This is the final report and record of the HR-HR expert meeting in Nairobi. Two further products are under preparation: A short synthesis report of key messages from the conference; and a publication featuring reviewed papers produced by each HR-HR theme.

HR-HR: Making health research work...  
for equity and development in Africa

**EXECUTIVE SUMMARY**

The Human Resource for Health Research (HR-HR) initiative is the first of its kind to be held in Africa and – indeed worldwide – that attempts to bring a holistic perspective to the issue of human resources for health research. The initiative is spearheaded by seven partners: AMREF, AfHRF, Council on Health Research for Development (COHRED), ACOSHED, EQUINET, Global Forum for Health Research and IDRC, that came together in 2004 to look at specific human resource needs and challenges needed to improve for health research in developing countries.

The initiative looks at and goes beyond the needs of ‘high-level researcher capabilities’, to better understand all human resource needs required to ‘make health research work ... for equity and development in Africa’. The emphasis is on translating research into action – and specifically how networks can help achieve this.

The HR-HR initiative brings a new perspective to the questions of brain drain, capacity building in the health sector and to the World Health Organization’s 2006 World Health Report “Working Together for Health”, that highlights the urgent need to improve human resources in the health sector in developing countries (HRH). The WHO report highlights key issues that need to be addressed to improve human resources for health, but does not address the critical implications of skills and human resources needed by developing countries to improve the health research sector.

The HR-HR expert meeting held on July 2-5, 2006 did not have the objective to produce conclusions and definitive recommendations. Rather, its purpose was to open discussion on four themes and bring new perspectives to the HRH debate. HR-HR is a work in progress. Its starting point will be a publication composed of the papers on each of the four HR-HR themes, planned for end 2006.

The main purpose of the HR-HR consultation is to contribute new thinking to the improvement of human resources for health research in low and middle income countries. Expert consultations were held in the four HR-HR themes:

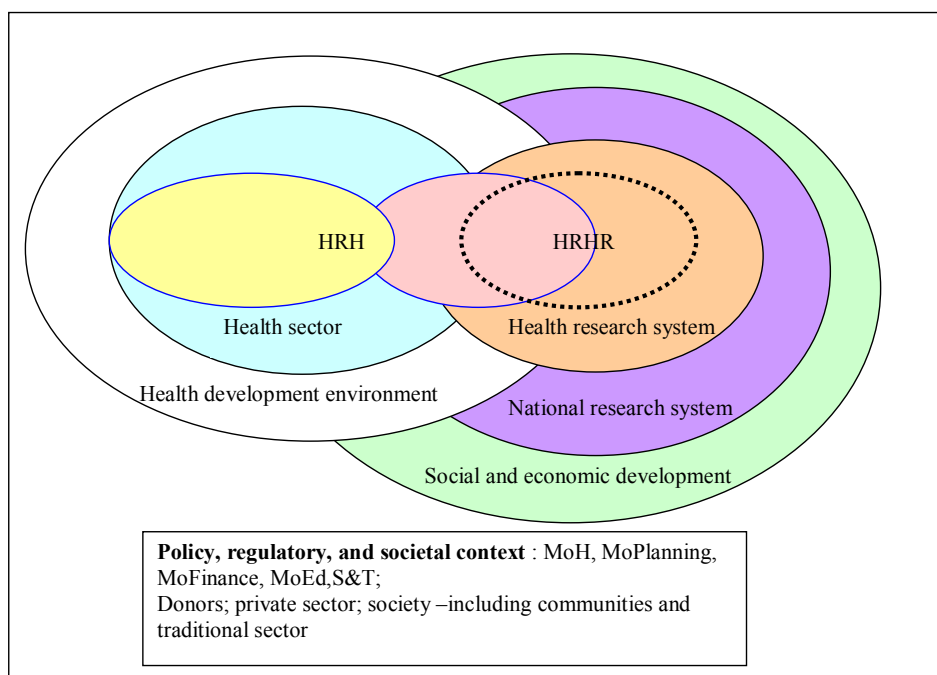
- Health Research environment
- How networks and networking can improve health research
- Communities and their role in shaping health research agendas
- Communication and Knowledge translation approaches to improve the effectiveness of health research

**Theme 1: Health Research Environment:**

The environment for health research in Africa presents a host of challenges. Most countries allocate little or no resources for health research while agendas are largely donor driven, often at the expense of national priorities.

This theme looks at the Health research environment and discusses how mapping can clarify the interrelations of health and other sectors.

### Mapping the HR-HR environment



**Fig 1: Mapping and analyzing the HR-HR environment**

#### Schematic: HRH and HR-HR

The issue of how brain-drain can be converted into brain-gain was explored at length. It also looked at what capacity is needed to create research relevant to countries needs, including the identification of existing gaps such as tapping the experiences in various case studies; how to transform available evidence into policy formulation and health action; qualities for health research leadership; and issues surrounding the health research environment and brain drain.

The group came up with the following Overall Outcomes recommendations and actionable points:

- Development of an overview paper on health research environment
- Develop toolkits/guidelines for countries - Health Research strategic plan/needs/policy
- E-space for on-going work
- Update summary of current initiatives
- Devise Inter-action plan between HR-HR and GHWA
- Interim events - 2007 AFHR



- Explore collaborations with other stakeholders
- Review which actions (national, regional, global)
- Explore role of networks as brokers at local and regional levels

### **Theme 2: Networks and Networking:**

The purpose of this theme was to understand how networking and networks can be used to strengthen and support health research, researchers and research systems in low and middle income countries, and what human resources needs to be strengthened to make this happen. These experts looked at various existing networks and explored the contribution and means of sustainability of each. Lessons from networks from health research and other sector – both African and global – were examined. The experts explored how networks can become an integral part of health and health research systems.

They also explored successes and challenges facing networks, and developed a series of desired outcomes and action points:

#### **Action Points**

- i. **Organization and Management-** Leadership, management, governance
  - **Objectives-** clarity of purpose and driven by the needs of/added values to members.
- ii. **Financing, funding and fund raising** – start up funds, accountability, donor dependence, endowments, link to private sector, national contributions, diversification of income (opportunities from GHWA, African HRH Observatory).
- iii. **Links with international organizations** – Including link to GHWA to African HRH Observatory
- iv. **Communication (including infrastructure)** – including advocacy, media, lobbying
- v. **Evidence and M&E** – Including assessment of effectiveness, quality and performance
- vi. **Capacity Building:** Of members ('next generation' e.g. internships), in community based research
- vii. **Brokering contacts/expertise that networks require** – Including research methodology support.
- viii. **Coordination mechanisms for networks**

#### **Recommendations**

- i. Attempt to obtain funding a follow-up meeting to find out progress/share lessons etc (existing partners?). COHRED will bring it to partners.; get contact address; go on for one year (at least)
- ii. Strengthen the networking management and organizational support to new and existing networks; do an assessment of some key aspects; organize a course; plan.... etc. INDEPTH and COHRED will team up. Include in the assessment other key areas listed...if feasible (get list, questionnaire, assessment on financing, governance, policies..); include financial management; make data available for placing on websites...(NB consultancy firm is evaluating networks in LA, will be sent to us by PROCOSI)
- iii. Link current HR-HR outputs to GHWA, African HRH Observatory, African Human Resources Platform (Eric Buch, NEPAD)
- iv. Next generation of researchers/young researchers

- v. AKDN to explore how to use their model of providing internships to youngsters in community health. This can be extended to HR-HR.
- vi. SOMANET: provision of small grants to young social scientists to conduct research under mentorship, on research for health.
- vii. AfHRF: Leadership program; and an evaluation of this network in early 2007
- viii. ENRECA capacity building program in research: good model of North/South linkage; Augusto Paulo to provide us a critical assessment to send around to all participants
- ix. Database for research for health: Ideally this should be an agenda for GHWA. AU (Sam Kinyanjui) will take this on.

### **Not Immediately Actionable**

- i. Generate/create a network that will advocate for HR-HR, or ask existing networks to do so.
- ii. Communication (incl. Infrastructure) including advocacy, media, lobbying, .ask media and communication groups.
- iii. Obtaining the evidence around health research network functioning and impact.
- iv. Database for research for health: Ideally this should be an agenda for GHWA

**Comment [d1]:** Numbering is strange

### **Theme 3: Communities and their role in health research:**

Experts in this theme defined an ‘empowered community’ as one in which individuals and organizations have access to the information and other inputs to apply their skills and resources in collective efforts to effectively and sustainably respond to health priorities they have identified in the wider context of their local development”

Case studies from India, Kenya, Nigeria and Ghana were presented and discussed with a view to examine practical evidence on community involvement in health research. In its discussions, the group realised that the skills and knowledge of communities are rarely used to their full potential in a health research context.

Avenues for human resource development, both within communities and the formal research system, were explored in this session. It was noted that communities play an important role in research for health, not just as subjects of research by outsiders, but as active participants – and in some cases as researchers themselves. Increasingly, the importance of communities driving the research agenda was emphasised as was noted in the discussions, while actual progress on this is still limited in Africa. Creating links between research systems, research institution, researchers and communities – including ‘organised civil society’ – is becoming an increasingly important consideration, the experts noted. This poses the question: what specific skills need to be developed in communities and other s working with them, to improve these links.

This theme’s key action points are:

- Catalyze a Global community health research initiative additional to Tropical Disease Research initiative and private biomedical research
- Integrate community based research in curriculum at university
  - Develop modules
  - Redefine existing modules
  - Participatory interactive process
- Intermediary level training on Community Health Research linked to universities as a career pathway for health workers and development practitioners.
- Develop a culture of enquiry and critical thinking at all levels of education

- Develop our documentation, communication and networking skills in order to strengthen community participation
- Development of mentoring, supervising and internship frameworks

#### **Theme 4: Communication and knowledge translation**

Theme 4 addressed the communication and knowledge translation skills and approaches needed for health research organizations and research users to make research more effective, and to achieve greater impact for people and policy decisions.

These experts explored different levels of actors and users of research information and what is required at each level to make communication effective. They looked at the interface between policy makers and researchers; researchers and communicators; communities and civil society; and research, policy and the media. In each case, the group attempted to define the desired role to be played by each stakeholder in research and knowledge ledge translation.

It was noted that if research organizations can put such an integrated approach into action at the national level, research producers will improve the quality and relevance of their work – taking health research beyond the ‘produce-and-disseminate’ model. The ideal scenario, these experts say, is to create dialogue and feedback loops between constituents, that bring them into the research cycle – with the research communication strategy as the enabler of this process.

This group’s key action points are:

- To identify and work with several research institutes and national health research stakeholders interested in putting in place research communication and translation activities.<sup>1</sup>
- Explore and document how to create a coordination/information mechanism that a country can use to enhance research usage in national health policy programmes.
- Propose approaches for research organisations and their counterparts in the media to create specialised health information activities, by developing a format that benefits both researchers and the media.
- Describe and test in research institutes a framework and approaches to include communication and knowledge translation in research projects
- Describe and test the creation of a forum can be created to increase understanding between the media and researchers to:
  - Disseminate information
  - Raise awareness of the health sector
  - Format for reporting and summarizing of information
- Capacity building for researchers on communication skills
- Approaches to summarize health research informs understandable by non- specialist ‘publics’ – communities, policy makers, etc.
- Develop and maintain partnerships between research organisations and organisations with communication skills to address the communication challenges.

#### **Conference Closing Remarks**

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<sup>1</sup> This theme’s co-leaders are currently running a pilot project engaged in helping build skills and a professional approach to research communication at Makerere University Institute of Public Health in Uganda (Joint COHRED/Makerere project). These lessons will be shared with others during 2007.

NEPAD Health Advisor, Prof. Eric Buch, recognized the efforts that have been made at the conference and in other spheres to address HR-HR issues. He indicated there is harmony and synchrony between what NEPAD is trying to support in the African continent and what the HR-HR conference was aiming at achieving. However, as the conference was concerned, he contended that the success of the whole process is depended on the extent of commitment of the representatives in doing their part.

In his remarks, Dr Luis Gomes Sambo, Director of the WHO Regional Office for Africa (delivered by Peter Eriki, WHO Representative in Kenya) indicated the immensity of the health challenges in Africa. He said that there is a need for evidence to guide the achievement of health development goals. The achievement of these goals is dependent on among other things, functional HR-HR. On this HR-HR conference, WHO is keen on studying the conference recommendations and is committed to working closely with interested parties on the HR-HR issues

In his closing address, Prof. Karega Mutahi, the Permanent Secretary, Ministry of Education hoped that the conference deliberations will help the African continent to focus on relevant research and capacity building to be able to face the challenges we have in Africa. He however urged and challenged the researchers to develop innovative ways that would attract partner organizations in being enjoined in health research efforts as a means to increasing and sustaining investment in the research enterprise.

## 1.0 INTRODUCTION

### 1.1. Welcome Address - Dr. Mohammed Abdullah

Welcome all to this meeting and to Kenya-Nairobi. We are honored and privileged to have all of you here. As earlier said, this is a meeting of experts and we shall be learning quite a lot from one another's experiences through our experience, knowledge, skill and wisdom. Each of us has been involved in African Health Research in various capacities. Our hope is that by the end of this workshop as we interact, we will exchange and share our experiences and by the end of the workshop, each one of us will have seen something to take back and take forward in terms of research and health development in Africa.

### 1.2. Introduction of the networks behind the workshop

#### ■ AMREF

- It is the oldest network in Africa, celebrating their 50<sup>th</sup> anniversary in 2007
- Its major strength is in the area of community mobilization and participation

#### ■ ACOSHED

- An offshoot of the World Bank initiative on better health for Africa
- It was conceived in Nairobi at a meeting held at the Gigiri UN complex
- It is based in Nigeria

#### ■ EQUINET Africa

- Deals with equity in health and is based in South Africa, but has an Africa-wide network speaking for equity on the continent.

#### ■ African Health Research Forum

- Is a forum for African Networks dealing with research in health
- Currently has 28 networks already enrolled
- This is a forum of networks trying to put together the voice of Africa in the area of Health Research to the political platform so that it can be heard in Africa.

#### ■ COHRED

- Founded in 1993, based in Geneva, to help countries put in place Essential National Health Research, and now strengthen their health research systems.
- Today it supports developing countries in strengthening their health research systems (health research system strengthening, priority setting, responsible vertical programming and research communication).
- It is the only international NGO dedicated to making the case for health research with a requirement to have a majority board membership from developing countries.
- Is becoming a southern alliance with key northern partners.

#### ■ Global Forum for Health Research

- Established in 1998 and based in Geneva.

- Convener of the premier event and platform for advocating for research for health for developing countries – the Global Forum annual meeting. This year's Forum 10 is in Cairo in October 2006.
  - Wishes to see change in the way health research is conducted for input towards health development
- **IDRC**
- Is a Canadian organization that is interested in facilitating processes for example this workshop, the African forum for health research mainly on leadership in health research and other health development initiatives.

### 1.3. Purpose and Expected Outcomes of the Workshop

#### Presentation by Prof. Carel IJsselmuiden

1. One of the purpose of this conference is to contribute towards the improvement of human resources for health in low & middle income countries
  - In particular by:
    - Addressing a forgotten but crucial area: human resources for health research > HR-HR
    - By doing so in Africa, to offer a specific African perspective on this topic, but in the spirit of contributing to the global debate
  - Realising that we cannot address the entire scope of the problem, we chose to focus on a few key areas in which we think this meeting can make a difference:
    - The professional researcher context
    - Networking and networks
    - Community (organised civil society) and their influence on research for health
    - Media and communication
  - Choosing between an (other) ‘high level meeting’ and one that allows those working at the level where implementation takes place, we chose for the latter but
    - The communication support in this conference is aiming to ensure we will reach policy makers, research managers, international organisations, NGOs and others
    - We have a mix of people here who are likely to carry much of this forward in any case.
2. The second purpose of this meeting was to maximize the capacity building done as part of arranging this meeting
  - A wide set of partners
  - An extensive ‘next generation’ emphasis not only in communication but also to the general audience
  - AMREF as core administrator of the meeting can make it happen again for all of us
  - Given these objectives, this is a meeting with a difference:
    - Four themes that are ‘integrated’ not parallel
    - A format that attempts to achieve all this
    - A facilitator to strengthen the cross fertilization
    - An extensive communication activity
    - And a follow-up day on Thursday to action
    - Fund raising support from IDRC

- What do we want to achieve?
  - **Individual learning for all of us**
    - Networking of people you don't normally meet
    - Ideas you are not normally exposed to
  - **Organisational learning**
    - What does your organisation get out of this?
    - Not just the partners, but those present, the donors development partners
  - **Africa-wide and global learning on HRHR**
    - Networking through the GHWA
  - **One or more collective actions?**
  - Above all ... we are interested in advancing our understanding of human resource development for health research ...

In the theme group, the emphasis should be on what the HR implications are of the successes and failures and plans we will share, whom should we train, where should this be done, how can it be optimised.

#### 1.4. **Synthesizing and communicating the results of HR-HR Africa**

##### **Key conference expected outputs**

- Theme papers/synthesis of thematic consultations
  - Primary HR-HR output; key deliverable for HR-HR theme co-leaders.
  - Authored by theme leaders with participants for peer reviewed publication
- Record of meeting discussions
  - Theme leaders with communications group
- 'Key Messages' short conference report
  - Communications Group with young professionals
- Conference recommendations and final statement
  - Steering committee + theme leaders

#### 1.5. **HR-HR communications group**

The communication team comprised of 5 young professionals who have been doing background research on the four themes, 4 rapporteurs who are recording the conference proceedings and the communication group co leaders



### 1.6. List of participants

Introductions of participants were done by co chairs as reflected in the list of participants below. Those who had not indicated which group they will participate in were given the option of joining after the theme topics introduction

	Name	Affiliation	Country	Committee Rep.	Email address
<b>Theme 1 : Health Research Environment</b>					
1.	Prof. Mohammed Abdullah	AfHRF	Kenya	LOC & Steering Committee	<a href="mailto:abdullah@mediplan.or.ke">abdullah@mediplan.or.ke</a>
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3.	Prof. Thomas Nchinda	personal	Cameroon		<a href="mailto:nchindat@hotmail.com">nchindat@hotmail.com</a>
4.	Prof. Mutuma Mugambi	AfHRF / KEMU	Kenya	LOC & Steering Committee	<a href="mailto:mugambi@africaonline.co.ke">mugambi@africaonline.co.ke</a>
5.	Prof. Vic Neufeld	CCGHR	Canada		<a href="mailto:neufeld@mcmaster.ca">neufeld@mcmaster.ca</a>
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## 2.0 THEME 1: GENERAL HEALTH RESEARCH ENVIRONMENT

Stated Goal: To generate new thinking on human resource needs for improved Health Research in Africa.

The conference centered on issues of what can be done at the practical level to energize the researchers and those that support health research for development. The core of this was how to make Health Research more attractive to policy makers and development partners. Factors that would promote more investment in development of functional national health research systems in Africa were also explored.

### 2.1. Theme Participants and interests

Name	Interest in relation to the theme
Prof. Mohammed Abdullah	- Interface between National Research System and Health Research System - Production, retention and utilization of HR resources
Prof. William Macharia	- Production, synthesis and knowledge utilization
Prof. Thomas Nchinda	- HR in Africa - Migration - Research Policy - Research Leadership
Prof. Mutuma Mugambi	- Brain drain - Utilization of HR-HR - Leadership in research and policy
Prof. Vic Neufeld	
Dr. Amr Hassan	- Capacity building in HR in dev. Countries -
Ann Mwangi	- Research to policy programming -
Dr. Caroline Nyamai	- Translation of research to policy
Prof. Amadi Ndede	
Dr. Christina Zarowsky	- Understanding the state of evidence - Health Research Systems
Prof. Stephen Matlin	- Environment for health research (National) - Interfacing of global and national issues
Joses Muthuri Kirigia	- Economic cost of Migration -
Joyce Onsongo	
Mrs Magda Awases	- HR migration & retention - Production of HRH

Name	Interest in relation to the theme
Zuhura Maksud	- Learn the issues of Health Research -
Lillian Juma	- Doing a report on the subject
Abdulrahman Kassim	- Academic (Brain drain)
Dr. Rehal Satwinder	- Meeting academic and Networks needs - Retention in HR
Njoroge Thuo	- Conference reporting - Understanding health research environment and systems

## 2.2. Expectations

The participants had varied expectations towards the outcome of the forum. These expectations were a reflection of both individual interests at one level and collective ones on the other. In the latter case, some of the expectations were driven by participant interactions especially in areas where interests converged.

Despite the different expressions of the participant expectations, a common thread was seen to run across four major category groups namely the research environment issues, migration or brain drain, research policy interface and lastly general issues that would cut across the general agenda of the conference.

### 2.2.1. Understanding the health research environment

- We will have obtained a clearer understanding of the key issue affecting the health research environment in Africa and what can be done to improve this environment.
- To understand how to measure impact of the health researchers in Africa
- Definition of research environment, natural research systems
- Understanding of systematic health research framework starting at global level, down to continental and national levels
- Discourse in each area firmly framed in frame work of national health research system and global environment of health, development and research
- Understanding the challenges within the research environment at national and regional level
- Begin to map out, and conduct a gap analysis
- Map out what is the reality on the ground with regard to capacity for HR
- Collective better understanding of HR-HR needs / picture
- To developed a workable action plan to help improve the health

### 2.2.2. Migration

- Brain drain: To discuss how to assist the countries address the how to get and sustain the health workers in this uneven global development
- Interventions that work
- Providing strategies to utilize migrant and local resources in the diaspora

- More concrete country examples with some contributing factors related to brain drain – the broad question to be addressed is: How do we reverse brain drain? What are the factors?
- What are the policy implications?
- To actually start speaking of solutions to migration or have an migration equilibrium
- Workable solutions to stem the tide – weigh costs and benefits
- Understand the current situation in Africa and Kenya in particular of brain drain
- What can we do in order to retain our human resources
- What the factors that lead to our human resources immigration
- Clear understand of what we know and don't know of the issues, quality and strength of evidence

### **2.2.3. Research to Policy**

- Dissemination for use of research; findings and policy implications: engaging policy makers (How)
- Identify key issue that can lead to a research action agenda
- Come up with strategies that can have policy makers and researchers working together to conceptualize, undertake research and utilize findings in policy
- Finding an important approach for sustainability of HR-HR
- Dissemination for use of research findings and policy implications
- Engaging policy makers.
- Some specific ideas for how to engage all the key national and international stake holders in developing national health record policies and systems
- How we can bridge the gap between the researcher and the policy makers
- Some specific ideas for how to engage all the key national and international stake holders in developing national health record policies and systems

### **2.2.4. General outcomes**

- Workable strategies
- Where next with the existing opportunities
- Agree on what to take forward as a research agenda for capacity including other networks/francophone countries
- Vision for health research
- Finding an important approach for sustainability of HR-HR
- Finding an important approach for sustainability of HR-HR A pan African approach to dialogue
- Formalization of health research structures to regional forums which will provide a structured and systematic guide to general health research issues with the continent and beyond
- Find interested groups to address issues and potential financing for work plan
- Come up with 1-2 things that we could do together to solve some of the problem

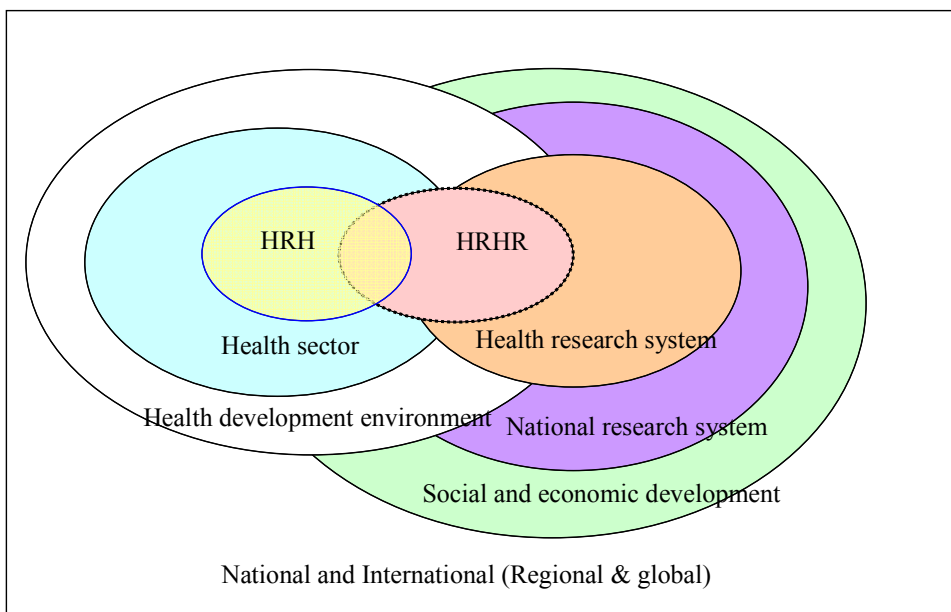
### **2.2.5. HR-HR Environment**

The current knowledge on status of HR-HR in the region is fairly unclear to most stakeholders and more specifically those in attendance at the HR-HR conference.



Though it is apparent there have been some efforts targeted towards HR-HR within the region, so far, there has been no known systematic documentation on the same. World Health Organization (WHO) is known to have conducted and documented an initiative on HRH but it did not touch on HR-HR, though there is a proposal that is being worked on by the regional office of WHO in collaboration with the Global office of WHO and TDI that touches on the issues HR-HR.

### 2.3. Mapping the HR-HR environment



**Fig 1: Mapping and analyzing the HR-HR environment**

#### 2.3.1. Schematic: HRH and HR-HR

- HRH debates occur within health systems, which in turn occur within health development debates.
- The HR-HR debates occur within health research system which is within national research system which is embodied in both the economic and health development structures
- HRH and HR-HR overlap; but there is HR-HR that does NOT overlap with HRH but does overlap with health development and health systems and influences health development directly, or via health systems, or via economic development
- Health system and health research system overlap

- Health Research System occurs within the National research system. The National Research System consists of all other research interest within a country.
- HRH and HR-HR, as well as health systems and Health research systems, are situated within a policy and regulatory framework including Ministry of Health, Ministry of Planning, Ministry of Education Science and technology Ministry of Finance; donors; private sector; society including communities and traditional sector
- Communities, networks, research professionals all intersect with HS/HRH AND with Health research systems/HR-HR

Note: It is worth spelling out this schematically in more detail to increase understanding of structure and more importantly the dynamics, so that areas of intervention/action can be more specifically addressed.

**ACTION 1: Short term – Need for the Working Group to work further on this as contribution to conference outputs and the global HRH dialogue**

**2.3.2. Problems: Why are we here - HRH and/or HR-HR**

- The current situation is that, HRH is being increasingly addressed since it is seen as a critical input for health development. The general premise in this is that:
  - There are too few workers
  - Inappropriately training
  - Improperly deployed
  - And lack of support

With this premise, it is clear that research is not on the HRH agenda and is evidenced by clear differentiation between the incentives for health workers and those for health research workers with those for the health worker being more prominent. This is against a backdrop of the knowledge that information/research is key for health development. In fact, the Disease Control Priorities Project (DCPP) second edition (DCP2)<sup>2</sup> asserts that knowledge is a key driver in health development, possibly more important than economic development

- With this background in mind, embedded in the question is: How can there be increased attention to research within Health Systems, and HR-HR in relation to HRH and Health Development?
- Like in HRH, the HR-HR assumption is that there are too few health research workers (not just researchers/knowledge producers), inappropriately training, deployed and supported and that the existing capacity is inadequate to meet the needs of the society/national health development.
- Finally, HR-HR that directly overlaps with HRH has specific issues and possibilities, BUT you cannot address even this directly overlapping area without attention to the

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<sup>2</sup> The Disease Control Priorities Project (DCPP) second edition is a joint enterprise of The World Bank, the Fogarty International Center (FIC) of the National Institutes of Health (NIH), the World Health Organization (WHO), and the Population Reference Bureau.

broader environments: Health Research Systems, National Research Systems, Health Systems, Health Development and General Development environments including the policy frameworks, interventions, institutions, and traditions shaping both health systems and research systems

**ACTION 2: Search for existing documentation focused on this theme; consolidate and synthesize for 3 audiences: HRH audience (government, researchers, donors, etc); HR-HR audience (government, researchers, donors etc ;) health development audience**

- The efforts to be “evidence based” the HR-HR and Health Research capacity and problems in Africa leads to the conclusion that, it is not easy – or appropriate simply to count and list numbers of different types of researchers, research institutions and networks, rather, we need to identify :
  - Minimum database/inventory/mapping of existing or proposed initiatives
  - Approaches, tools and strategies to enable actors to find out what they need to know, when they need to know it
  - Think systematically and think systems on every issue (e.g. migration, R2PP, training) as well as around the overall framework: analysis, not simply “mapping” or inventories

**ACTION 3: Short term, WG – begin to document this in a light but useful way (linked to Action item 1)**

- Learning, through reflection on “HR-HR” issues of the broader research environment, communities, and networks is that this is a complex issue and not simply a matter of listing and counting; similarly, the HRH discussions are now going beyond numbers of cadres to be trained and starting to explore what it takes for effective, sustained HRH

**ACTION 4: This message can be shared with the HRH dialogue (e.g. via GHWA) – a continuing dialogue of our parallel and intersecting explorations**

**2.3.3. Unpacking the HR-HR “Environment” (Starting work on Action 1)**

**a) Some key issues:**

- Budget allocations for HR-HR and research – where does it come from, how much, what does it do?
- Supporting a “research culture” in society and in health systems. That is, encouraging a habit of inquiry, evidence evaluation, experimentation (including occasional failure!) and redirection
- Incentives for research careers
- Basic training and education
- Competencies – which lead to reflections on actors, institutions, personnel, training, ongoing support etc

**b) Competencies**

Competencies can be generally grouped in two major categories. Those required for HR-HR and those required for an effective Health Research System.

### **HR-HR Competencies**

Competencies required within HR-HR for health development within the country are:

- Knowledge generation
- Synthesis
- Use/application
- Knowledge culture
- Administration/management/leadership

### **Effective Health Research System competencies:**

- To perform a range of multi-disciplinary health related research studies;
- To analyze routine health and research study data to derive findings;
- To formulate evidence based on national health policies and programmes
- To benefit from the scientific knowledge held by international organizations and knowledge networks; and
- To regulate the national research environment, including ethics, training etc

### **c). Stakeholders**

The key actors/stakeholders in a Health Research Systems (HRS) would include:

- Researchers and Research institutions
- Government (various; funders, regulators and users of research)
- Communities
- Donors
- Health services
- Other direct research users (e.g. industry)

### **d). Training**

- Formal education before university (building a culture of inquiry and research; research career as a personal option!)
- university education
- Professional education - biomedical focus; little social science; little research
- Continuing education/in-service
- Post graduate/specialized research training
- Peer education/mentoring (research groups? Networks? “beyond technical” training)
- learning by doing – research grant opportunities

### **e). Appropriate competencies, quantities, composition, distribution etc of HR-HR**

#### **RELATIVE to health development needs – now and in the future**

- Institutions and HRS tend to be oriented towards the incentives and priorities of the global research enterprise, and not towards the needs, priorities and incentives of the country’s health and socio-economic development trajectory, nor to health systems
- But demand is also a problem: The need for capacity development within ministries and research users (HR-HR for demand and uptake of research)
  - Skewed training and production, not necessarily addressing the needs of the health system
  - Problem of deployment – of research and researchers

- Most research in Africa is externally funded – which reinforces the skewed training and production and deployment/uptake of research and researchers
- “Brain drain”: HR-HR should look at the discussions within HRH in reference to push, pull and retention factors; internal vs external brain drain (researchers going to donor agencies or private sector and not staying in research or teaching)

**ACTION 5: Since all of these dimensions interact dynamically and contextually, develop country case studies which illustrate the dynamics**

#### **2.3.4. THE HRH - HR-HR INTERSECTION**

This initially looked quite small but in fact turned out to be large and quite complex. One could rapidly conclude on the need to prioritise relative to health and research system development situation of the country – what finances are available and what capacities are in existence. In this, there were five sets of capacities identified in a country’s health system including policymaking apparatus as well as program delivery apparatus that involve research and human resources for research within the system but also intercept with research outside the health system.

- i. Capacities, competencies and systems/mechanisms for routine, action-oriented epidemiological surveillance and rigorous programme M&E at all levels of health system. This means we need to have:
  - Access to epidemiologists and public health professionals, data collectors, social scientists and statisticians on call
  - Routine and decent Health Information (Systems HIS)
  - Data analysts
  - Health workers trained and equipped and supervised/supported to think about what works, what doesn’t, how are we doing, is there a problem et cetera.
  - Communications skills and channels across the system and up and down the system;
  - Incentives for finding out instead of hiding what needs change or improvement.

All this could intersect with specific research projects or programmes around impact evaluation, scaling up, etc – where more specialized HR-HR is needed, both in-country and “borrowed”

- ii. Intervention, operations, and effectiveness research. This implies clinical trials/community trials/prevention trials capacity and systematic review capacity or access to these. Some of this competence could/should be integral to the national health workforce, but also, as above this could intersect with specific research projects or programmes around impact evaluation, scaling up, etc – where more specialized HR-HR is needed, both in-country and “borrowed”
- iii. Capacities within health ministries to address financing, policy and structural problems and challenges. This means we need health economists, political and social scientists, links to other ministries within the planning and policy departments etc

- iv. Capacities within health ministries to identify knowledge and evidence gaps across priority health issues, and then to find and access relevant sources of expertise. This also implies regular links between knowledge users and knowledge producers and implies the sort of health worker that have not been used (brokers, receptor sites within ministries). Also recognizing that research for health, and health development, do not only involve the allopathic government health sector and therefore we need to have cross sectoral literacy and linkages.
- v. Emergency surveillance/alertness/preparedness and response. This implies access to high level labs, bioscience, high level/specialized epidemiologist etc either in country or internationally, but ALL countries should have at least minimal (to be defined!) competencies and personnel in this area. Two approaches can be considered: Firstly, consider identifying and building TEAMS with these competencies for the country so that they are available when needed and secondly, health systems and health policy systems need to be able to look ahead and not just respond to existing urgent demands. This implies building forward planning capacity and depth for instance, building university links; additional role of the university intellectual and societies that needs to be built into the culture of research within a government.

#### **2.4. Brain Drain/ Migration in Health Research**

The issue of the human resource migration is of great importance and more particularly in the context of the health research. Like in the greater sector of health it most cases drains away capacity and ruins investments that have taken enormous resources to build. The cost of migration in the latter thinking has gone beyond calculating the amount of resources used in training an individual from primary all way to the tertiary level and in including hand on training on work place or experiential learning. Today it is more apparent that, since training is not done for the sake of training, in that it is an investment from which returns are expected, the cost of migration should therefore take cognition of the opportunity cost resulting from such movement. As such, the issue of migration is pertinent and at the heart of the HR-HR.

#### **2.5. General factors in migration**

In trying to mitigate against migration, it is important to understand what the drivers of migration are. With this kind of information, there can be a clear and precise measure to reduce migration and in cases where it occurs, turn the negative factor of migration into an opportunity for enhancing health research.

#### **2.6. Actions to Stem Migration**

##### **2.6.1. National Research Plan**

There needs to be a National Research plan, which should be part of the National Development Plan. This is important because unless the government recognizes Health Research as part of the plan, there would be little attention on the issues of research and migration. This importance is echoed by most of the research funding agencies.

### 2.6.2. Research environment

The context in which any human resource works is of paramount importance. Poor working environment is not only a de-motivator but also a catalyst for migration. As such, understanding the environment and addressing issues of interest to the health researcher can be useful in reducing such motivation. Such an environment would take interest on:

**Infrastructure and supplies:** Because of the very nature of the research being advocated, one must not forget the supplies that go along with field research.

**Funding:** Here it is important to ensure that funds necessary for research are adequately available. The experience in most cases is that research initiatives are inadequately funded. As such despite the desire to engage in research activities, the unavailability of resources spurs the desire to move to countries where such inadequacies are not prominent or as expressed as they are in this part of the world.

**Remuneration structures:** In most African countries, the challenge for a health researcher sometimes borders between meeting basic needs and engaging in research work, that the issues of basic necessity will transcend those of research engagements. Since the western countries offers opportunities that reduce these competing forces, the tendency and propensity to move is higher in favour of the western world. The challenge therefore is that, there needs to be adequate remuneration structures that, though might not match those of the west, they are able to overcome the “basic needs” deficiencies.

Again, in reality, expectations of such structures should not be that they would go beyond the national grid. Health researcher should not expect that their remuneration would significantly differ from the national structure in a given country.

**Teamwork & Peer support:** Researchers particularly the younger ones (upcoming) should as much as possible function in a team context. Because then they support each other and the older scientists support them. Very few scientists will evolve well if they lack this peer support. Therefore, this makes this consideration as of essence like the others.

### 2.6.3. Training of researchers

The idea here is several fold i.e. not only training more individuals in the field of health research but also training both the new and existing folk in other disciplines that have significant contact with health research. This perspective is aimed at quantitatively increasing the number of researcher but as well qualitatively increasing their competencies by producing well-rounded researchers. However, even more importantly, synergy can be achieved in many ways from such all rounded experience.

### 2.6.4. Global Environment

- Push and pull factors favoring migration

- Aid funding and donor influence / manipulation: Many countries are in the unfortunate situation where they are subjected to donor push. USAID stands out as being one of the most rigid – Much of the funds have to go back to their country that is why they do not only require that equipments be brought from their countries, but that they also bring in scientist from their country. However, there are other donors that are more liberal. This is important because this is where a lot of funds for development with some research components comes from. So if people get tied or bogged down because of the bottle necks and bureaucracies and donor push it mean there will be problems. One of the ways to get round this is to insist on using local expertise, which is also, not an easy thing since a lot of the people prefer to use external expertise to the local ones.

- Low utilization of local capacities: Preference of overseas capacity and lack of confidence in the local capacity. The locals may feel slighted when less qualified personnel are sent to supervise them.

- Another factor is: Who signs the overseas grants? Is it the Ministry of Finance? Do they have to sign it alone? Do they consult others particularly the ministry of health. Here there are country differences. But this becomes challenging particularly with donors who have a problem with the issue of mutual signing. The Ministry of Finance in different countries are known certain times to cut off a certain percentage in what is called handling fee.

#### **2.6.5. Other issues**

- Who migrates? There is the general need to understand who immigrates in a rather more specific way. This would help some insights that would help in stemming immigration.
- Issues of policies (both national and institutional policies)
- Skills set
- Analysis
- Retention factors
- Issues of returnees etc.

#### **2.7. Solutions**

##### **2.7.1. Short term**

The need to study all these factors including:

- analysis of the environment
- analysis of the policy and legal frameworks
- health plans and health research plans
- work place environment

##### **2.7.2. Long term**

This would look at addressing the gaps identified and issues raised. Whether it would include:

- changing the training modalities, re-inventing the universities
- Policy change
- Improving the working environment

A point to note in this overall discourse on migration is that today, unlike in the past, it is becoming apparent that the movement of people is not necessarily a bad thing especially



when there would be channels of transforming such movements into gain rather than “drain”. For instance, when individuals who have migrated become liaisons within the Diaspora.

**2.8. Research to Policy/Action**

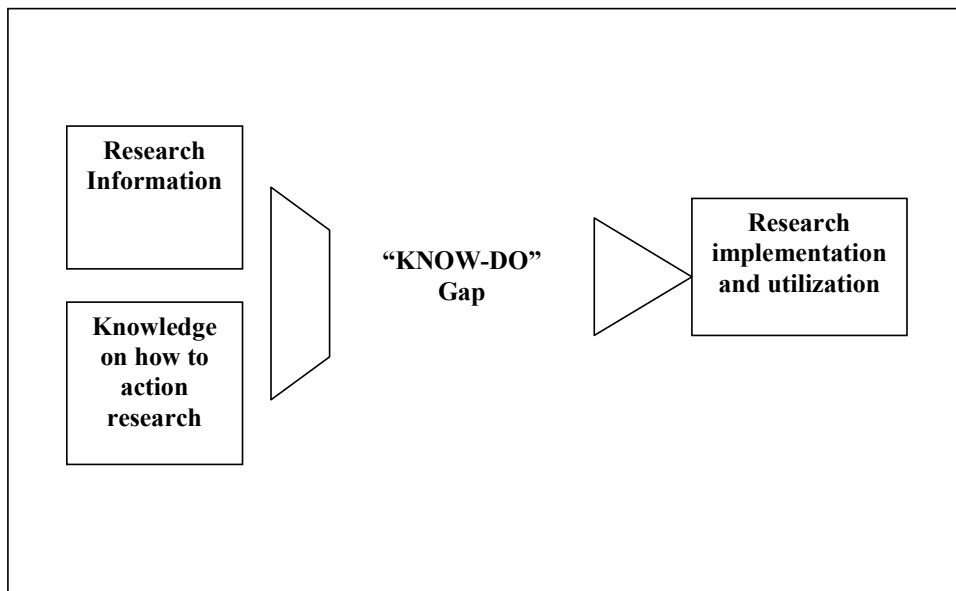
The format used in articulating the subject matter centered around outlining of key considerations in research /policy context, seek existing challenges and from this proceed on to come up with actions points that are both relevant and that can be implemented.

**2.9. Key considerations/issues**

- I. There is a lot of research information that exists in Africa. However the major issue here is that though such information exists, implementation of the information is not taking place in most places and when it does, it does not happen as well as it should.
- II. There is increasing evidence & experience of clear articulation on how to action research although this understanding is not well dissemination and where it is disseminated, it is not well utilized.
- III. Despite the two issues above, there is not enough thrust to implementing research?

**2.10. Challenges**

Having figured out the key issues, the imperative challenge is then on how to speed up the whole process of research translation in Africa. Second to this would be issue of overcoming other than inhibitor of this translation.



**Fig 2: Transformation of research into action**

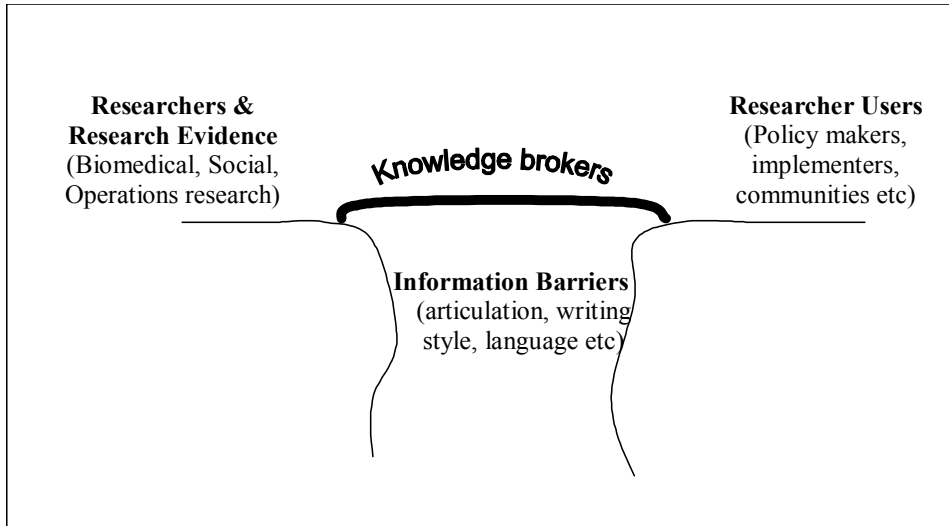
## **2.11. Proposed action points**

### **2.11.1. Short and medium term measures**

Enjoining in existing initiatives and building on them. For instance REACH initiative in E. Africa and the EVIPnet opportunity for other African countries. These initiatives provide for a situation where researchers meet with policy makers and get together to see how to use research for policy. The result being a situation of mutual benefit, in terms of translating research into policy and ultimately into practice.

#### **When making policy**

- i. The need to utilize research & learning coalition: In this, there is the problem identification, looking at how a difference can be made and setting up a coalition that has policy makers, researchers and other stakeholders in order to work on the problem. The excellence of this is that the given stakeholders can identify with the problem that has been singled out, there is a collective resolve to finding a solution, necessarily communication and meetings can be set up for discussing the problem until a solution is found.
- ii. Appreciating the crucial role that can be played by other stakeholders in advocacy for policy approval and implementation. For instance, the ability of the media to keep an issue on national agenda by continuous voicing of the issue until those at policymaking perches are left with little room for avoiding acceptance and implementation.
- iii. Collecting available research experiences and evidence and using the same as a platform for advocacy on policy formulation, articulation and learning.
- iv. Role of “infomediaries”/knowledge brokers in disseminating and communication of research. In a good number of cases, the users or implementers of research do not comprehend research work in the same way researchers would do. In other words, implementers are not necessarily research savvy. Therefore, knowledge brokers would assist in this appreciation in order to cause action on research.



**Fig 3: Knowledge brokers as intermediaries between researchers and users of research evidence**

- v. With the understanding of the important part played by the intermediaries, the need to have them equipped with competencies that would ensure that they are able to effectively bridge the gap between researcher and the users of the research materials that is being produced. Such competencies would include:
- **Acumen in research information synthesis:** That is the ability to do systematic reviews and analysis of research information. Synthesis would require disintegration of research information into a “palatable” format for those who may not be necessarily research savvy.
  - **Repackaging:** Ability to repackage research evidence so that it is user friendly without necessarily losing the thrust of the evidence.
  - **Communication:** Ability to effectively communicate research work to the different stakeholders while appreciating the context of each stakeholder and the unique characteristics of each stakeholder group.
  - **Leadership:** These skills are important especially in consideration of sensitivities across the spectrum of evidence users. In other words being able to pursue the research agenda without roughing up or engaging the existing systems and structures in a negative and unproductive manner.

### 2.11.2. Long terms action

“Think tanks” for African countries: The development of “think tanks” for the African countries who would be charged with the mandate to would assist in articulation of research issues with respective policy making and implementing structures. Such “think tanks” would have a representation of the key stakeholders for instance, policy makers, health researchers, human resources managers and the university fraternity. These “think tank” however should be by necessity high profiled enough so as to access audience with the relevant authorities yet independent enough to make decisions without the challenge of manipulation.

## 2.12. Overall Outcomes and Action Points

- Development of an overview paper on health research environment
- Develop toolkits/guidelines for countries - Health Research strategic plan/needs/policy
- Create E-space for on going work on HRHR to link up the partners
- Update summary of current ongoing initiatives like the WHO HRH survey, Evipnet, Reach-policy, IOM initiatives, etc
- Device Inter-action plan between HR-HR and GHWA
- Define Interim events which will input - 2007 AFHR
- Explore collaborations with other stakeholders and bring them into future HRHR activities
- Review which actions should be undertaken at national, regional, and global levels
- Explore role of networks as brokers at local & regional

## 3.0 THEME 2: HOW NETWORKS AND NETWORKING CAN IMPROVE HEALTH RESEARCH

### Networking (Where are we now?)

This session is to share experiences in Networking and Networks and to get to know each other's networks, the benefits of belonging to a network and key issues that will need to be addressed.

### 3.1. Presentations and Sharing

#### 3.1.1. Global Health Forum for Health Research

- Is in involved in two networks –
  - a) Road Trafficking Injury Research Network
    - Started in 1999 by a few people then got support from the Global Forum
    - It has 100+ partners
    - Its Secretariat was at John Hopkins University and then moved to Sri-Lanka- where it currently seats.
    - The secretariat sits two members, there is also a board
    - Membership is open, its not donor driven
    - Its runs a yearly budget of \$1/2 Million from the World Bank- Transport Section.
  - b) Alliance for Health Policy & Systems Research
    - It is running a budget of 1Million pounds every year for the next three years
    - Major funding comes from Norway and DFID
- Both of these are a network of partners

- Road Trafficking Research Network – Was started by 3 people in 1993. The Global Forum agreed to support it.
- The Global Forum has established six networks. Its focuses on the areas that have been neglected e.g. neglected diseases and conditions e.g. road traffic injuries, research for cardiovascular diseases in developing countries. Nobody was working on these issues.
- It was a fully funded Secretariat of the Organization with donor money coming from the World Bank.
- In 2007 it will carry out an evaluation of how effective these networks have been in alleviating the issues they are fighting.
- Two of the six networks have become independent and are based in New Delhi and Bangladesh.  
Challenge - Whether they can survive without funding from the World Bank and Global Forum. Can they obtain funds as an independent network?
- Networks that are managed by respected leaders e.g. scientists, researchers etc are at times biased, since more attention is given to them than other networks who have less recognizable personalities. This is a both a weakness and a strength.
- To start a network one needs strong support e.g. from researchers who are respected. The issue to be addresses needs to be important. There needs a focal person who makes the case for the network.
- All networks are independent and are based in Bangladesh
- For a network to get clear objectives somebody has to work and another gives the guidance and leadership.
- Experiences regarding transition from one donor to another donor – Networks have been able to independently get separate donor support for strategic research e.g. The Road Trafficking Injury Research Network. Money has also been given to recruit a fundraiser whose job it is to come up with a Business Plan to source for funding. Many different approaches have been used to raise funding.

### **3.1.2. Aga Khan Development Network**

- It is made up of a combination of several networks including international, private, non-denominational, development agencies and institutions.
- It seeks to empower communities and individuals in order to improve their living conditions and opportunities. It usually works with poor people in resource-poor areas.
- AKDN is spread worldwide in 29 countries and in seven regions
- It tries working really closely with governments, civil society and private sector entities. It also works with leading development partners e.g. World Bank, EU, DFID, USAID etc to initiate development projects within different government strategic plans.
- Communication is vital for the success of networks as well as for the successful outcomes of research-dissemination of findings and implementation of recommendations. It's important as a network to focus on the positive outcomes of being in a network. It is of no use carrying out researches that do not meet the needs of the network, the country or region.
- Public private partnerships are important both in education and research. AKDN works with both Universities and with the MoH's in various countries to strengthen human resource education.

- There are a number of nursing networks setup through the Aga Khan University in the three East African Countries (Kenya, Uganda, Tanzania).
- The Community Health Department founding member of Kwale district health forum is a loose consortium since there's no legal binding. It's been realized that a lot of NGO's are working within these regions and the health of people is not improving. All stakeholders were brought together to discuss this issue by networking together with the Ministry of Health.
- Successes - Strong leadership seen at the district level.  
Who runs things and makes people move?  
People see value in the projects but do not want to put their money in it for the secretariat to run.
- Education, Research, Community all need to be linked up to be one.
- AKDN consists of two parts – Social and Economic development. Both are non-profit. As they are, they do not support social development. Support comes from His Highness the Aga Khan. Other sources include CIDA, World Bank and other organizations.
- AKDN is an established network and if linked to others, it would collaborate and be able to get funding for them.  
Example: Reproductive Health in Africa which was a small network was formed by several researchers two years ago. To date, it has not received any funding and has not taken off.
- It would be easier for a network to attract funding by partnering with another network that is more established and is recognised. A new network will also have to prove itself to attract funding,
- There is need to utilize existing networks and to support them, rather than opening others.
- Whose job is it to strengthen the capacity to communicate? The basics of communication e.g. telephone need to be established. There is a need to have a “champion” to push for this e.g. in Kwale, Aileen Wilson begun pushing for this before it got funding.

### 3.1.3. PROCOSI

- It's a network of 36 NGO's working in the area of integrated health. One third of the NGO's are international networks e.g. CARE and Save the Children. Two thirds are Bolivian national NGO's
- Its concepts include: -
  - i. Generating synergy's
  - ii. Promoting quality
  - iii. Being on the leading edge of innovation
  - iv. Contributing to government policy
  - v. Improving health in Bolivia
- Organizationally PROCOSI is characterized by an executive director and is funded by an endowment of \$8 million. This endowment generates \$500,000 yearly that covers administrative costs, and does all institutional strengthening components towards the network.
- It has five different program areas:

- Best Practices
- Quality strengthening of the organization which is the quality of services that it provides
- Financial sustainability - working with NGO's to be more sustainable financially
- Collaborative programs to enable NGO's to work together e.g. joint presentation to government authorities.
- It is divided into two branches:
  - 1) Program branch – It carries collaborative projects, receives funding from various organizations, then monitors the carrying out of the programs within various NGO's.
  - 2) Institutional strengthening of NGO's and their support in terms of planning.
- Challenges:
  - 1) Respond to changes in the political environment
  - 2) NGO's do not become dependent on their funders
- There are different membership levels, and to join one has to comply with certain standards of quality. An annual fee of \$1,000 needs to be paid, which is symbolic or a sign of commitment to become involved.
- The Executive Director makes the work plan and the Assembly can either accept or reject them.

#### **3.1.4. SOMANET- Social Science and Medicine Africa Network**

- Started in 1990 by African scientists who decided to form an indigenous network with an emphasis on social sciences and medicine. When starting it, there was a lot of interest by donors. Emphasis was to build capacity of members to develop proposal and build their capacities.
- Donors stopped funding their international conferences. Other ways were devised on survival of the network - board decided to focus around issues. One of the fundable areas that was realized was on the areas of both qualitative and participatory research.
- Weaknesses - Capacity lacking the capability to write good qualitative papers
- Challenges:
  - Few donors are willing to fund the communications aspects.
  - Social scientists are very marketable - brain drain occurs through donors hiring these consultants to head their programs.
  - The consultants who remain take off mid-way from their research work to other better paying opportunities.
  - There is lack of focus on the said research
- Membership - there has been conflict of interests. Originally members would develop proposals for the network and get funded through the secretariat
- Strength – There has been continuous support through funding because of the established name - SOMANET. A network needs to be dynamic and not static. Momentum needs to be maintained to succeed in all areas.
- Focus is directed on the areas that can best receive funding e.g. HIV/AIDS and child nutrition
- Competition exists between networks and its members. There is a need for networks to be careful on how they network.

- Unless you focus on a common goal, you will go in different directions.
- A network should involve at least three members, one member alone cannot be the one to write a proposal. This avoids competition and involves members on all sides.

### **3.1.5. MIM - (Multilateral Initiative for Malaria)**

- MIM is a super alliance that brings together not only individual research institutions but also various initiatives for malaria. There are 100 groups supporting the malaria research, and currently there are eighteen (18) groups being supported.
- It is an alliance of organizations and individuals concerned with malaria research.
- Its secretariat is a revolving one. It currently is sitting in Tanzania. Its work is to coordinate with the other MIM components.
- MIM's aim is to develop and strengthen core African research groups and also promote collaboration between African and non- African groups.
- One of the key problems with networking is incapacity to communicate efficiently e.g. to fly to Burkina Faso in Africa one has to fly first to France. MIM COM gave research groups VSAT that gave them capability of internet access. This streamlined communication.
- Because of its size, MIM was in a position to negotiate with governments to obtain Internet connectivity for some of its networks.
- The main focus of the networks is not to strengthen individuals but to obtain critical mass for quality research.
- Challenges are encountered in the areas of publishing papers by the researchers.
- The secretariat has to keep on defining its relevance and its tasks because of its size.
- Networks are a focal point for interaction and communication
- It is an alliance of organizations and individuals concerned with malaria research.

### **3.1.6. EQUINET**

- Its task is to spearhead issues dealing with equity in health and works. Its secretariat is made up of two people, based in Harare.
- It works through institutions e.g. in Zimbabwe, while in other networks it works with individuals, e.g. in Namibia and Malawi.
- It builds capacity for scientists dealing with equity and already has established a network of scientists
- It is now in the process of forming a common agenda
- This year it is focusing on action and policy methods
- It facilitates small projects

### **3.1.7. INCLIN - International Clinical Epidemiology Network**

- It has been in existence for the last 20 Yrs
- It's a network of institutions focused on Capacity Building for research. It has a membership of 30 countries, which constitutes both academic and non-academic.



- It was initially funded by the Rockefeller Foundation, which had been there since its inception. When the Rockefeller Foundation withdrew, the network began suffering, since it had been labeled as a network to the donor, i.e. it was part and parcel of the donor so other donors felt like the network couldn't lose donor support.
  - Lesson – Do not allow you network to be labeled “a network to the donor”.
- The membership covers all those who are involved in research.
- Challenges:
  - a) Mobilizing membership within Africa. It was blamed on lack of proper communication e.g. telephone and personal attitudes, whereby two individuals in Africa could only be brought to communicate with each other by a third party based in the western countries.
  - c) There is inability to respond to opportunities as they arise.
  - d) Health research networks market themselves in a non-aggressive way.
  - e) There is a need to shift our thinking away from what we can receive to a non-financial value that one can receive from networking.
- The benefits of regional grouping networks are that the network can focus on issues that are purely related to that region.

### **3.1.8. INDEPTH**

- This is an NGO that that is registered in the US from where it receives funding. Without it being registered in the US it would have been difficult obtaining funding.
- INDEPTH is a network of surveillance system, which was registered in 1998.
- There are no membership fees, but there are set structures and signing of papers by the members who want to join. A condition to being a member is that one has to have a demographic surveillance system. It also has opportunities for associate members.
- INDEPTH has a clear vision and mission.
- Its networks are all independent.
- In the area of governance, INDEPTH has a committee that gives oversight to nine members, six of which make decisions concerning the networks. There is a lean secretariat, which reports to the board, who then control and approve decisions. For a project to receive funding, it has to be passed by at least three members.
- A strategic plan is made every five years and observations through the Funders Forum are made on what members have been doing. A common denominator is then established, e.g. malaria. Work plans are made every year.
- INDEPTH has succeeded in establishing sufficient credibility. It has received \$70 Million from the Bill and Melinda Gates Foundation.
- Its books are audited by the international audited firm – KPMG
- It is crucial for a network to have strong leadership, be accountable and be audited. Without these, a network loses credibility.
- One of the main challenges faced by INDEPTH has been co funding.

### **3.1.9. Ministry of Public Health – Guinea Bissau (see appendix 18)**

- The presentation is about the creation and eventual “death” of a network
- The Health Learning Material (HLM) was a WHO/UNDP Program. It begun in 1981 as a network and “died” in 1994.

- The main objective of this network was to promote the capacity of developing countries to produce their own local, training and information as a joint venture with UNDP on health and to encourage country health learning material institutions to work together and to pull their resources, ideas and experiences in this field.
- The aim was to promote local expertise, develop sustainable local capacity and build up local institutions at country level.

### 3.2. Definition of Networks

**1) Networks are broadly understood to be a “combination of persons (or organizations), usually dispersed over a number of geographically separate sites, with appropriate communications technology”. (1)**

**2) A formal knowledge network is a group expert institutions working together on a common concern, to strengthen each other’s research and communications capacity, to share knowledge bases and develop solutions that meet the needs of target decision-makers at the national and international level. (1)**

#### **(1) Strategic Intentions – Managing knowledge networks for sustainable development By Heather Creech and Terri Willard**

##### **Question**

- 1) What are the core issues for networking in Research for health, particularly in HR-HR?
- 2) What are the HR skills needed to make it happen?
- 3) What are the kind of skills and training required?

- For a network to exist, it is important for it to have a clear direction and purpose.
- Example PROCOSI- There is no need of belonging to a network that lacks quality in management systems. PROCOSI took the concept of redefining its goals and relationships and processes. The result of this has been a much stronger organization. And this is still being worked on.  
PROCOSI got a funder to pay a consulting firm (Boston Consulting Group) to train the network and its management. USAID also hired consultants to streamline PROCOSI’s internal mechanisms.  
PROCOSI supported smaller networks financially, but at the same time “policed” them to see that the money given to them was spent for the intended purpose.
- Who sets direction and purpose of the network? Can it be members from an appointed core group which is then agreed by consensus?
- It is necessary for success each organization to have organizational strength to maintain itself during networking and to be independent i.e. not to be dominated by the bigger networks.
- A network needs to be focused on its goals and not loose sight.
- One of the obstacles to networks is when its own members are not benefiting from it.
- If a network is going well, the members become a learning community – members want to showcase their best practices and learn from each other.

- Example: INDEPTH – To create motivation amongst its members, site exchange visits are at times done by its non-scientific members.
- INDEPTH has developed model life tables based on data from Africa whose structure is based on the African Population.
- There is a risk of networks becoming too big and overshadowing the rest.  
Example: John Hopkins - which refused to expand further otherwise it would have created a monopoly.

### Afternoon Session

#### Question

- 1) Strengthening networks (strengthening networks to network)
- 2) Strengthening networking between networks e.g. mapping databases

The following questions can be answered through the agenda and recommendations obtained from this session.

#### Agenda

The agenda is as follows:

- 1) Classify problems identified
- 2) Speak or share on solutions
- 3) Narrow down to things that can be recommended to be done and by whom

#### Objectives

- 1) HR-HR is a forgotten component
- 2) Networks are also a key resource on research for health
- 3) Understand the HR-HR needs, requirements of health research networking. This may include a network that focuses on increasing or enhancing HR-HR.

### 3.3. Action Points

- i. **Organization and Management-** Leadership, management, governance
  - **Objectives-** clarity of purpose and driven by the needs of/added values to members.
- ii. **Financing, funding and fund raising** – start up funds, accountability, donor dependence, endowments, link to private sector, national contributions, diversification of income (opportunities from GHWA, African HRH Observatory).
- iii. **Links with international organizations** – Including link to GHWA to African HRH Observatory
- iv. **Communication (including infrastructure)** – including advocacy, media, lobbying
- v. **Evidence and M&E** – Including assessment of effectiveness, quality and performance
- vi. **Capacity Building:** Of members ('next generation' e.g. internships), in community based research
- vii. **Brokering contacts/expertise that networks require** – Including research methodology support.
- viii. Coordination mechanisms for networks

### **3.4. Recommendations**

- x. Attempt to obtain funding a follow-up meeting to find out progress/share lessons etc (existing partners?). COHRED will bring it to partners.; get contact address; go on for one year (at least)
- xi. Strengthen the networking management and organizational support to new and existing networks; do an assessment of some key aspects; organize a course; plan.... etc. INDEPTH and COHRED will team up. Include in the assessment other key areas listed....if feasible (get list, questionnaire, assessment on financing, governance, policies.); include financial management; make data available for placing on websites...(NB consultancy firm is evaluating networks in LA, will be sent to us by PROCOSI)
- xii. Link current HR-HR outputs to GHWA, African HRH Observatory, African Human Resources Platform (Eric Buch)
- xiii. Next generation of researchers/young researchers
- xiv. AKDN to explore how to use their model of providing internships to youngsters in community health. This can be extended to HR-HR.
- xv. SOMANET: provision of small grants to young social scientists to conduct research under mentorship, on research for health.
- xvi. AfHRF: Leadership program; and evaluation of the network in early 2007
- xvii. ENRECA capacity building program in research: good model of North/South linkage; Augusto Paulo to provide us a critical assessment to send around to all participants
- xviii. Database for research for health: Ideally this should be an agenda for GHWA. AU (Sam Kinyanjui) will take this on.

### **3.5. Not Immediately Actionable**

- v. Generate/create a network that will advocate for HR-HR, or ask existing networks to do so.
- vi. Communication (incl. Infrastructure) including advocacy, media, lobbying, .ask media and communication groups.
- vii. Obtaining the evidence around health research network functioning and impact.
- viii. Database for research for health: Ideally this should be an agenda for GHWA

## 4.0 THEME 3: COMMUNITIES AND THEIR ROLE IN HEALTH RESEARCH

### List of Theme 3 Members

- |                  |                     |                              |
|------------------|---------------------|------------------------------|
| 1. Harry Jeene   | 5. Victoria Kimotho | 9. Festus Ilako              |
| 2. Lola Dare     | 6. Sylvia De Haan   | 10. Jane Carter              |
| 3. Kausar S Khan | 7. Richard Jordi    | 11. Modupeoluwa Doris Isibor |
| 4. John Njoka    | 8. Vibha Varshney   | 12. Yaye Kitaw               |
|                  |                     | 13. Mrs Grace A Oluwatoye    |

#### 4.1. Communities and Health Research

A community is defined as close-knit entities, with a common interest and often within specific localities. There is also usually a face to face knowledge of each other, socio-cultural contact and shared memories. We need to recognize that we have skills within the community and that they understand themselves and their circumstances. We often take indigenous knowledge for granted and under utilize its potential.

Communities are an enormous human resource. Mainstream Human Resource disciplines however lay emphasis on the schooled and modern Human Resource. This over emphasis on “modern” skills as opposed to people’s capabilities causes all of us to miss out on a major resource.

Participatory research has been used to engage communities in research, especially infectious disease driven, such as malaria, TB and HIV/AIDS.

Community Health workers, Community Own Resource Persons and Lay persons have been used as data collectors in research but rarely as analyzers. Research agendas are usually set by the external funding agencies and are mostly predetermined.

The major gaps are that community participation is often used as a means to project or research success. The community is often regarded as (resource) poor and we do not realize that communities have potential to actually do research.

We should aim to train and educate researchers and carry out attitude change projects (though gradual and costly), have small action research projects with communities, strengthen the human resources within the community and scale up or replicate models that have worked elsewhere.

Institutional support also needs to be carried out by supporting universities and health research institutions to mainstream theory and practice and support the competence strengthening work of civil society organizations.

This theme addressed the following issues

- a) Community as a human resource
- b) Communities health research and participatory health research
- c) Communities role in health research
- d) Major gaps in community health research

- e) Sharing best practices

#### **Comments/Discussion Points**

- Does the community understand the whole concept of research? How do we inculcate the practice of research in the community so that we can understand at the same level? How can we distinguish between research and diagnosis and demystify the whole issue?
- Communities should be involved in the monitoring and evaluation of programmes. They should also be empowered to manage data for their benefit.
- Do communities have the capacity to manage projects financially when given funds for implementation?
- Research should be a process not just for findings. It should also be a means of capacity building and a means of mobilizing the community.
- At what point and to what extent should communities be involved in health research and how do we identify the point?

#### **4.2. Guiding questions for case study discussions**

- i. What worked and why?
- ii. What did not work and why?
- iii. Why is something good practice?
- iv. Any new learning?
- v. What are the unexpected/unintended outcomes?

#### **4.3. Experiences From Development Driven Research**

##### **CASE STUDY 1**

##### **The Oriade Initiative in Nigeria**

The Oriade initiative acts as a facilitator. The community requests for a research on a certain issue. Oriade then links the community with the local officials. After satisfactory interaction, Oriade brokers and links them with the partners and this process could take between 16-18 months depending on the characteristics of the community

#### **COMMUNITY EMPOWERMENT (APPENDIX 21)**

##### **Definition of an Empowered Community**

“.....an empowered community is one in which individuals and organizations have access to the information and other inputs to apply their skills and resources in collective efforts to effectively and sustainably respond to health priorities they have identified in the wider context of their local development”.

##### **Pathways to Empowerment**

Communities go through certain stages to get to empowerment and the researcher or development partner should facilitate empowerment as opposed to empowering the community with the facilitator acting as a bridge between the government/ partner and the community.

### **Stage 1: Euphoria stage (They Phase)**

This is when the researcher/development partner enters the community to initiate activities and is characterized by high expectations from both the community and the development partner. Participation is limited to those with a voice, educated & exposed, and local partnerships are ineffective.

At this stage, Community organization is official driven, (the official could be a researcher) it is the sole responsibility of the official to set priorities, design, implement and evaluate projects. This is because at this stage, all the community has is a wish list which has all the things they wish to have in the community but are incapable at this level to set priorities, design or implement projects.

There is limited relevance of data and evidence. The community at this phase does not appreciate data and do not know how to use data

The community see themselves merely as a beneficiary; they do not own the process but 90% of the community will be present at all meetings

**Skill sets:** community organization, social mapping and risk assessment.

**Learning activities:** sharing information, passing on education, leading change and managing expectations especially the wish list.

### **Stage 2: Realism Stage (Blame Phase)**

Recognition of partnership roles increases.

High levels of frustration by both the community and the researcher or development partner are evident at this stage and most partners leave the community without giving them a voice.

At this level, some of the responsibilities begin to shift back to the community.

Attendance in meetings drops by half.

**Skill sets include:** managing conflict, improving communication and the capacity of the communities.

**Learning activities include:** vision sharing, values clarification, team building and managing expectations

### **Stage 3: Consolidation Stage (Us Phase)**

Expectations relate to local capacity. Community organization increases with clear roles and responsibilities between the community and officials. There is transformational leadership and partnership increase with increased appreciation of the official by local leadership.

Participation expands to the vulnerable and socially excluded. The community begins to appreciate that they have a voice and the attendance in meetings begin to pick up though it cannot be compared with the euphoria stage

**Skill sets include:** priority setting and managing development assistance.

**Learning activities:** vision sharing and team building

#### Stage 4: Engagement Phase/ Empowerment (We Phase)

Partnership roles increase. At this stage, attendance in meetings picks up to about 60% but never reaches the attendance at the euphoria stage. Responsibilities shift back to the community.

**Skill sets:** Monitoring, evaluation and impact assessment, resource mobilization and targeting

**Learning activities:** using research and data to mobilize resources and building coalitions

#### Recommendation

Any investment in the community is done after the realism stage when the communities begin to own the processes. If investment is done at the euphoria stage it creates dependency in the community and they never quite own the process, they will merely be beneficiaries and not participants.

#### Indicators of participation

% of members participating in meetings

% of the population who are regular members of financial contribution schemes

% increase in community levels of skill sets and learning activities

#### How do we measure empowerment?

Communities should define indicators and develop their indicators which are then integrated with those of the facilitator. These indicators should then link empowerment to the intended outcome measures e.g. Research, health improvement, poverty reduction.

The initiative got stuck in the realism stage as they could not manage conflicts between the government officials and researcher and could not negotiate development assistance. Another issue was autocratic leadership in the community as the leader in the community was too powerful.

Timing of aid investment – UNDP had invested in the community during the euphoria leading the community to developing a dependency syndrome and they could not set priorities. Balancing the desire for economic benefit and social capital

Some of what has worked:

- Where there are high levels of social capital and collaborative leadership as this opened the voice of the vulnerable and registration grew from 300 in one year to 7000.
- Where the community appreciates data, manages partnerships and manages external assistance

There is need for management, measuring and monitoring of the process of empowerment.

#### Oriade Initiative model







In HR we need; communication skills- preparing stories and sharing histories, alternate approaches to communicating e.g. talking drums in disseminating knowledge, continually replenish data skills and manage policy dialogues.

What resources; there is need to build skills in human resources to avoid high turnover due to poor pay, time investment and cost of communication as electronic communication is not cheap.

#### **Comments from the group**

- How do we measure empowerment? It does not seem to be quantifiable. Do we use qualitative and narratives?
- Some create a dependency syndrome in the community by paying communities to attend meetings hence they still do not own the process. They come because they expect some reimbursement at the end of the meeting.
- Do the communities also bring along their indicators? It is important that the community brings their indicators which are integrated with those of the facilitator. In the Oriade initiative the community has developed a poverty index that defines who is poor. It is important to use communication modes that the community can understand like photographs or different colours representing different things.
- We should facilitate an empowerment process as opposed to empowering people.
- It is important for the researcher to key into the vision of the community and shares their vision with the community.
- The facilitator should act as a bridge between the government/partners and the community.

#### **CASE STUDY 2**

##### **Industrial Health Research Group (IHRG) – South Africa (APPENDIX 22)**

The target group here is mainly the health workers. This is a participatory action research investigating into the state of occupational health and safety in public health sector institutions. IHRG carries out training, research, advice, resource development and investigative work for and with workers and trade unions in the field of occupational health and safety. IHRG has developed a deep involvement with workers in the public health sector, carrying out programmes that seek to integrate occupational health and safety, skills training, organizational capacity building and participatory research activity.

Health workers are not just providers of health care but are also a community that requires health care. They face increasing risk of occupational exposure to infectious diseases such as HIV. Health workers and their trade unions face the challenge of ensuring that their health and well being is protected in the workplace.

IHRG seeks to explore and develop its methodology of engagement with communities of workers.

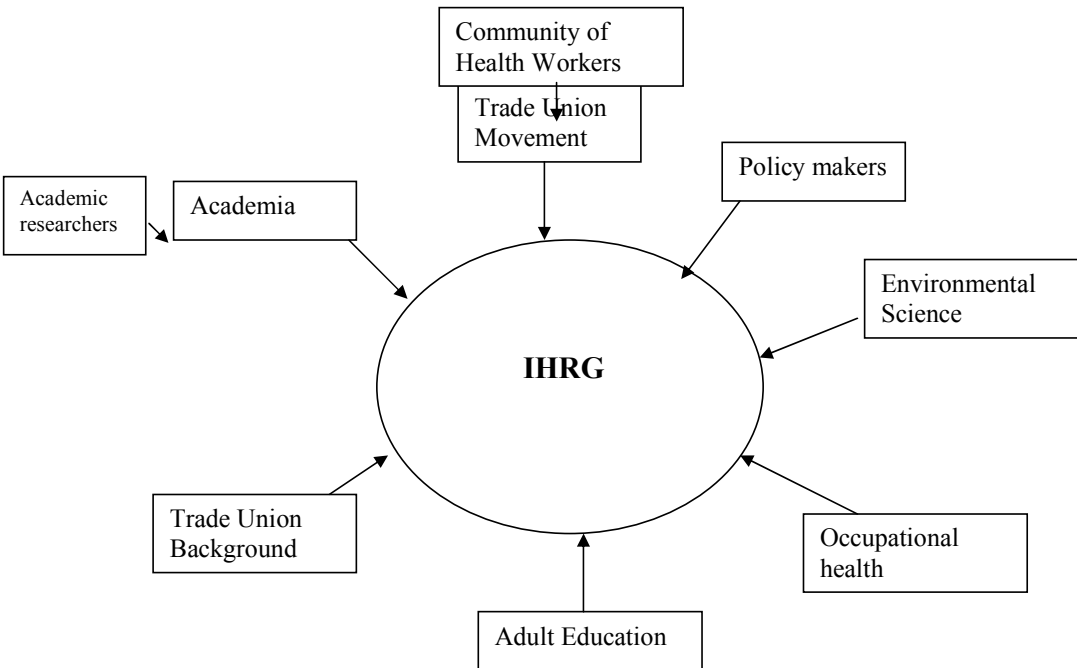
The programmes have been geared towards skills training to the health workers. Lately, there is an emphasis on research for information and capacity building. The workers identify research activities to carry out at the work place and this brings about change. This has yielded results in that the workers are now able to vocalize their experiential knowledge of health and safety.

They have mainly used Trade Unions for negotiating their programmes as a possibility of sustainability after the IHRG facilitators have left.

+Some of the value of using research as a capacity building process

- People have shared experiences and this has been therapeutic
- This has been a forum for breaking silence because there is a notion among health workers that they suffer for their patients

**Fig 10.32: Skills and experience profile of IHRG in South Africa**



Engaged research offers powerful means of integrating scientific expertise with lived experience through dialogue between research, education, and occupational health expertise of IHRG on the one hand, and the experiential knowledge and the expertise of the communities of workers that we work with on the other. The basis for this dialogue and for the integration of this diverse expertise lies in the integrity of the engagement and the effectiveness of the participatory learning and research methodologies. This kind of dialogue has potential to be a powerful tool

for change and development in the formulation and implementation of health programmes and policies.

If communities who are the subjects of health research or recipient of the research findings are drawn into a participatory process then their experience, knowledge, needs and interests will start to influence health research agendas, research questions, research methods and practices, research ethics and research outputs.

**Comments;**

Unions do not put health and safety as a priority. For this reason IHRG sees it as important to build the capacity of trade unions in occupational health and safety. It could also be important to strengthen other civil society organizations.

It is important for programmes to be designed based on information received from health workers.

Strengthening existing organizations like trade unions/civil society organizations – how can it work for others? We can learn from this experience.

**CASE STUDY 3: AMREF – KENYA**

**Case study 3A**

AMREF is an African Non Governmental Organization that seeks to improve the health of disadvantaged through improving the interface between Health systems and the community through Community Based health Care.

In 1997, Amref piloted SAFE interventions using two cadres of Community Own Resource Persons (CORPS) to evaluate community mobilization approaches, data collection tools and behaviour change communication materials which include beads and lesos for eliminating trachoma amongst the Maasai in Kajiado, Kenya. They mainly work with community volunteers, namely, Village Health Motivators (volunteers) and the community trachoma monitors.

The Village Health Motivators are mainly women. Their roles include: - community mobilization and hygiene promotion and health education using IEC materials; identification, classification and treatment of active trachoma; referral for lid surgery and data collection using coloured beads which highlights the trachoma cases.

The community Trachoma monitors are the second level health workers involved in training of the boma-based CORPS, supportive supervision, data collection, collation, reporting, facilitate household feedback, decision making and community mobilization.

The Health Information Management System as a project targets villages whereby 4 volunteers are engaged. They collect, feed, analyze data and give feedback to the community on issues such as immunization and maternal mortality thus giving the communities power to act on their information.

This is an exceptional community because retention of volunteers continues to be high with 75% of volunteers are actively implementing SAFE strategy since 1997. This is not the experience in other places. Motivation of the volunteers is done by training and skill building, using of local media for IEC e.g. “lesos” which have messages conveying relevant messages training in data collection using beads to track infection and treatment (white bead means a child was not examined, blue means clear and red means danger). Continuous supportive supervision is important to keep the volunteers motivated.

The volunteers are considered luminaries in their communities

### **Results**

- Capacity building of 500 CORPS to identify, classify, treat trachoma and refer for lid surgery, and to collect vital monitoring data and distribution of information education and communication materials
- 80% of the CORPS are women and 75% of volunteers are actively implementing SAFE strategy since 1997.
- 4 trachoma monitors have been trained and facilitated to provide supportive supervision to boma-based CORPS, facilitate community health education and promotion of SAFE, collect and collate trachoma data, submit the same to the health facilities and provide feedback to the community.
- Community volunteers provide an important human resource for population-based research as they demystify issues regarding trachoma especially in cases where it has recurred as some of the community members may think treatment does not work.

### **Case study 3B: USING COMMUNITY LEADERS TO PROMOTE RESEARCH AND ITS OUTCOME**

#### **Background**

For many years AMREF has operated a primary health care facility supporting community based health care initiatives in Entasopia, Magadi Division of Kajiado District. This facility has grown from a small dispensary established in the 1980s to a large health centre with inpatient and surgical services. Entasopia was the first site at which AMREF established a small yet comprehensive laboratory, operating on solar power.

The community has always been involved in the development of the health facility and one of the early interventions was to establish the health centre as a non-governmental organisation, with a Health Centre Board composed of local leaders as well as AMREF project staff. As a result, the community has directly contributed to improving health services delivery and has shown a keen and positive interest in all health centre based activities.

Entasopia is situated on the floor of the Rift Valley at 2500 feet asl and yet is highly accessible at only 160 km (3 hours) from Nairobi. Entasopia has therefore lent itself to research, and several studies have been conducted there, mainly addressing malaria and anaemia. In 1999, AMREF conducted a survey of anaemia in patients attending the health centre. The findings revealed a

high proportion of anaemia affecting all age groups and both sexes<sup>3</sup>. As a result of this survey, it was decided that Entasopia would be a good site to conduct a further study on the effect of folic acid on recovery from anaemia and on efficacy of sulfadoxine-pyrimethamine (SP) for treating malaria in patients with both malaria and anaemia.

#### **How did community assist in conducting research?**

Before the study was performed, the investigators, which included AMREF and Wellcome Trust staff, arranged to meet with the Health Centre Board to discuss the findings of the original anaemia survey and the purpose of conducting further research. This led to a discussion on anaemia, its causes, effects, treatment and prevention. The next question was: how will this new research benefit this community? It was pointed out that the issue of SP efficacy in the face of folic acid administration was then an unknown quantity, and the knowledge gained from the study would benefit the community in that the health workers would be better able to advise on folic acid use, especially in pregnant women. It was further pointed out that this information would also benefit other communities in tropical Africa, if the research was published and read widely.

Having satisfied themselves as to the usefulness of the research, and how it would be conducted, the Health Board member then threw themselves wholeheartedly in ensuring that the study would be a success. Barazas (meetings) were held with the community members, urging them to enroll in the study and to be compliant in following instructions. The community members offered volunteers to assist in study activities, such as searching for defaulters, and reporting study subjects who were not well.

#### **The outcome of the study and benefit for the community**

The study was successfully accomplished and the findings were published<sup>4</sup>. The researchers returned to Entasopia after the data analysis to make a presentation to the Health Centre Board and brief them on the findings. The members of the Health Centre Board were satisfied that the researchers had met their expectations, and were interested to learn the results.

One of the major outcomes of the study appears to be an improved knowledge of anaemia in the community. Although this aspect has not been formally studied, patients more often appear to understand the concept of anaemia and the lengthy treatment that may be required. Another major outcome has been a better understanding by health workers of anaemia management. Anaemia is no longer regarded as a “lack of blood” that requires blood (transfusion) but rather a condition that can be simply treated (in most cases) using oral medication. The importance of checking for anaemia, especially in high risk groups, has also been recognised. Haemoglobin estimations are more frequently performed than before.

#### **AMREF – WATER AND SANITATION MODEL**

In the beginning, the community was told to wash their hands but there was no water, as the watersource (borehole) was no longer functioning due to lack of maintenance. AMREF helped

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<sup>3</sup> Carter JY et al. 1999. Prevalence of anaemia in patients attending an outpatient clinic in the western rift valley in Kenya during the low malaria season. *East African Medical Journal*. 76: (5), 251-254.

<sup>4</sup> Carter JY et al. Reduction of the efficacy of antifolate antimalarial therapy by folic acid supplementation. 2005. *American Journal of Tropical Medicine and Hygiene*. 73 (1); 166-170.

the community to organise itself in water committees that co-funded rehabilitation, trained and employed maintenance staff, and raised running costs. This started with a few communities, and soon demand increased through local diffusion. The approach was shared at district level, and currently all organisations in the district have adopted the community ownership approach. Lessons learned are currently adapted for use in Uganda and Tanzania.

The major lesson learned is that the previous boreholes failed due to a pure engineering approach and that the social mobilisation is the key to success.

#### **CASE STUDY 4**

##### **Centre for Science and Environment-India (Appendix 23)**

CSE is an independent public interest organization that has played a critical role in creating a new, environmental understanding of development issues from a scientific and environmental perspective.

In an effort to help investigate issues of health, CSE set up the Pollution Monitoring Laboratory in 2000 and has the capacity to tests for pollutants such as pesticides and heavy metals.

The following studies show that the communities have an important role in monitoring the health status of a region and lobbying for change.

##### **Case Study 4A**

The incidences of diseases such as mental retardation, cerebral palsy and hormonal disorders were high in Padre village in Kasaragod district of Kerala. The area has cashew nut plantations and a pesticide; endosulfan is sprayed aeriaily to combat various diseases of the tree. The community formed the Endosulfan Spray Protest Action Committee and managed to get a stay order on spraying of the pesticide but they lacked hard, scientific evidence to get it banned. On request the people of Padre, CSE carried out a study, which linked the use of pesticide endosulfan to the health problems in the area. CSE laboratory carried out a series of studies and found that residents of Padre whose blood samples were tested had endosulfan residues several hundred times the permissible limit for water. This strengthened the case for the community and the pesticide has since been banned in the state.

##### **Case Study 4B**

A study carried out by CSE revealed that bottled mineral water being sold in India had high levels of pesticides. Members of the community asked CSE if products that use ground water could also be contaminated. We carried out a study on soft drinks and found that these too had high levels of pesticide. The amount of pesticides was much higher than that allowed by the European Union. Efforts are being made by Indian Bureau of standards to set standards for the same.

##### **Case Study 4C**

The presence of arsenic in ground water is a problem in many parts of India but little is known about the spread of the contaminant. A doctor from a public hospital in Delhi informed CSE about an arsenocoesis case from an area not previously known as contaminated. Tissue samples (hair, nails, etc.) collected in the area showed that the problem was widespread. This study

helped people link their problems to contaminated water and has also created awareness amongst policymakers. Efforts are being made to map the extent of the problem and find alternate sources of drinking water.

#### Case Study 4D

In another case, an NGO approached us to find a possible cause for the high incidence of cancer in the cotton growing regions in Punjab. An analysis of blood samples showed a presence of a cocktail of pesticides. But, high levels of pesticides were also found in the blood samples of people not involved in agriculture. The pesticides present in the environment were poisoning these people. This point to a need for a system of regular bio monitoring for the whole country and a policy to protect the people from pesticide trespass. For this –pesticide use needs to be regulated.

#### Comments:

Question: Do you train the community to identify environmental hazards?

CSE creates awareness through its publications. One of our major publications is a fortnightly science magazine Down To Earth. This magazine highlights environmental issues in the country and this helps people identify with the problems. The magazine also gives space to the community to talk about these problems.

Question: Within your organization what capacity do you have?

I am a researcher and a reporter with “Down To Earth”.

#### 10.32.2 CSE in India model

Often, communities approach CSE with their problem. CSE then sends a reporter to the site to thoroughly understand the situation. If needed, the CSE lab carries out tests to evaluate the risks. The results are shared with the communities and also published in Down To Earth. If the issue has larger ramifications, CSE also organizes press conferences to create nation-wide awareness and influence policy makers. Using the information provided by CSE, communities can also demand a policy change.

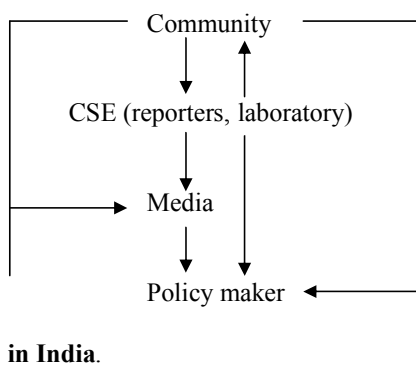


Fig 10.33: CSE in India.

**Case Study 5**  
**University of Nairobi**  
**Agenda Setting**

It is more useful for Human Resource Development to set the agenda for follow up research. It was noted that communities do not set the agenda but rather agendas are set by the commissioning agencies and normally for pre-determined organizational purposes. Communities are not seen as a resource but rather as a means to our research work. A case was given whereby we visit websites and check out what the donors are funding and we set the agenda for the community without consulting them. At whichever level of community we are, agenda is not community based hence the need to socio-market the agenda to the community and build Human Resource capacity.

**Participatory Methodology**

Most of the participatory methodologies are set when the answers are already known by those setting the methods. Tools used for participation like social mapping are more effective when people discuss around the facilities as opposed to drawing maps. More often than not there is no participation as there are professional community resource persons who work with all partners working in the community. The officials hence get comfortable with one person and miss involving many people for example the children and youth as there no friendly methods for them.

We also need to define participation as the definition varies. There is more to it than the communities taking part in projects.

**Follow up Research**

It is important for research to concentrate on the process as it is more important than a publication. More often we are interested in getting a good report forgetting follow up. Emphasis needs to be laid on the process rather than the outcomes, it is important to get a balance. When you emphasize the outcome more you lose the process.

When working with the community, we should allow for flexibility and dynamism as opposed to sticking to agendas. Until you address the community agenda first, it will be difficult to push your agenda through to them.

**Comments**

It is important to know who is participating and for communities to own the results. Community involvement takes time and it does not happen very easily.

The gap between research and the community needs to be addressed as it is not only an interface.

**4.4. Conclusions**



### **Observations**

- Community responsive communication to set research agenda and dissemination of findings. There needs to develop communication that the community can interpret and understand.
- Phasing and measuring community empowerment is important in order to identify the point at which to intervene in a community to avoid situation such as creating a dependency syndrome by intervening at euphoria stage.
- Sustain volunteers (Community Own Resource Persons) by providing supportive supervision. This has worked well for AMREF and can be replicated elsewhere.
- Strengthening existing community structures is a model that has proved to work in South Africa in the case of IHRG working intervening through trade unions.
- Using personal experiences of the community members e.g. health workers from in the IHRG intervention can catalyse research engagement.
- Local process if linked to global research outputs through collaborations and dissemination should be inputs into global development.
- Medias plays an important role as the catalyst to giving the community a voice and highlighting the plight of the community.
- It is important to build and strengthen the capacities of the community to ensure sustainability of projects.

### **Human Resource Implications**

- Retaining of volunteers can be achieved through Capacity building giving them an advantage in the community.
- Participatory research by the community should be considered a Human Resource Development tool while acknowledging Communities are powerful and they understand their issues and are able to participate
- Different actors require different sets of skills and learning activities to engage communities in research. Need to identify the different skill sets for different actors in order to incorporate them in the design of community health research projects.
- In order to effectively and efficiently link community health research to the global research output and feedback results and findings to the community human resource development should include acquisition of communication skills to disseminate/share and use research results
- The process of using research results/findings for local adaptation and scaling up will require capacity building in the community creating human resource that is ready to implement the intervention.

#### Community participation example:

Women in the study community were engaged in a research involving malnutrition which was very rampant in the community. Through their involvement malnutrition has reduced substantially and over 75% of the homes now serve three portions of food for a balanced diet.

### **Skills Set for the Different Actors in the Promotion of Community Health Research**

**Researcher:** This could be an academician or a community based researcher. They require training in community health research methodology. The researcher requires skills to identify

resource persons/intermediaries in the community, to act as a link between academia and the community in order to bridge the gap between theoretical and experiential knowledge. The researcher also requires communication strategies and skills to engage and inform the media, community and academia on community health research.

The intermediary requires basic skills in data collection, networking with the local community and understanding the culture and the people, networking and brokering evidence, managing policy dialogues and balancing priorities, managing and recognizing the need for and partner with appropriate specialized expertise.

The scientific researcher curriculum at universities should integrate community health research and this will require re-defining and expanding of the existing curriculum and measure effect

**Facilitators:** These include Faith Based Organizations, Community Based Organizations and NGOs. The facilitator needs the following competence training through training and follow up; communication skills, facilitation skills, resources and material inputs.

The facilitator should be a civil society organization and should have basic skills in data collection, ability to identify non verbal communication, be able to network and broker evidence

**Officials:** These are the decision makers at the local level for example, Local Administration, Teachers and District Medical Officer, Trade Unions and Media. They require communication skills and the ability to facilitate and network between the community and any external parties.

**Communities:** They require capacity building through participatory research to develop skills and competences in networking and communication.

#### **Challenges in enabling community health research**

- Lack of recognition of community based research and development driven research paradigm and methodology as legitimate research among academicians and traditional research institutions with a mindset of the researcher/facilitator on scientific research e.g. that research cannot be carried out without a hypothesis Disconnect between and communities should be recognized as real research
- Need to Strengthen capacity among community and researcher/facilitator to understand and apply community research for health methodologies
- There are beginnings of a human resource development framework and Monitoring & Evaluation framework for community health research but will need more commitment of research fraternity to complete.
- Poor management of power dynamics e.g. business interests, gatekeepers, elite hijack creating barriers such as the academic ivory tower, where academicians are not in touch with the happenings in the community.
- The gap in documentation and dissemination of local experience into the global arena continues to widen and needs to be bridged in order for the communities to benefit from community health research.
- Although a lot of work has been carried out on participatory research the Strengthening of the community of practice of community research for health would provide a strategic group that can see a greater understanding of community input within the development and research fraternity

- The definition of participation is very dynamic and at times not well defined for the purpose of human resources development therefore Human Resource Specialists should be included in the development of models in future.
- Understanding of research ethics versus participatory research the question remains, Is there a moral obligation for the researcher to share the information collected from the community?
- Media is not forthcoming in information on community health research dissemination
- Reluctant or slowed development of methodologies that can meaningfully connect with the experiences of the people and that can offer effective knowledge-generating learning processes
- The role of the private sector practitioners to have input in community support is not well defined

#### **Targets for human resource development (HRD) for community health research**

- Health workers
- Civil Society development practitioners
- Young (under) Graduates - multi disciplinary
- Health Researchers

#### **Actions Proposed**

##### **Long term**

- Catalyse a Global community health research initiative additional to Tropical Disease Research initiative and private biomedical research
- Develop a culture of enquiry and critical thinking at all levels of education

##### **Short term**

- Integrate community based health research into university research methodology curriculum. This could be achieved by developing modules where they do not exist e.g. for Health workers, Redefining existing modules through a participatory interactive process.
- Develop or redefine intermediary level training on Community Health Research linked to universities as a career pathway for health workers and development practitioners.
- Develop our documentation, communication and networking skills in order to strengthen community participation in health research.
- Development of mentoring, supervising and internship frameworks for development of community health research to be applied in participating facilitator organizations.

## 5.0 THEME 4: SKILLS AND ROLES NEEDED TO IMPROVE HEALTH RESEARCH COMMUNICATION

### 5.1. Theme Participants

Name	Organization/Affiliation	Comment
Sandy Campbell	Research Connect -ICDRC funded	Mainly involved with Knowledge Translation and researchers support
Christine Misiko	AMREF	Knowledge translation & Communication Masters in International Affairs
Jennifer Bakyawa	COHRED and Makerere University Uganda	Project Co-coordinator for Uganda communication for Health Research Background – Journalism, Public Health
Maurice Odindo	CCDI and Afri-Afya – Kenya	Background – Agricultural, Biological Research, HIV/AIDS Research- How can communities use Research information efficiently
Patience Cofie	Ghana Ministry of Health – Research Unit	Links up university and other Research Firms to the Government
Susan Jupp	Global Forum on Health Research – Head of Communication	Encourage more Health Research Background - communications, Has done Publications
Medard Muhwezi Kiheemu	Straight Talk Foundation Uganda	Helps organizations communicate with young people through a paper and Radio Programs Background – Social Scientist, Masters in Public Health
Sheila Chepkong'a	Health Insight – Journalist, Kenya	Deals with issues on Health in Kenya, East Africa and Southern Africa Background – worked with African Union, Sudan Mirror
Abdelmoneim Elkhalfifa	University for Women – Sudan	Background – Nutritional Biochemistry
Capt. Peter Mbonji Ebongue	Health Sector Army – Cameroon	Working on HIV in the Army as well as in the General Result Background – Health Research
Wandera Ojanji	Standard Newspaper – Kenya	Health Journalist Background – Forester
Anne Rose Kaiya	Afri Afya	Break down Health information after Research

<b>Nolwazi Gasa</b>	Development Bank – South Africa	Background – Psychology, Public Health
<b>Nyokabi Mburu</b>		Rapporteur Background – Accounting, Business Management and Research
<b>Michael Devlin</b>	COHRED – Switzerland	Help countries improve research communication to improve health. Background – Science Communication, Knowledge Sharing and journalism.

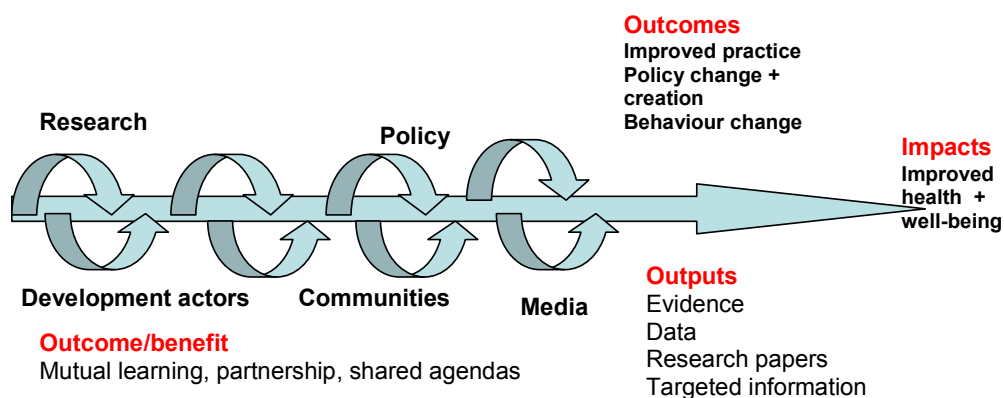
## **5.2. Consultation process for the research communications theme March- June 2006**

The starting point for the discussion of this expert group in Nairobi was an on-line consultation examining four questions about improving research communication for health – between March and May – and an input paper prepared by theme leaders Michael Devlin (Council on Health Research for Development – COHRED) and Jennifer Bakyawa (Makerere University Institute of Public Health): Communication skills and pathways to improve the effectiveness of health research in Africa. It was circulated for comment to the team and a wider group in the weeks before the meeting.

The paper addresses the roles and skills needed in research institutions (management, research and communication levels) and the fact that communities and policy makers should be participants, not just targets, of research results and related information.

The inputs, discussions and case studies during the Theme 4 expert consultation sessions took this thinking much farther. They propose that all main actors and beneficiaries in the health research – researchers and managers; members of communities and interest groups; policy makers and the media – should be a part of the research process, and work together and be consulted at specific points in the process. Putting this concept into action, the group concluded, requires capacity building of the various actors, to be able to produced and make use of information. Skills and roles for these players were presented.

## An integrated approach to research communication



Prepared by Michael Devlin and Jennifer Bakyawa

### 5.3. Research Communication Question and Answer session involving all plenary participants

Theme 4 opened its plenary presentation with an interactive session that asked research managers, research communicators, members of the media, policy makers and health researchers to speak to each other and ask what is working – or not – in communication between these groups, and what each needs from the other. The results of this informal focus group were fed into the Theme 4 expert session.

#### Summary of participants' feedback

#### **What skills does a Research organization need? What does it have to do to be able to communicate better?**

**Building a communication element:** Organizations need to build a communication element and these calls for employment of resources specifically aimed or targeted at enhancing communication.

**Political mapping:** Organizations should be able to understand the targets stakeholders. This implies knowing how to get information to key interest groups such as donor agencies and other Researchers.

**Use of tools:** They should know how to use tools, that include videos, brief notes and internet, though the internet is a bit sensitive because not all have access to it.

**Precision & Summaries:** They should also be able to summarize their reports. Media and policy makers, they don't care how the information is arrived at but more on Why should I care? What is important? And what should I do about it.

**Understanding the target audience:** They should have skills that help them know who they are targeting. This information can be broken down in two ways, the firstly; the language to be used be it English, Swahili or Zulu and how to interpret it to something that the targeted persons can access and understand. Secondly, is the issue of the medium of passing the information, especially to the community resource persons; they should use understandable language for them to be able to communicate to the community if they are the end users

**Use Resource persons:** Resource persons are a good link. They are members of the community who are trained to research for example retired health workers in Kenya, they are the best placed as they are at the ground and they understand the issues concerning health.

**Communication should mainly be in three ways:-**

- Communication to other Researchers to learn the different perspectives of research and so that it can generate discussion and further work into pressing issues
- Specific communication to policy makers so that, they are just given the results and shown how to implement them. This of course is done by the Research managers, they should be able to emphasize to the policy makers their area of interest
- Communication to the General public, this really is about making the journalists understand why the research is important for example in Cameroon the Ministry of Health works hand in hand with the journalist and together they have a program that is improving research, like in the rural areas they have come up with newspapers to help the local understand several issues be they on health or the population

**Understanding various stakeholders:**

There is a need to understand the stakeholders groups. In this case important stakeholder groups would include research community, policy makers and the beneficiaries. The research community itself that is able to discuss further the issues that are brought up; the policy makers facilitate the implementation and the beneficiaries are the users and most cases should be the community. The skills that are required in dealing with all these different stakeholders need to be understood.

**Building relationships with journalists:** Policy makers tend to listen to journalists than to researchers regardless to the mode of communication used. It is imperative therefore to build a relationship with them

**Funding:** Generally, the kind of information passed to the public is determined by who funds the researches. If the government funds for example the report will be tilted towards several issues that are of great importance to them, so the reports generally are determined by how much independent the researcher is.

It is therefore important to have the stakeholders sit together in sessions such as workshops and so on, so as to know how best to sort important issues affecting them. This should be done with all stakeholders considerations in place.

There is also need to be able to define the public domain because there are different levels. For instance, there is that general public that is interested in the issue at hand be it a study on HIV/AIDS et cetera; but also there may be a public that is interested in very specific issues being the end users. In each case, you want them to get the message in a simplified format but just as strong as the researcher got it so that the information is used in the right way

The Research managers should demonstrate leadership skills in that they are able to listen to other people's point of view, because sometimes there are problems associated with communication or miscommunication.

Leaders should be able to delegate for a number of reasons. For instance;

- They should be able to allow Researchers to deal with the specialty of whatever they are good at; top management should be the ones giving the media briefs because they might not in some cases even understand the technical bits.
- The report could sometimes be needed for immediate implementation but a media brief is not given because the manager is out of the country and everything has to wait until he comes back

There is very short time duration between when the research is done and when the thesis is needed and this calls for the employment of a communicator. The communicator should be the one involved in the media briefs and press releases, the researcher should only come in if there is a technicality that needs to be clarified, this is being done in Ghana

Researchers should not necessarily be trained to write press releases instead they should be trained to be good at what they do, Communication skills are not necessary because even the media does not necessary want to talk directly to the researcher, but to a link who is going to be able to interpret to them the report in a simplified manner

The lack of sufficient funds is one main problem why organizations have no Public Relations office. A Public Relations office requires a lot of resources in terms of both human and financial resources. The need for the resources cannot be over emphasized in the desire to match information with the different stakeholder requirements or needs. It is therefore imperative that money should also be set aside for the dissemination of the Research not just for the research itself alone.

**Question:** When the budget is taken to the Donors, the communication budget is cut out, what we should do here is to discuss how we can ensure that the budget has an allocation for communication?

**Response:** It is not always the case that the budget does not allow communication, what happens is that people take things the way they are like when we have such forums and the findings are



there we can easily change the approach, after the workshop you decide to have press releases and media briefs and it will be efficient

What happens is that the budget allows for dissemination but what matters is for the researchers to know what to give priority to and how to go about the dissemination process. Organizations also need innovation to be able to mobilize resources

There is a shortage of Health journalists and it is not the same in other fields. We have enough Economist journalists and also Political Journalists but we don't have enough health journalists. There is a shortage because the field is very demanding and the need for the people to be actually involved in the work is more, the matters there are complicated, you have to understand medical jargon and it also needs patience.

There are also more challenges in the field for example we all want to butter our bread so why not go for what pays better, being in the health sector pays much more than it costs to be a journalist, so the people in health would rather remain there than be journalists

#### **An issue to ponder**

- How do we get budgets to include an amount for communication in them?

#### **5.4. Expert consultation Presentations**

##### **5.4.1. Developing capacity in translating research to policy makers - The Ghana Experience (see appendix 24)**

The Ministry of Health in Ghana set collaboration with all stakeholders involved in research so as to enhance the use of research information

#### **Discussions**

Question: What kinds of research system do you use and how do you manage to coordinate Research? What kind of techniques do you use?

Answer: The kind of research that carries out education but we also need biomedical and other scientific researches so we involve the scientific institutions. Most these institutions have their weaknesses and strengths so we work with all of them depending on where their strengths lie

Comment: The idea is good. It is also being set up in South Africa, they have also opened a research department where they hold dialogue with the many stakeholders and sit down together to find out what is working and what is not and how it can be improved.

We also have donor coordination forums, where all the donors are brought together not only to talk about funding but also to talk about other research issues

Question: Where do you fit in the end users of the research in your systems? My concern is that the indigenous knowledge is rich and having their voice and knowledge captured is quite a challenge, how have you been able to cope with these challenges

Answer: The agenda setting policy is primarily centered; the priority of research issues is generated from the district level to the performance annual hearing which takes place from the

sub-district, to the district, to the regional up to the national level and from there organized according to the government priorities after coming to a consensus with the various stakeholders

We have advisory steering committees at the very different levels (sub-district, district, regional) then above all those there is a national steering committee that oversees the whole process

Question: What arrangements do you have with your policy makers and where do they get all the information they need when the research is done?

Answer: We used to have a documentation center that did not work very well so we don't have all the information but we are setting up an information center where we will put all that information; of course some of the information like the one that comes from the medical school researches remains there (medical school) until we find out what exact information the policy maker wants and see if we can link them to where the information is but with our documentation center things are made easier

Question: Are there any immediate results or influence on policy makers from the collaboration with the media?

Answer: We have made progress; the media has helped us with a lot by raising issues, the policy makers are now asking for evidence, even the minister will ask for evidence instead of researchers' now going to bombard them with reports

Question: How old is the initiative

Answers: It was developed in 1990 and it has come a long way, with no funding from the government, the researchers were not recognized so they had to only live on allowances but now it is working

Question: do you have any documentation on how it works?

Answers: We have all the documentation

#### **5.4.2. Ahfad University for Women – Sudan (see appendix 25) presentation by Abdelmoneim Elkalifa**

Ahfad University for Women (AUW) was established in 1966, and is still the only university for women in Sudan; with undergraduate studies in Medicine, Pharmacy, Science, Management, Rural Development and Education, in addition to postgraduate studies in Nutrition and Gender Studies.

The mission of AUW is to provide quality education for women to strengthen their roles in national and rural development, and in seeking equity for themselves and other follow women in all facets of Sudanese society.

AUW is involved in a lot of Research in the areas of Nutrition and Biomedical  
AUW collaborates with the Ministry of Health in areas of Training and Research

### **5.4.3. Discussion arising from the presentation**

Question: The university deals with only one gender, what are the major challenges that you are facing?

Response: The main problem is that we are not able to get information directly; we have therefore developed the use of Drama,

Question: If you were to make improvements, what are the main things that you would like improved?

Response: The process of finding out what should exactly be done and also getting the information on the ground is hard

Question: How would you like to do that?

Response: We have no specific way to go about it now but we are working on it

Question: Is there any problem presented by the fact that your community is mainly made of the Muslim community?

Response: The problem is not with the religion, the problem is with the culture, to counter all this we are mostly using Drama to communicate messages so that we are then able to do Research

### **5.4.4. How can communities be engaged to better understand and influence health research? - The NGO perspective (see appendix 26)**

**Presentation by Medard Muhwezi - Straight Talk Foundation - Uganda**

This is to emphasize how much the communities should be involved in the Research process

But first we should be able to know who the communities are, communities are not only the people in the village these are a group of people with a common interest like say the parliamentarians

It is necessary to ensure that the communities are involved from the very beginning as they are the stakeholders and they can be very resourceful

It is also advisable to ensure they understand why the Research is being done so that they don't give fabricated answers like what happens in the Uganda Censors where some families hide their children thinking that the government wants to tax them more because of the number of children they have

### **5.4.5. Media Survey Conducted In Cameroon (see appendix 27)**

**Presentation by Capt. Peter Mbondji Ebongue - Health Research Army Center (CRESAR) Cameroon**

The main goal was to look for the diffusion of health information throughout the public, and how much Health information is passed through the popular dailies

#### **5.4.6. Discussion arising from the presentation**

Question: What aspect of Health were you touching on?

Question: What is next after the Research, was it a one off thing?

Response: The research was done two years ago and a lot has happened since then, today there are many aspects about Health in our Newspapers but the only problem is that the journalist are still giving too much space to Political issues and they are still not doing much to support that Health Department

There has also been a lot of interest in HIV/AIDS programs which has been brought about by the creation of the project

#### **5.4.7. The relationship of Researchers and Journalists**

##### **Presentation by Wandera Ojaji, Health Journalist East African Standard Newspaper, Kenya**

There should be a good working relationship between the Researcher and the Journalists to enhance Health Reporting. The quality of Health Reporting is wanting.

##### **Challenges in Health Reporting**

- Bureaucracy in getting information, there are so many letters to be written so that a journalist is allowed to cover an event or get a report to publish
- Understanding health issues is a major hindrance to the journalist so the researchers should go through the reports with them not only handing them the reports
- Deciphering research report
- Professional (Journalistic) training
- Information sources
- Perceptions and fear of journalists by health professionals/researchers.

##### **Building partnerships with researchers/health professional**

- Getting journalist deep in the mix of action
- Consider journalists as part of the process
- Let journalists be participants of health seminars/workshops as part of their capacity building. Do not just call them for the opening and closing ceremonies.
- An update of research activities going on.
- A monthly forum with journalists to share what is new and follows up on on-going activities.

##### **Capacity Building for Journalists/ How to develop a good health reporter/skills**

- Ability to Interpret research data/work
- Ability to simplify the scientific jargon/language to a layman's language without distorting the original message
- Create 'experts' in a particular health issue
- Ability to Relate/connect research work to development work
- Training

**For ministry and media to work with you**

- Reduce bureaucracy in getting information
- Repackage the research paper/document into a language that can easily be understood by nonscientist journalist
- Create an empowered communications unit -
- Understand the process of publishing – from generating an idea, selling story to editor/what sells and what does not sell, developing the story, interviewing, time constraints
- Ability to differentiate between an advertising supplement, a feature article and hard news item
- Need to be open
- Ready to give information
- Perceptions and fear of journalists by health professionals/researchers. There is need for trust building and this can be achieved through more informal settings

**Status of Health reporting in Kenya**

- Media coverage/prominence accorded to health stories vis-'a-vis other stories - business, politics
- The quality and quantity of health stories in the media
- The quality/number health journalists (Daily Nation – Mike Mwaniki, NTV-Pamela Asigi, The East African – Dagi Kimani, The Standard – Wandera Ojanji, The Leader – Naftali Mungai, Correspondents – Arthur Okwemba)

**5.5. Discussion arising from the presentation**

Comment: It is not every journalist who can write an article on health. It's important to educate journalists as they are important, unlike peers who only talk to an average of 200 people, when you have one, two or three trained journalists, you will communicate through papers which get to a lot of people within a short time and it is cheaper

Comment: In Ghana there was a problem of reporting Health information to the public and we decided that journalists are the ones people listen to; we selected 3 journalists from the Ghana News Agency and the top Newspapers and took them abroad to learn about community health and immediately after started working with them by letting them sit through our Agenda meetings so that they could understand in depth the motives that had been laid down

The benefit is that they also communicate internationally

At the same time they (journalists) have to be encouraged to be Pro-active so that on their own they can find out how far the process is and they can also research further, at the same time there has to be an agreement so that they don't necessarily have to report on everything especially if there is no conclusive reports

Involving them (journalists) makes them committed, and after their training they are now training other people with their resources

There needs to be a good understanding between the two parties also because some of the researchers will not be comfortable with having the journalists from the early level of the process so what this calls for is trust and a good understanding

Question: Are there pages in your media house that are dedicated to Health Issues?

Response: It is a good idea to have trust building; it has worked before in Agriculture and Biotechnology

Training is also good so that Researchers are able to understand what they are doing and what they are supposed to do

My paper (Standard Newspaper- Kenya) used to have a page on Wednesdays some time ago but not now. We have another Local Daily (Nation Newspaper) that has a pull out called Horizon

Comment: There seems to be a consensus for capacity building so that all the stakeholders understand how they can work together

#### **5.6. Modalities for Facilitating Communication**

- Workshops for stakeholders
- Research articles (Peer reviewed journals)
- Websites
- Summaries of research findings
- User friendly communication mechanisms
- Peer review
- Media – (TV, radio, newspapers)
- Institutions review
- Advisory committees
- Policy briefs, leaflets and fliers
- CDs
- Study reports for additional information
- Involve interested journalists from the beginning, not only and the end
- Drama
- Research setting agenda (Workshop)
- Public domain (National Health Plan)
- National Health Research Committees
- Media Briefings
- Dissemination Workshops
- Communication department or someone assigned to liaising with other researchers
- Capacity Builders (Health Reporting)
- Resident journalist focusing on Health.

## 5.7. Summary

**The discussions for the previous days were recapped to come to a conclusion, the participants were relying heavily on the already working Case Studies that they had presented earlier**

The participants divided the discussion to cut across the three major stakeholders the Policy makers, Media, Research and Research Managers and Communities

The structure format was to get the problem, the approach forward and skills needed

### 5.7.1. Ministry/ Policy

#### **Problem/ situation format (What to do and why)**

- There are Co-ordination Gaps between the research community and policy/decision makers
- Sometimes we have information brought forward and there is no evidence to support it
- Lack of relevance of Research questions to Policy need....Access to Research was limited

#### **Approach for way forward (How to do it)**

- Create co-ordination on mechanisms in Research....Enhance research use in National Health Policy Programmes
- Policy Dialogue

#### **Skills Needed (Hire, Development, Partner)**

There should be relevant Research Experts who have skills

- Programme Manager
- Research 'strategist'
- Communication, research synthesis, 'popular science' writing,
- Media relations
- Library Documentation
- Data Base Management
- Fund raising – a project can't go on unless there is money to facilitate it

### 5.7.2. Media

#### **Problem/ situation format (What to do and why)**

##### **Problem**

- Inadequate coverage which is not only tied to quantity it also involves quality (in-depth)
- Lack of understanding between the media and the Researchers creates suspicion of media by research community owing to the fact that Researchers are not informed of how the media operates
- Health information is provided in very a complex manner which most of the times is hard for the journalists to understand, the information is hardly tailored to the journalists needs
- There are not very many journalists who are interested in the Health sector so there is limited understanding of health issues

### **Approach for way forward (How to do it)**

#### **Action media**

- Create health desk in the media houses, just like they have strengthened on the business and Sports Segments they have Health Segments
- Create specialised health reporting, there should be a format that both the researchers and the media have agreed on that is easy to understand and handle

### **5.7.3.Action Research**

- Training/orientation of journalists in health research matters
  - This can take place as part of capacity building where the best journalists from already existing media houses are taken back to training so as to understand Health issues,
  - It can also take another form where from the very beginning it is put in the university curricula like what has been currently implemented in the Ugandan education system at the university level
  - Identifying channels like workshops, media briefing and journals to provide advice for journalists on health issues
- Training/orientation of researchers' media matters
- Include health reporting to Include media in research process and build relationships with the media, the relationship should not only be restricted to a formal one and the presentations should not be presented in a way only to uplift the PR, sometimes Researchers are usually more interested to please Donors than Report findings

#### **Skills Needed (Hire, Development, Partner)**

- Advocacy skills
- Good understanding of health matters
- Writing skills
- Practical and action oriented

### **5.8. Research and Research Management**

#### **5.8.1.Problem/ situation (What to do and why)**

- Constraint on research agenda by political agenda.
- Vertical and hierarchical nature of policy making process – should be more horizontal.
- Alignment between research and national priorities.
- Policy makers underestimate the work of Policy makers
- There are time constraints where you find that Policy makers ask researchers to research on something they needed like yesterday
- Government is an essential source of information but officials are often unreachable.
- Lack of communication between the researcher and target group....to organise contact and package information in an accessible form.
- Lack of understanding by researchers of how to present their work to different audiences, you find that it is very hard to translate questions or ideas to the local languages
- Difficult/limited access to policy makers.
- For research work commissioned by policy makers, policy view can be very critical.



- Duplication of effort between policy and research due to lack of coordination, sometimes policy makers can be researching on something else in the field which is almost similar to what they have commissioned the Researcher to do. This of course causes a lot of duplication and waste of resources

### **5.8.2. Way forward (How to do it)**

- Capacity building for researchers on communication skills so that they can better understand the problems on the ground and strengthening the communication channels between themselves and other relevant stakeholders
- More collaboration with policy makers and other relevant stakeholders (e.g. community and media) - involve them in the research process e.g.
- Identify formal channels of communication channels between researchers and communities
- Process for engaging and building dialogue with policy makers.
- Demystify research so that it is clear that it can not only be done by professors but also researchers who understand the research procedure
- Researchers should be able to identify key messages of their work in simple language and be able to sell the benefits of their work (internally, to partners, donors, etc.).
- Develop and maintain partnerships between research organisations and organisations with skills on community mobilisation and communication in order to address some of the communication challenges identified
- There should be an avenue where Policy makers see Researchers as partners so that there is a cycle of dialogue between all those involved, where we can have training like for communication skills like writing and advocacy

### **5.8.3. Skills Needed (Hire, Development, Partner)**

- Negotiation skills
- Constituency mapping as part of the research process
- Resource mobilisation
- Advocacy skills

#### **Researcher**

- Writing for non-research audiences
- Media awareness
- Policy awareness
- Presentation skills
- Negotiation skills

#### **Policy maker**

- Engage researchers

## **5.9. Communities**

### **5.9.1.Problem/ situation format (What to do and why)**

Limited community participation in the research process so you find that there is:-

- Monopoly of research by researchers;
- Limited research awareness by communities;
- Lack of packaging of research in non-scientific format;
- Failure to demystify research by the researchers,
- Lack of appreciation of the value of the communities and their contribution to the research process, there is limited appreciation for indigenous knowledge by the formal sector system e.g. UN had to point to the international community that Indigenous Knowledge is rich and it should be included in Research agendas, this will in turn be a bigger advantage to develop

### **5.9.2.Approach for way forward (How to do it)**

- Community dialogue to identify communities relevant for the research question, it is easy to build forums for Policy makers but in the community they are missing forums for communication, we need to develop a channel for communication even though it is through the Chief of Baraza (Chief of the council of elders)
- Community identification of the research issues (first degree – by the affected communities themselves and second degree research – by the researchers as they endeavour to ensure that the research questions do have a meaning
- Demystifying research so that it is clear that it can not only be done by professors, we have a case scenario where a scientist would go to find out weed and explain it with a lot of documentation but in the local village a woman wakes up everyday to use that weed to meet her various needs,
- Packaging of information in an user-friendly manner
- Including communication as part of the research process, where communities are generating their own problems for Research then it becomes very easy to explain the findings to them, like in Kenya there is the Community Development Fund(CDF), you will that the fund is better utilised where the ideas for its management comes from the very small groups and comes upwards

### **5.9.3.Skills Needed (Hire, Development, Partner)**

#### **Research organisation:**

- Community mobilisation skills – Capability of bringing the community on board
- Partnership development skills - Where a Research firm lacks some of the strengths of a Researcher then, in that case, partnership of Researchers during research should be done so that the firms take the advantage of each other strengths covering up for their own weaknesses
- Participatory Rural Appraisal (PRA) skills

### **5.9.4.Conclusions and action points**

Key action points:

- To identify and work with several research institutes and national health research stakeholders interested in putting in place research communication and translation activities.<sup>5</sup>
- Explore and document how to create a coordination/information mechanism that a country can use to enhance research usage in national health policy programmes.
- Propose approaches for research organisations and their counterparts in the media to create specialised health information activities, by developing a format that benefits both researchers and the media.
- Describe and test in research institutes a framework and approaches to include communication and knowledge translation in research projects
- Describe and test the creation of a forum can be created to increase understanding between the media and researchers to:
  - Disseminate information
  - Raise awareness of the health sector
  - Format for reporting and summarizing of information
- Capacity building for researchers on communication skills
- Approaches to summarize health research informs understandable by non- specialist ‘publics’ – communities, policy makers, etc.
- Develop and maintain partnerships between research organisations and organisations with communication skills to address the communication challenges.

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<sup>5</sup> This theme’s co-leaders are currently running a pilot project engaged in helping build skills and a professional approach to research communication at Makerere University Institute of Public Health in Uganda (Joint COHRED/Makerere project). This experience will be shared with others during 2007.